

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/05/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOTIVATIONAL RESIDENTIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>164 GRAVES STREET BURLINGTON, NC 27215</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on April 5, 2018. 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>	V 000		
V 111	<p><b>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ul style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ul> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 111	<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 that an assessment was completed prior to the delivery of services affecting one of three audited clients (#1). The findings are:</p> <p>Review on 4/5/18 of Client #1's record revealed: -Admission date of 3/13/18. -Diagnoses of Diabetes- Type I, Anemia, Seizure Disorder, Anoxic Brain Injury, Epilepsy, Mental Retardation, Glycogen Storage Disease III. -No evidence of an admission assessment completed for Client #1 prior to the delivery of services.</p> <p>Interview on 4/5/18 with the Director revealed: -She was responsible for completing the admission assessment. -She thought assessment was completed, but was misfiled. -She confirmed that the admission assessment for Client #1 was not inside his file.</p>	V 111		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth;</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>(D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure records were complete for one of</p>	V 113		

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V 113	<p>Continued From page 3</p> <p>three audited clients (#1). The findings are:</p> <p>Review on 4/5/18 of Client #1's record revealed the following:</p> <ul style="list-style-type: none"> <li>-Admission date of 3/13/18.</li> <li>-Diagnoses of Diabetes- Type I, Anemia, Seizure Disorder, Anoxic Brain Injury, Epilepsy, Mental Retardation, Glycogen Storage Disease III.</li> <li>-No documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Interview on 4/5/18 with the Director revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for obtaining a signed statement from Client #1's legal guardian to seek emergency care.</li> <li>-Consent to seek emergency care was initially sent to Client #1's legal guardian for signature, but was not sent back.</li> <li>-She will contact Client #1's guardian to have consent signed and placed in his file.</li> <li>-She confirmed that there was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician in Client #1's file.</li> </ul>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p>	V 114		

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V 114	<p>Continued From page 4</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 fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 4/5/18 of the facility's fire and disaster drills record revealed: -There was a fire drill conducted on 8/22/17 with no shift indicated. -There was a fire drill conducted first shift on 12/18/17. -There were no disaster drills conducted on 1st, 2nd or 3rd shift in 2017 and 2018.</p> <p>During interview on 4/5/18 with the Director: -Confirmed fire and disaster drills were not conducted on each shift at least quarterly. -She worked every shift and was responsible for conducting drills.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MAR current affecting one of three clients (#1). The findings are:</p> <p>Review on 4/5/18 of Client #1 record revealed: -Admission date of 3/13/18. -Diagnosis of Diabetes- Type I, Anemia, Seizure Disorder, Amoxic Brain Injury, Epilepsy, Mental Retardation, Glycogen Storage Disease III.</p> <p>Review on 4/5/18 of Client #1's physician's orders revealed the following dates:</p>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Orders dated: 1/24/18               <ul style="list-style-type: none"> <li>-Cogentin 1 mg- Take one tablet twice a day.</li> <li>-Keppra 1000 mg- Take one tablet twice a day.</li> </ul> </li> <li>-Orders dated: 3/28/18               <ul style="list-style-type: none"> <li>-Vitamin D3- Take one capsule every week.</li> <li>-Protonix DR 40 mg- Take one tab daily.</li> <li>-Levemir Flex Touch 100 unit- Inject 30 units every morning.</li> <li>-Spiriva 18 mcg- Inhale contents daily.</li> <li>-Trileptal 30 mg- Take one tablet twice a day.</li> <li>-Keppra 1000 mg- Take one tablet twice a day.</li> <li>-Cogentin 1 mg- Take one tablet twice a day.</li> <li>-Abilify 15 mg- Take one tablet twice a day.</li> <li>-Quar 80 mcg inhaler- Take two puffs twice a day.</li> <li>-Novolog Flexpen Syringe- Inject 2 units/small meal; 4/regular meal daily.</li> <li>-Blood Glucose Test- Fingerstick before meals and at bedtime.</li> <li>-Lisinopril 5 mg- Take one tablet daily.</li> <li>-Zocor 10 mg- Take one tablet daily.</li> <li>-Tradjenta 5 mg- Take on tablet daily.</li> <li>-Stiolto Respinal Inhaler- Inhale two sprays everyday.</li> <li>-Metformin HCL 1000 mg- Take one tablet twice a day.</li> <li>-Flovent HFA 220 mcg- Inhale two puffs twice a day.</li> <li>-Accu-Check Smartview Test- Test sugar four times a day-Before meals and at bedtime.</li> <li>-BD Autosshield Duo 30 g. Use as directed with Insulin Pen.</li> </ul> <p>Observation on 4/5/18 at 12:05 pm of Client #1's medication packs revealed: -All medications were available.</p> </li></ul>	V 118		

