

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-911	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/08/2018
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES II	STREET ADDRESS, CITY, STATE, ZIP CODE 907 DILLARD STREET GREENSBORO, NC 27403
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 6/8/2018. One complaint was substantiated (intake # NC139435), and one complaint was unsubstantiated (intake # NC138435). 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and</p>	V 108		

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V 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were currently trained in basic first aid and cardiopulmonary resuscitation (CPR) affecting 1 of 3 surveyed staff (the Owner). The findings are:</p> <p>Review on 6/6/2018 of client #3's record revealed: - Admission date: 2/2/2009 - Diagnoses: Undifferentiated Schizophrenia; and Mental Retardation (Intellectual Disability), unspecified; - An appointment with client #3's psychiatrist had been attended by client #3 on 6/5/2018.</p> <p>Review on 6/5/2018 of the Owner's employee file revealed: - Hire date: 5/1/2009 - Documentation that training in first aid had expired in February of 2013; - Documentation that training in CPR had expired on 10/10/2010; - No documentation of refresher training in first aid or CPR.</p> <p>Interview on 6/5/2018 with the Owner revealed: - She was the staff that took client #3 to his scheduled psychiatric appointment on 6/5/2018.</p> <p>Interview on 6/6/2018 with the Owner revealed:</p>	V 108		

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V 108	Continued From page 2 - She had checked her trainings, and her first aid and CPR had expired without her realizing it; - She had already made arrangements to renew her first aid and CPR training. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 108		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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 clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

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V 118	<p>Continued From page 3</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered as ordered by an authorized person, that the MAR was kept current, and administration of medications was documented immediately following administration affecting 3 of 3 clients (#1, #2 & #3). The findings are:</p> <p>Review on 6/7/2018 of client #1's record revealed: - Admission date: 2/7/2009 - Diagnoses: Depressive Disorder (D/O), NOS (not otherwise specified); Impulse Control D/O; Mild Intellectual Disability; and Hypertension; - Physician's (MD) orders for the following medications: - Aspirin 81 milligrams (mg), 1 tablet every day (QD), dated 1/30/2018; and - Proctocort (hydrocortisone) 1% cream, apply to affected area QD, dated 3/31/2016, with no discontinuation order present.</p> <p>Review on 6/5/2018 of client #1's MARs dated 4/14/2018 to 6/5/2018 revealed: - Aspirin was not documented as having been administered on April 28, 29 or 30, and "-" was marked in the staff initials blocks for June 5, with no explanation for the notation; - Proctocort 1% cream was documented as having been administered from April 14-27, but no documentation of administration was present for April 28-30, May 1-31, or June 1-5.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Observation at approximately 9:15 am on 6/5/2018 revealed:</p> <ul style="list-style-type: none"> - No aspirin or Proctocort was present. <p>Review on 6/7/2018 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 2/9/2009; - Diagnoses: Undifferentiated Schizophrenia; and Unspecified Intellectual Disability; - MD orders for the following medications: <ul style="list-style-type: none"> - Abilify (aripiprazole) 10 mg, 1 tablet QD, dated 2/22/2018; and - Ativan (lorazepam) 0.5 mg, 1 tablet twice daily (BID), dated 2/22/2018. <p>Review on 6/5/2018 of client #2's MARs dated 4/14/2018 to 6/5/2018 revealed:</p> <ul style="list-style-type: none"> - A notation of "-" was marked for Abilify in the staff initial blocks for June 2-5, with an additional notation of "Ran out 6-1-18" on the June MAR; - A notation on the back of client #2's May MAR dated "5/23" revealed: "aripiprazole 10 mg tab. Ordered to pharmacy, make appt. (appointment), 8 remaining single tablets"; - A notation of "-" was marked for Ativan in the staff initial blocks for 8:00AM on June 5; - A notation on the back of client #2's May MAR dated "5/22" revealed: "lorazepam 0.5 mg tab, Needs Dr. Appt for prescript (prescription) Make appt. (pharmacy called)." <p>Observation at approximately 10:15AM on 6/5/2018 of client #2's medications revealed:</p> <ul style="list-style-type: none"> - The package for Abilify had been filled with 8 tablets on 5/24/2018, and was empty; - No Abilify or Ativan was present. <p>Review on 6/5/2018 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 2/7/2009; 	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Diagnoses: Undifferentiated Schizophrenia; Mild Intellectual Disability; Sleep Apnea; Hyperlipidemia; and Diabetes; - A treatment plan dated 6/8/2017 noted that client #3 " ...continues to struggle with hallucinations and her altered thinking and beliefs make it difficult for others to relate to her ..."; and a goal related to achieving 100% medication compliance; - MD orders for the following medications: <ul style="list-style-type: none"> - Vitamin D3 2,000 units, 1 tablet QD, dated 4/17/2018; - Aspirin 81 mg, 1 tablet QD, dated 5/11/2017; - Claritin (loratadine) 10 mg, 1 tablet QD, dated 1/18/2018; - Potassium 10 meq (milliequivalents), 1 tablet QD with food, dated 1/29/2016 and 5/17/2018; - Nasonex (mometasone furoate) 50 mcg (micrograms) nasal spray, 2 sprays in each nostril QD, dated 4/19/2018; - Spiriva Handihaler 18 mcg, inhale 1 capsule using two inhalations with Handihaler QD, dated 1/29/2016 and 5/17/2018; - Risperdone 2 mg, 1 tablet every day at bedtime (QHS), dated 7/11/2016 and 5/9/2018; - Advair Diskus 250/50 inhaler, inhale one puff every 12 hours QAM & QPM, dated 3/2/2016 and 5/17/2018; - Voltaren 1% gel, apply 2 grams topically four times daily (QID), dated 2/3/2018; - Lasix (furosemide) 20 mg, 1-2 tablets QD as needed (PRN), dated 2/1/2016 and a refill order for 1 tablet QD PRN dated 5/17/2018; -No MD order was present for Keflex (cephalalexin) 500 mg, 1 tablet four times daily (QID); and - Zolof (sertraline) 50 mg, 1 tablet QD, dated 7/11/2016, with a discontinuation order dated 	V 118		

