

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL017-022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/16/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEVAN PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>281 W MAIN STREET</b> <b>YANCEYVILLE, NC 27379</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 7/16/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a</p>	V 107		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 107	<p>Continued From page 1</p> <p>decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to maintain a file for staff that included the required training and other qualifications affecting 1 of 3 staff (staff #2). The findings are:</p> <p>Attempted review on 7/16/18 of staff #2's personnel file revealed there was no personnel file for the staff.</p> <p>Interview on 7/16/18 with staff #2 revealed he had begun working at the facility on 6/29/18.</p> <p>Interview with the Director and review of the Director's cellular telephone on 7/16/18 revealed: -she kept individual binders for each staff member that included their personnel records; -the Qualified Professional/Project Director (QP/PD) had not sent her the personnel information for staff #2 so she had not yet started</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>a binder for him; -she was able to provide documentation that he had the minimum level of education from her cellular telephone; -she was not able to provide a signed job description; -she was not able to provide documentation that he had no substantiated findings on the Health Care Personnel Registry (HCPR); -she was not able to provide documentation that a criminal history had been requested.</p> <p>Interview on 7/16/18 with the QP/PD revealed: -it was her responsibility to complete all new hire paperwork and send the paperwork to the Director to print; -she had completed all the necessary paperwork for staff #2 which included a job description, completing a criminal history request and accessing the HCPR but was not able to locate and provide documentation.</p>	V 107		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</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> <ol 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</li> </ol>	V 111		

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V 111	<p>Continued From page 3</p> <p>admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete assessments prior to providing services affecting 1 of 3 clients (client #3). The findings are:</p> <p>Review on 7/16/18 of client #3's record revealed: -an admission date of 6/11/18; -diagnoses of Autism and Intellectual Developmental Disability; -a legal guardian had been appointed; -a blank assessment form; -no documentation of an assessment completed by the facility prior to admission.</p> <p>Interview on 7/16/18 with the Director revealed: -she wasn't aware that an assessment had to be completed prior to providing services; -"I guess [the Qualified Professional/Project Director (QP/PD)] does that;"</p>	V 111		

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V 111	<p>Continued From page 4</p> <p>-she thought as long as they verified a potential client had a developmental disability then they could admit the client;</p> <p>-she didn't understand how an assessment would be completed without first getting to know the client;</p> <p>-either she or the QP visited potential clients to assess whether they were appropriate to admit to the facility;</p> <p>-after they visited the potential client, they discussed and determined whether the potential client would be admitted.</p> <p>Interview on 7/16/18 with the QP/PD revealed:</p> <p>-she was responsible for completing assessments for clients prior to providing services;</p> <p>-she had completed an assessment for client #3 but was unable to locate it.</p>	V 111		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to have a written consent/signature by the responsible party/legal guardian for the treatment plan affecting 1 of 3 clients (client #2) and failed to develop and implement a plan within 30 days of admission for 1 of 3 clients (client #3). The findings are:</p> <p>Finding 1:</p> <p>Review on 7/16/18 of client #2's record revealed: -an admission date of 4/4/10; -diagnoses of mild Intellectual Developmental Disability and Attention Deficit Hyperactivity Disorder; -a legal guardian had been appointed; -no treatment plan.</p> <p>Interview with the Director and review of her cellular telephone on 7/16/18 revealed: -it was the responsibility of the Qualified Professional/Project Director (QP/PD) to complete treatment plans; -client #2's annual treatment plan was completed in March 2018 but was never signed by the client</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>or his legal guardian; -the client's annual treatment plan usually always remained the same; -she was able to access the treatment plan on her cellular telephone; -she had no access to a computer and printer except at the local library; -she had been to the public library several times since March 2018 to print out the treatment plan but there was always a line to use the computers; -after she was able to print out the treatment plan, she planned to ask the client's legal guardian to sign it; -she had informed the QP/PD several times during the past couple of years that the facility needed a computer and printer.</p> <p>Interview on 7/16/18 with the QP/PD revealed: -it was her responsibility to complete treatment plans timely; -it was the Director's responsibility to print out the treatment plans and have them signed.</p> <p>Finding 2:</p> <p>Review on 7/16/18 of client #3's record revealed: -an admission date of 6/11/18; -diagnoses of Autism and Intellectual Developmental Disability; -a legal guardian had been appointed; -no treatment plan.</p> <p>Interview on 7/16/18 with the Director revealed: -the QP had not yet completed the client's treatment plan; -she was not aware that treatment plans were required to be completed within 30 days of admission.</p> <p>Interview on 7/16/18 with the QP/PD revealed:</p>	V 112		

