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PRINTED: 10/17/
FORM APPRC

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/09/2024
NAME OF PROVIDER OR SUPPLIER SPRUCE COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 6200-E THERMAL ROAD CHARLOTTE, NC 28211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE	
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 10/9/24. One complaint was substantiated (intake #NC00221118) and 4 complaints were unsubstantiated (intake #NC00220573, #NC00220570, NC#00221695, NC#00222438). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 4 current clients.	V 000			
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.	V 537	The agency utilizes Handle with Care Physical Intervention in the event that a restrictive intervention needs to take place. The Learning and Development team (training department) facilitates mandatory refresher opportunities every 6 months. Additionally, staff members demonstrating unsatisfactory implementation of the HWC techniques are registered for HWC refreshers as needed in addition to observations conducted by the department's Residential Coaches. Specific to the staff member involved in the allegation, he has been registered for the HWC refresher to be completed no later than November 7 th , 2024. The staff member is unable to return until completion of the scheduled refresher. Upon completion of the refresher, the staff member will be observed by the Residential Coach at his first three scheduled shifts.	November 7 2024	

RECEIVED

NOV 5 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

EXECUTIVE DIRECTOR

(X6) DATE

10-31-24

STATE FORM

6899

E4Z111

If continuation sheet 1 of 8

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V 537	Continued From page 1 (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and	V 537			

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V 537	Continued From page 2 (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the	V 537			

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V 537	Continued From page 3 course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.	V 537		

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V 537	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that staff demonstrated competency in restrictive interventions for 1 of 4 audited paraprofessional staff (#2). The findings are:</p> <p>Review on 9/12/24 of staff #2's record revealed: -Date of Hire 8/2/19. -Behavioral Health Counselor. -Handle With Care with Restrictive Intervention completed on 11/7/2023.</p> <p>Review on 9/3/24 of the North Carolina Incident Response Improvement System revealed: -Date of incident: 8/14/2024. -Submitted by the Program Supervisor. -"It was reported that staff (#2) was escorting client (#1) out of the classroom and forcefully pushed client into the door to open it."</p> <p>Review on 9/3/24 of the facility's Incident Report dated 8/14/24 revealed: -"It was reported that BHC (Behavioral Health Counselor) [staff #2] removed client (#1) from the classroom. It was reported that the staff (#2) used client's (#1) body to forcefully open the door. Client was being removed from the classroom due to disruptive behavior. Client had no visible injuries."</p> <p>Review on 10/7/24 of the facility's video of the classroom on 8/14/24 from 8:28am to 8:29am revealed:</p>	V 537		

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V 537	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Client #1 was sitting on the floor playing. -Could not clearly hear talking due to garbled audio. -Staff #2 said something (unable to determine what) and client #1 threw the toy he was playing with. He stood up with arms crossed and yelled. -Staff #2 went behind client #1 and held him with his right hand on back right shoulder and used his left hand to hold client #1's left hand. -Staff #2 walked client #1 to the door. -It was unclear what happened at the door. The view was blocked by staff #2's body. <p>Review on 10/7/24 of the facility's video of the outside door of the classroom on 8/14/24 from 8:29am to 8:30am revealed:</p> <ul style="list-style-type: none"> -Staff #2 and client #1 came through the door. -Staff #2 was behind client #1 with his right hand on his shoulder and his left hand on his wrist. -Client #1's knees were bent and he went down to the ground on the sidewalk into a sitting position. -Staff #2 bent down on one knee next to client #1. -Staff #2 and client #1 were talking. <p>Interview on 9/12/24 with client #1 revealed:</p> <ul style="list-style-type: none"> -Did not recall what happened when staff #2 escorted him out of class on 8/14/24. -"I forgot what I said." -Did not remember if he had ever seen a client pushed against a door. -Denied being pushed into the door. <p>Interview on 9/12/24 with client #2 revealed:</p> <ul style="list-style-type: none"> -Staff #2 "banged [client #1] off the window. I didn't see it ...[client #1] told me." <p>Interviews on 9/12/24 with client #3, #4, #5, and #6 revealed:</p> <ul style="list-style-type: none"> -Denied seeing anyone pushed against a door on 8/14/24. 	V 537		

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V 537	<p>Continued From page 6</p> <p>Interview on 10/7/24 with staff #2 revealed: -"I offered [client #1] time away (to deescalate on 8/14/24)." -"He (client #1) shouted at me and threatened to run." -"He (client #1) started to run and I walked over to him to escort him." -"I had my right hand, I think it was my right hand, and grabbed his (client #1) left hand and with my same hand and I grabbed the door to step out." -"I used the back side of my hand to push the door. He (client #1) wasn't physically involved with opening the door." -"I went outside with him (client #1) and took time away and he was able to deescalate."</p> <p>Interview on 9/12/24 with staff #4 revealed: -Staff #2 "transitioned him (client #1) out the door (8/14/24) so the rest of the kids don't get upset." -Staff #2 "grabbed him (client #1) by both arms and escorted him out the door." -"When you tell him (client #1) to walk he will try to fight you." -Staff #2 "opened the door and walked him (client #1) out." -"There was nothing inappropriate." -"I was indoors making sure other kids stay regulated and couldn't see once they went through the door."</p> <p>Interview on 10/7/24 with the Registered Nurse revealed: -Was in the classroom on 8/14/24 to administer medications. -Client #1 "was arguing with staff (#2)." -Staff #2 "said I wish you would, so I could put you into a restraint." -Staff #2 "grabbed [client #1] by the back on his clothing and picked him up off the ground and he</p>	V 537		

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If continuation sheet 7 of

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V 537	<p>Continued From page 7</p> <p>was carrying him to the back door, off the ground, and shoving things out of his way."</p> <p>-Staff #2 "slammed [client #1's] body against the bar of the door to open the door and shoved [client #1] down on the sidewalk and continued yelling at him."</p> <p>- "I couldn't see [client #1] at that point because he was behind the wall."</p> <p>Interview on 10/8/24 with the Executive Director revealed:</p> <p>-Staff #2 "used an improper escort (on 8/14/24)."</p> <p>- "What he (staff #2) did was the TCI (Therapeutic Crisis Intervention) escort."</p> <p>- "We used to use TCI and [Staff #2] was trained on that. Some of our staff have had a hard time changing over."</p> <p>- "The HWC (Handle With Care) escort looks like a standing restraint. You stand behind the kid (client) with arms looped under the kid's arms. The kid's arms are behind them ...Both arms."</p> <p>-Staff #2 "was required to retake HWC before returning to work."</p>	V 537		