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V 118	<p>Continued From page 6</p> <p>1/29/2018;</p> <ul style="list-style-type: none"> - No documentation of a leg injury due to falling off of a bicycle, or treatment at a local Urgent Care. <p>Review on 6/5/2018 of client #3's MARs dated 4/14/2018 to 6/5/2018 revealed:</p> <ul style="list-style-type: none"> - No documentation of administration of Vitamin D3, aspirin, Claritin or potassium on May 16; - Nasonex (mometasone furoate): the medication name, dose, and administration instructions were not present on the April MAR; and there was no documentation of administration on May 1-31 or June 1-5; - Spiriva Handihaler: no documentation of administration on May 17-31 or June 1-5; - Risperdone: no documentation of administration on April 30 or May 8-11; - Advair Diskus 250/50 inhaler: <ul style="list-style-type: none"> - Advair was scheduled for administration at 8:00AM and 8:00PM every day; - No documentation of administration at 8:00AM on May 18, or at 8:00PM on May 19-20 & 31; - Voltaren 1% gel: <ul style="list-style-type: none"> - No documentation of administration at 8:00AM, 12:00PM, 4:00PM or 8:00PM on April 14-28; at 8:00AM on April 29; or at 4:00PM & 8:00PM on April 30; - No documentation of administration at 12:00PM on May 1-5, 7, 8, 10-12, and 16-31; at 2:00PM on May 3, 4, 8-11, and 16-31; at 8:00PM on May 16-31; - The May MAR noted "D/C" with no date of the discontinuation order noted; - The June MAR continued to list Voltaren as a routinely administered medication on the administration instruction section, but there was no documentation of administration of the medicine; 	V 118		

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V 118	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Lasix: the April and May MARs listed Lasix as a routinely administered medication rather than a PRN medication; - Keflex: documentation that the medication was scheduled for administration at 8:00AM, 12:00PM, 4:00PM and 8:00PM from May 1 to May 11 was noted on the May MAR, but a total of 15 doses were not documented as administered during that time frame; - Zoloff: <ul style="list-style-type: none"> - Documentation that the medication had been administered on April 14-29; - No documentation that the medication had been discontinued; - The May MAR continued to list Zoloff as a routinely administered medication, but there was no documentation of administration on May 1-31, and no documentation that the medication had been discontinued; - The only documentation of medication refusal was for Advair at unspecified times on May 14-17. <p>Observation at approximately 10:02 AM on 6/5/2018 of client #3's medications revealed:</p> <ul style="list-style-type: none"> - Nasonex, Voltaren gel, Zoloff and Keflex were not present. <p>Interview on 6/5/2018 with client #1 revealed:</p> <ul style="list-style-type: none"> - He did not know the names of his medications; - He was administered medications in the morning and at night; - He did not know of any times that he had run out of medications; - When he ran out of medications, facility staff were supposed to call the pharmacy for refills. <p>Interview on 6/5/2018 with client #2 revealed:</p> <ul style="list-style-type: none"> - He did not know the names of his medications; - When asked if he had run out of medications, client #2 replied: "I think I took them all"; 	V 118		