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V 118	<p>Continued From page 7</p> <p>Review on 4/5/18 of Client #1's MARS for March 2018-April 2018 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> <li>-Cogentin- 3/18/18-3/31/18 at 8 am and 4/1/18-4/5/18 at 8 am and 8 pm.</li> <li>-Keppra- 3/13/18-3/31/18 at 8 am and 4/1/18-4/5/18 at 8 am and 8 pm.</li> <li>-Vitamin D3- 4/2/18.</li> <li>-Protonix DR- 4/1/18-4/5/18 at 8 am.</li> <li>-Levemir Flex Touch- 4/1/18-4/5/18 at 8 am.</li> <li>-Spiriva- 4/1/18-4/5/18 at 8 am.</li> <li>-Trileptal- 4/1/18-4/5/18 at 8 am and 8 pm.</li> <li>-Abilify- 4/1/18-4/5/18 at 8 am and 8 pm.</li> <li>-Quar inhaler- 4/1/18-4/5/18 at 8 am and 8 pm.</li> <li>-Blood Glucose Test- 4/1/18-4/5/18 at 8 am, 12 pm, 8 pm, 10 pm.</li> <li>-Lisinopril- 4/1/18-4/5/18 at 8 am.</li> <li>-Zocor- 4/1/18-4/5/18 at 8 am.</li> <li>-Tradjenta- 4/1/18-4/5/18 at 8 am.</li> <li>-Stiolto Respinal Inhaler- 4/1/18-4/5/18 at 8 am.</li> <li>-Metformin HCL- 4/1/18-4/5/18 at 8 am and 8 pm.</li> <li>-Flovent HFA- 4/1/18-4/5/18 at 8 am and 8 pm.</li> <li>-Accu-Check Smartview Test- 4/1/18-4/5/18 at 8 am, 12 pm, 8 pm and 10 pm.</li> </ul> <p>Interview on 4/5/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Blood sugar was checked daily.</li> <li>-He checked his own sugar levels while supervised by house staff.</li> <li>-He was concerned that his doctor had discontinued his injection.</li> <li>-He had a doctor's appointment scheduled in two weeks.</li> <li>-He took his medications daily as given by staff.</li> </ul> <p>Interview on 4/5/18 with the Director revealed:</p>	V 118		



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V 118	Continued From page 8  -She administered the medications in March as prescribed, but forgot to log morning dosages for the Cogentin and the Keppra. -Pharmacy made error on MAR for April. Prescribed medications were not listed. -She was confused and was awaiting new MAR with complete medicines listing from pharmacy. -She continued to give medications as prescribed to Client #1. -She confirmed that she was responsible to ensure that medications were administered as ordered by the physician. -She confirmed facility staff failed to keep the MAR's current for client #1.	V 118		
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,	V 536		

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V 536	<p>Continued From page 9</p> <p>measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol> <p>(h) Service providers shall maintain documentation of initial and refresher training for</p>	V 536		

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V 536	<p>Continued From page 10</p> <p>at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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</p>	V 536		

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V 536	<p>Continued From page 11</p> <p>review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</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> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited staff (#1, #2 and the Director) had current training in alternatives to restrictive interventions. The findings are:</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/05/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOTIVATIONAL RESIDENTIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>164 GRAVES STREET BURLINGTON, NC 27215</b>
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V 536	<p>Continued From page 12</p> <p>Review on 4/5/18 of Staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 3/15/17.</li> <li>- Job title: Paraprofessional/Part-time</li> <li>- North Carolina Interventions (Part-A) expired on 1/16/18.</li> <li>- There was no current alternatives to restrictive interventions training in the record.</li> </ul> <p>Review on 4/5/18 of Staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 3/6/18.</li> <li>- Job title: Paraprofessional/As needed</li> <li>- No North Carolina Interventions (Part-A) training.</li> <li>- There was no alternatives to restrictive interventions training in the record.</li> </ul> <p>Review on 4/5/18 of the Director's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 3/23/17.</li> <li>- Job title: Director/Full-time</li> <li>- North Carolina Interventions (Part-A) expired on 2/22/18.</li> <li>- There was no current alternatives to restrictive interventions training in the record.</li> </ul> <p>Interview on 4/5/18 with the Director revealed:</p> <ul style="list-style-type: none"> <li>-She confirmed NCI (Part-A) expired for herself and staff #1.</li> <li>-Staff #2 worked as needed and never received NCI (Part-A) training.</li> <li>-All staff were scheduled for alternatives to restrictive interventions training on 4/25/18.</li> </ul>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/05/2018</b>
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V 537	<p>Continued From page 13</p> <p><b>SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</b></p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/05/2018</b>
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V 537	<p>Continued From page 14</p> <p>the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint</p>	V 537		

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V 537	<p>Continued From page 15</p> <p>and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <ul style="list-style-type: none"> <li>(A) understanding the adult learner;</li> <li>(B) methods for teaching content of the course;</li> <li>(C) evaluation of trainee performance; and</li> <li>(D) documentation procedures.</li> </ul> <p>(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.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain</p>	V 537		



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V 537	<p>Continued From page 16</p> <p>documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</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>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited staff (#1, #2 and the Director) had current training in seclusion, physical restraint and isolation time-out. The finding are:</p> <p>Review on 4/5/18 of Staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 3/15/17.</li> <li>- Job title: Paraprofessional/Part-time</li> <li>- North Carolina Interventions (Part-B) expired on 1/16/18.</li> <li>- There was no current seclusion, physical restraint and isolation time-out training in the record.</li> </ul>	V 537		

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V 537	<p>Continued From page 17</p> <p>Review on 4/5/18 of Staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 3/6/18.</li> <li>- Job title: Paraprofessional/As needed.</li> <li>- No North Carolina Interventions (Part-B) training.</li> <li>- There was no seclusion, physical restraint and isolation time-out training in the record.</li> </ul> <p>Review on 4/5/18 of the Director's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 3/23/17.</li> <li>- Job title: Director/Full-time</li> <li>- North Carolina Interventions (Part-B) expired on 2/22/18.</li> <li>- There was no current seclusion, physical restraint and isolation time-out training in the record.</li> </ul> <p>Interview on 4/5/18 with the Director revealed:</p> <ul style="list-style-type: none"> <li>-She confirmed NCI expired for herself and staff #1.</li> <li>-Staff #2 worked as needed and never received NCI training.</li> <li>-All staff were scheduled for seclusion, physical restraint and isolation time-out training on 4/25/18.</li> </ul>	V 537		