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V 112	Continued From page 7  -time had passed quickly and she had not realized the client was admitted to the facility 35 days ago; -she had thought that the client had only been at the facility a couple of weeks; -she had not yet completed the treatment plan.	V 112		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 1 of 3 staff (staff #2). The findings are:  Attempted review on 7/16/18 of staff #2's personnel file revealed there was no file.  Interview on 7/16/18 with staff #2 revealed he had begun working at the facility on 6/29/18.  Interview on 7/16/18 with the Director revealed: -staff #2 had begun working at the facility on 6/29/18; -it was the responsibility of the Qualified	V 131		

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V 131	Continued From page 8  Professional/Project Director (QP/PD) to access the HCPR prior to hiring staff.  Interview on 7/16/18 with the QP/PD revealed: -it was her responsibility to access the HCPR prior to hiring staff; -she had accessed the HCPR prior to hiring staff #2; -she was unable to locate and provide verification that she had accessed the HCPR prior to hiring staff #2.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (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. (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	V 133		

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V 133	<p>Continued From page 9</p> <p>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 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</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>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> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <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</p>	V 133		

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V 133	<p>Continued From page 11</p> <p>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.</p> <p>(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 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</p>	V 133		

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(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 133	<p>Continued From page 12</p> <p>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.</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:</p>	V 133		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL017-022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/16/2018</b>
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V 133	<p>Continued From page 13</p> <p>Based on record review and interviews, the facility failed to request a criminal history background check within 5 days of making the conditional offer of employment affecting 1 of 3 surveyed staff (staff #2). The findings are:</p> <p>Attempted review on 7/16/18 of staff #2's personnel file revealed the employee had no file.</p> <p>Interview on 7/16/18 with staff #2 revealed his first day of work at the facility was 6/29/18.</p> <p>Interview on 7/16/18 with the Director revealed: -staff #2 had begun working at the facility on 6/29/18; -the Qualified Professional/Project Director (QP/PD) was responsible for requesting criminal history background checks.</p> <p>Interview on 7/16/18 with the QP/PD revealed: -it was her responsibility to request criminal history background checks; -she had completed the request for a criminal history background check but was unable to locate and provide documentation of the request.</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</p>	V 536		

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V 536	<p>Continued From page 14</p> <p>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> <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"> <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> </ol>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL017-022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/16/2018</b>
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V 536	<p>Continued From page 15</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</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</p>	V 536		

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V 536	<p>Continued From page 16</p> <p>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 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>	V 536		

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V 536	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff received training on alternatives to restrictive interventions prior to providing services to clients, affecting 1 of 3 surveyed staff (staff #2). The findings are:</p> <p>Attempted review on 7/16/18 of staff #2's personnel file revealed staff #2 had no employee file.</p> <p>Interview on 7/16/18 with staff #2 revealed: -he began working at the facility on 6/29/18; -he had completed training on alternatives to restrictive interventions at the facility a couple of days prior to him beginning work; -he was not able to remember the date of the training; -he thought the woman conducting the training was a nurse but he wasn't sure; -he had no documentation regarding the training.</p> <p>Interview on 7/16/18 with the Director revealed: -the Qualified Professional/Project Director (QP/PD) was responsible for ensuring training was completed; -she was sure that the staff had completed training on alternatives to restrictive interventions but was unable to provide documentation.</p> <p>Interview on 7/16/18 with the QP/PD revealed staff #2 had completed training on alternatives to restrictive interventions but she was unable to locate and provide documentation.</p>	V 536		