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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL019-068	A. BUILDING: _____ B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA HOUSE	7200 NC HIGHWAY 751 DURHAM, NC 27713

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V 000	INITIAL COMMENTS An annual survey was completed on December 5, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facilty is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108	RECEIVED BY MHL & C 12/16/24	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Susan Frankfort TITLE Risk/QA Manager (X6) DATE 12/16/24

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 staff (#4) was trained to meet the mh/dd/sa needs of the clients as specified in the treatment/habilitation plan. The findings are: Review on 12/5/24 of Staff #4's personnel record revealed: -Date of hire at contracted agency was 11/30/23. -Date started with provider was 7/22/24. -She was a Certified Nurse Aid. -No evidence of training to meet the mh/dd/sa needs of clients. Interview on 12/4/24 with the Director of Human Resources revealed: -Staff #4 was a contracted staff through another agency. -Contracted agency was responsible for providing training to staff #4. -Provider did not maintain a personnel record for contracted staff, but rather the contracted agency had all of staff #4's documents with them. -If she needed documents regarding staff #4, she would contact them and they would send her the information. Interview on 12/4/24 with the Risk	V 108	V 108 Response: HR Manager and Risk/QA Manager will coordinate training on Client Population for Staff #4 by 2/3/25. HR Manager will maintain personnel records for all contracted staff by coordinating with Medely agency and ensure all training requirements are met prior to contracted staff members providing coverage at the facility beginning 12/16/24. Monitoring will occur on a monthly basis.	2/3/25 12/16/24

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V 108	Continued From page 2 Manager/revealed: -Facility re-opened in November. -Staff #4 was a contracted staff. -Staff #4 had already stayed overnight with the clients at the facilty. -Prior to facility re-opening, staff #4 had previously worked at sister facilty. -Provider only used contracted staff that had already worked for them to work at this facilty. -She confirmed staff #4 did not have documentation on completing training to meet the needs of clients as described in their treatment plans.	V 108		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 536	V536 Response: HR Manager and Risk/QA Manager will coordinate training on CPI Non-Violent Crisis Intervention for Staff #4 by 2/3/25. HR Manager will maintain personnel records for all contracted staff by coordinating with Medely agency and ensure all training requirements are met prior to contracted staff members providing coverage at the facility beginning 12/16/24. Monitoring will occur on a monthly basis.	2/3/25 12/16/24

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V 536	Continued From page 3 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 wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years.	V 536		

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V 536	Continued From page 4 (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 Qualifications 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 a passing grade on testing in an instructor training program. (3) 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. (4) 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 (l)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.	V 536		

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V 536	Continued From page 5 (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) 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 outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) 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. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (#4) received initial training in alternatives to restrictive interventions prior to the provision of services.	V 536		

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V 536	Continued From page 6 The findings are: Review on 12/5/24 of Staff #4's personnel record revealed: -Date of hire at contracted agency was 11/30/23. -Date started with provider was 7/22/24. -She was a Certified Nurse Aid. -No documentation of current training in alternatives to restrictive interventions. Interview on 12/4/24 with the Director of Human Resources revealed: -Staff #4 was a contracted staff through another agency. -Contracted agency was responsible for providing training to staff #4. -Provider did not maintain a personnel record for contracted staff, but rather the contracted agency had all of staff #4's documents with them. -If she needed documents regarding staff #4, she would contact them and they would send her the information. -She believed contracting agency did not require staff #4 to complete training on alternatives to restrictive interventions. Interviews on 12/4/24 and 12/5/24 with the Risk Manager/revealed: -Facility re-opened in November. -Staff #4 was a contracted staff. -Staff #4 had already stayed overnight with the clients at the facilty. -Prior to facility re-opening, staff #4 had previously worked at sister facilty. -Provider only used contracted staff that had already worked for them to work at this facilty. -Facilty only conducted alternatives to restrictive interventions. No hands on clients! -She confirmed staff #4 did not have documentation on completing training on	V 536		

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V 536	Continued From page 7 alternatives to restrictive interventions.	V 536		