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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> - After he had been taken to the MD's office by the Owner on 6/5/2018, he thought his medications had been "filled back up." - He thought he had missed doses of his medications for 5 days. <p>Interview on 6/5/2018 with client #3 revealed:</p> <ul style="list-style-type: none"> - She could not pronounce the names of her medications, but knew she took Risperdal, a "water pill", a potassium pill, vitamin D and Claritin; - She had "cancelled" her inhalers, but her doctor had sent a prescription for them to the pharmacy after her last appointment anyway; - She felt like she was "living with people who force us to take meds"; - She did not think that she needed to take all of the pills that she was prescribed. <p>Interview on 6/5/2018 with staff #1 revealed:</p> <ul style="list-style-type: none"> - When clients ran out of over the counter (OTC) medications, the client was supposed to go to the pharmacy to purchase more; - Client #1 had been told that he was running low on aspirin, but did not purchase any; - The practice of having clients purchase their own OTC meds was already in place when staff #1 started working at the facility approximately one month ago; - On 5/23/2018, staff #1 had called the pharmacy because client #2 was running out of Abilify, but the pharmacy would only fill 8 pills because they needed a new prescription from client #2's MD; - Client #2 ran out of Abilify on 6/1/2018; - A former staff had told him that client #3 would decline to use her inhalers; - Staff #1 had offered Spiriva and Advair to client #3, but she refused them; - Client #3 had been prescribed Keflex following a fall from her bicycle, which resulted in a leg injury; 	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Client #3 had gone to Urgent Care and was prescribed the Keflex at that time; - Client #3's Lasix was supposed to be administered PRN, and not routinely; - He thought that client #3's Zolofit had been discontinued before he started work at the facility; - The Owner reviewed MARs for accuracy; - The Owner was usually at the facility once a week. <p>Interview attempt via telephone with the Qualified Professional (QP) on 6/7/2018 revealed:</p> <ul style="list-style-type: none"> - The QP did not answer her phone; - By the time of the exit conference on 6/8/2018, the QP had not responded to a voicemail request to call the Surveyor. <p>Interview on 6/7/2018 with the Owner revealed:</p> <ul style="list-style-type: none"> - Following the Type A1 medication administration citation on 3/22/2018, the Owner had told facility staff that they were to contact the Pharmacy and the Owner when clients medications got down to 5 remaining doses; - "...We have to make sure they do not run out ..." - The Owner scheduled MD appointments and transported clients to their appointments; - If clients were about to run out of their psychotropic medications before their scheduled appointments, the Owner would take them as "walk ins" at their local mental health treatment providers' office; - The Pharmacy had said that it would be cheaper for clients to purchase medications available without a prescription over the counter rather than for the Pharmacy to fill the prescription; - Client #1 said he did not need aspirin, and would not purchase the medication when facility staff told him that he needed to buy it; - The Owner had purchased client #1's aspirin the 	V 118		

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V 118	<p>Continued From page 10</p> <p>last time he ran out;</p> <ul style="list-style-type: none"> - Client #1 ran out of Proctocort in April, but had to get a new prescription from the MD before the Pharmacy would refill it; - Client #2 had run out of Abilify on 6/1/2018 while the facility was waiting for the MD to refill the prescription; - The Owner had taken client #2 to his Psychiatrist on 6/5/2018 to get a new prescription for Abilify and Ativan; - The Pharmacy had delayed refilling client #2's medications by not contacting client #2's Psychiatrist to request a refill order; - Client #2's Psychiatrist had said that client #2 needed to be seen for an appointment before a new order could be written; - Client #2 had not missed any Psychiatric appointments, so the Owner did not know what happened to cause him to run out of medication prior to his scheduled appointment; - She could not recall the date of client #2's next scheduled appointment with the Psychiatrist, although it could possibly be at the end of June; - Client #3 was always refusing to take medications; - Facility staff should have made note of the medication refusal on the back of client #3's MARs; - Blanks on MARs "may be that staff gave the medicine and did not sign it. I stress it is very important to sign it ..." - "... [Client #3] said she couldn't take the Zoloft anymore, we had a big talk with her and said it was something that helps her keep her job every day. [Client #3] would refuse to take her medications ... The good thing is that she has not gotten sick because she didn't take it ..." - The Owner could not recall why client #3 had been prescribed Keflex, but she was sure that client #3 had taken every dose of it; 	V 118		

