

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER MCPHERSON GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 400 EAST MCPHERSON DRIVE MEBANE, NC 27302		
(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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on May 29, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were completed quarterly on each shift. The findings are:</p> <p>Review on 5/29/25 of the facility's fire drills log from May 2024 through May 2025 revealed: -There was no documentation that a fire drill was conducted for the 3rd shift for the following: -4th quarter (October, November, December) of 2024. -1st quarter (January, February, March) of 2025.</p> <p>Review on 5/29/25 of the facility's disaster drills log from May 2024 through May 2025 revealed: -There was no documentation that a disaster drill was conducted for the following: -3rd shift for the 3rd quarter (July, August, September) of 2024. -2nd and 3rd shift for the 4th quarter (October, November, December) of 2024. -1st and 3rd shift for the 1st quarter (January, February, March) of 2025.</p> <p>Interview on 5/29/25 with the Vice President of Residential Services revealed: -New staff had been placed at the facility which included new Co-Manager. -New staff would be trained on the execution of scheduled fire and disaster drills. -He confirmed the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift.</p>	V 114		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	Continued From page 2 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 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	V 536		

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V 536	Continued From page 3 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. (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	V 536		

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V 536	Continued From page 4 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 (i)(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. (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:	V 536		

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V 536	<p>Continued From page 5</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (the Qualified Professional) received annual training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 5/29/25 of the Qualified Professional's personnel record revealed: -Hire date of 8/9/99. -Hire as a Qualified Professional. -The last training to alternatives to restrictive interventions was dated 11/7/23. -There was no documentation of current training in alternatives to restrictive interventions.</p> <p>Interview on 5/29/25 with the Qualified Professional revealed: -She had recently started working with the residential programs. -She was first hired and worked many years with the Intermediate Care Facilities for Individuals</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>with Intellectual Disabilities (ICF).</p> <p>-She was not required to maintain updated certification on alternatives to restrictive interventions.</p> <p>-She was not aware that she needed to update her certification on alternatives to restrictive interventions.</p> <p>Interview on 5/29/25 with the Vice President of Residential Services revealed:</p> <p>-The Qualified Professional was recently shifted from ICF to work at the facility.</p> <p>-There were some certifications that were not needed to work on ICF.</p> <p>-Facility did not use restrictive interventions.</p> <p>-Facility used the NC-CDI (North Carolina Crisis De-escalation and Intervention) curriculum.</p> <p>-He was not aware that the training on alternatives to restrictive interventions for the Qualified Professional had expired.</p> <p>-The Qualified Professional was scheduled to attend training update on alternatives to restrictive interventions for June 3, 2025.</p> <p>-He confirmed the Qualified Professional's training on alternatives to restrictive interventions had expired.</p>	V 536		