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V 118	<p>Continued From page 11</p> <ul style="list-style-type: none"> - Clients #1, #2 and #3 had not experienced any medical or behavioral issues due to not having been administered their medications; - The QP did not have anything to do with review of MARs or medication orders; - The QP worked another job and was only reachable via telephone; - The Owner was responsible for oversight of clients' MARs and medication orders; - The Owner usually tried to review MARs every week, but she had not been able to recently because she had been ill with the flu approximately one month ago; - The Owner would immediately assign a new QP to have oversight of clients' medications and MARs. <p>Review on 6/7/2018 of the Plan of Protection dated 6/7/2018 written by the Owner revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? A new Qualified Professional has been assigned to both group homes of Mercy Home Services effective immediately. [The new QP] will be attending both group homes on a bi-weekly basis to meet with staff, review MAR for compliance, complete supervision of staff, and provide staff with any applicable in-house trainings. - Describe your plans to make sure the above happens. <p>Owner will advise all Mercy Home Services staff of the recent changes outlined in this plan by Friday, May 8th. QP will attend both group homes beginning Tuesday, May 12th and every other Tuesday moving forward. Owner will ensure the QP has adequate knowledge of position requirements to include providing all group home staff supervision, reviewing MAR for compliance, and providing staff with any</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>applicable in-house trainings. QP will provide supervision to each staff on a quarterly basis. QP will review MAR for compliance to include medication (S) administered, signatures provided, refusals indicated, and reasoning for non-administered medications documented. QP will also provide staff with any applicable in-house trainings they may require, in addition to their professional training."</p> <p>The three clients at the facility had diagnoses that included Schizophrenia, Depressive Disorder NOS, Impulse Control Disorder, Mild Intellectual Disability, Hypertension, Sleep Apnea, Hyperlipidemia, and Diabetes. The facility was cited for a Type A1 violation for serious neglect related to medication requirements during the annual, complaint and follow up survey completed on 3/22/2018, and was directed to develop and implement corrective measurements for the violation. Deficient practice related to medication administration continued unabated since the last survey. Deficient practices included: failure to document medication administration following administration (total undocumented medication doses for client #1: 44 doses, for client #2: 6 doses, and for client #3: 226 doses), allowing clients to run out of medications, failure to document client medication refusals, failure to correct medication administration instructions that did not match the written orders, and failure to have written orders for all medications. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p>	V 118		

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V 133	Continued From page 13	V 133		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall</p>	V 133		

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V 133	<p>Continued From page 14</p> <p>return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p>	V 133		

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V 133	<p>Continued From page 15</p> <p>(1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or</p>	V 133		

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V 133	Continued From page 16 felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.	V 133		

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V 133	<p>Continued From page 17</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to request a nation-wide criminal history background check within 5 days of making the conditional offer of employment affecting 1 of 3 surveyed staff (#1). The findings are:</p> <p>Review on 6/5/2018 of staff #1's employee file revealed: - Hire date: 4/27/2018; - A copy of staff #1's driver's license from a neighboring state was issued on 4/12/2018; - Documentation of a request was made on</p>	V 133		

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V 133	<p>Continued From page 18</p> <p>4/28/2018 for a criminal history record check for North Carolina only; - No documentation of a request for a nation-wide criminal history record check was present.</p> <p>Interview on 6/5/2018 with staff #1 revealed: - He had moved to North Carolina from a neighboring state approximately one month ago.</p> <p>Interview on 6/8/2018 with the Owner revealed: - She thought that she had requested a nation-wide criminal history record check for staff #1.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 133		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p>	V 536		

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V 536	<p>Continued From page 19</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 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"> (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). 	V 536		

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V 536	<p>Continued From page 20</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 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,</p>	V 536		

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V 536	<p>Continued From page 21</p> <p>reducing and eliminating the need for restrictive interventions at least one time, with positive 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 formal refresher training on alternatives to restrictive interventions was completed at least annually affecting 1 of 3</p>	V 536		

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V 536	<p>Continued From page 22</p> <p>surveyed staff (the Owner). The findings are:</p> <p>Review on 6/5/2018 of the Owner's employee file revealed:</p> <ul style="list-style-type: none"> - Hire date: 5/1/2009 - Documentation that training on alternatives to restrictive interventions had expired on 10/9/2010; - No documentation of refresher training on alternatives to restrictive interventions. <p>Interview on 6/6/2018 with the Owner revealed:</p> <ul style="list-style-type: none"> - She had checked her trainings, and her training on alternatives to restrictive interventions had expired without her realizing it; - She had already made arrangements to renew her training on alternatives to restrictive interventions. <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 536		