

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/10/2018
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NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on December 10, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p>	V 000		
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 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 with a physician.</p>	V 118	<p style="text-align: right; color: blue;">DHSR - Mental Health</p> <p style="text-align: center; color: red;">JAN 02 2019</p> <p style="text-align: right; color: blue;">Lic. & Cert. Section</p>	

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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *QP* (X6) DATE *12/21/18*

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three audited clients (#1 and #2). The findings are:</p> <p>Finding #1: Review on 12/10/18 of client #1's record revealed: - 20 year old male. - Admission date of 08/01/13. - Diagnoses of Pervasive Developmental Disorder Not Otherwise Specified (NOS), Mood Disorder NOS, Sleep Apnea, Epilepsy, Attention Deficit Hyperactivity Disorder (ADHD), Moderate Intellectual Development Disability and Autism.</p> <p>Review on 10/10/18 of client #1's medication orders dated 07/27/18 revealed Lorazepam (treats anxiety) 2 milligrams (mg) - take one tablet three times a day.</p> <p>Review on 12/10/18 of client #1's December 2018 MAR revealed: - Lorazepam 2mg - take one tablet three times daily. - Staff initials to signify the Lorazepam was administered at 12pm on 10/10/18.</p> <p>Observation on 12/10/18 at approximately 10am revealed: - Client #1 was out of the facility with staff #1. - Client #1's December 2018 MAR was at the</p>	V 118		
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V 118	<p>Continued From page 2 facility.</p> <p>Interview on 12/10/18 client #1 stated he received his medications daily as ordered.</p> <p>Finding #2: Review on 12/10/18 of client #2's record revealed: - 20 year old male. - Admission date of 07/03/15. - Diagnoses of Oppositional Defiant Disorder, Psychotic Disorder NOS, ADHD-Combined Type and Autism Disorder.</p> <p>Review on 12/10/18 of client #2's medication orders revealed: 08/16/18 - Triamcinolone 0.1% cream (treats skin conditions) - apply three times daily.</p> <p>11/29/18 - Clotrimazole-Betamethasone 0.05%-1% cream (treats fungal infections) - apply twice daily for 4 weeks.</p> <p>Review on 12/10/18 of client #2's December 2018 MAR revealed the following blanks: - Trimcinolone - 12/01/18 thru 12/10 at 7am, 12/03/18 at 4pm and 7pm and 12/07/18 at 4pm. - Clotrimazole-Betamethasone - 12/03/18 at 8pm, 12/04/18 at 6am and 8pm, 12/06/18, 12/08/18 thru 12/10/18 at 6am.</p> <p>Interview on 12/10/18 client #2 stated he received his medications as ordered.</p> <p>Interview on 12/10/18 the Qualified Professional stated: - Staff are aware not to pre-sign the MARs. - Staff are aware to document properly when</p>	V 118		
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V 118	Continued From page 3 medications are applied. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
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 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	V 133		

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V 133	Continued From page 4 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 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	V 133		
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V 133	<p>Continued From page 5</p> <p>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"> (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>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> <ol style="list-style-type: none"> (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 	V 133		
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V 133	<p>Continued From page 6</p> <p>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 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</p>	V 133		
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V 133	<p>Continued From page 7</p> <p>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: Based on record review and interview, the facility failed to request within five business days of making the conditional offer of employment, a national criminal history record check to include a check of the applicant's fingerprints, for 1 of 4</p>	V 133		
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V 133	<p>Continued From page 8</p> <p>staff audited who had lived out of state within 5 years of hire (#2). The findings are:</p> <p>Review on 12/10/18 of staff #5's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 04/02/18. - Application date of 03/15/18. - Employed in another state until January 2018. - No documentation of a national criminal background with fingerprint check had been completed. <p>Interview on 12/10/18 staff #2 stated:</p> <ul style="list-style-type: none"> - He had gone to have his fingerprints taken this morning. <p>Interview on 10/10/18 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Staff #2 had his fingerprints taken. - She was in the process of securing the required criminal background check. 	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</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>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"> (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; 	V 536		

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V 536	<p>Continued From page 10</p> <p>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 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>	V 536		
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V 536	<p>Continued From page 11</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 12</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure two of four audited staff (#1 and Qualified Professional (QP)) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p>Review on 12/10/18 of staff #3's record revealed: - Date of hire: 11/23/16. - Job Title: Paraprofessional. - North Carolina Interventions (NCI) training in alternatives to restrictive interventions expired effective 10/31/18. - No current training updates in alternatives to restrictive interventions.</p> <p>Review on 12/10/18 of the QP's record revealed: - Date of application: 06/27/16. - Job Title: QP - NCI training in alternatives to restrictive interventions expired effective 11/30/18. - No current training updates in alternatives to restrictive interventions.</p> <p>Interview on 12/10/18 the QP stated: - Her NCI and staff #1's NCI was currently expired. - She would ensure the refresher course was completed for both.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/10/2018
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NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
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V 537	<p>Continued From page 13</p> <p>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 the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and</p>	V 537		

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V 537	<p>Continued From page 14</p> <p>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 and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an</p>	V 537		

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V 537	<p>Continued From page 15</p> <p>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> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <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 documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p>	V 537		

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V 537	<p>Continued From page 16</p> <p>(A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure two of five audited staff (#1 and Qualified Professional (QP)) received annual training updates in seclusion, physical restraint and isolation time-out. The findings are</p> <p>Review on 12/10/18 of staff #1's record revealed: - Date of hire: 11/23/16. - Job Title: Paraprofessional. - North Carolina Interventions (NCI) training updates in seclusion, physical restraint and isolation time-out expired effective 10/31/18. - No current training updates in seclusion, physical restraint and isolation time-out.</p> <p>Review on 12/10/18 of the QP's record revealed: - Date of hire: 06/27/16. - Job Title: QP - NCI training updates in seclusion, physical</p>	V 537		
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V 537	Continued From page 17 restraint and isolation time-out expired effective 11/30/18. - No current training updates in seclusion, physical restraint and isolation time-out. Interview on 12/10/18 the QP stated: - Her NCI and staff #1's NCI was currently expired. - She would ensure the refresher course was completed for both.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 12/10/18 at approximately 9:45am revealed: - The living room carpet revealed dark spots and a soiled appearance. A couch had the top layer of the fabric peeled off. - The kitchen revealed a rusty floor vent and the cabinets had areas of paint which had peeled away. An approximately 6 inch by 8 inch unpainted surface above the sink area. - Client #1's room revealed a cracked bedroom door with scuff marks. The carpet revealed bits of debris and appeared soiled.	V 736		

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V 736	<p>Continued From page 18</p> <ul style="list-style-type: none"> - Client #2 and #3's bedroom revealed the left side vanity had one of three light bulbs which worked. One of the bulbs was broken in the receptacle. The bedroom door had a broken frame. The closet and bedroom doors had paint peeled off the surface. - Client #4's bedroom revealed bits of debris on the floor. The wall revealed an approximately 8 inch by 2 foot broken area in the sheetrock. - The hallway carpet was worn. <p>Interview on 12/10/18 client #4 stated he rolled into the wall and cracked the sheetrock.</p> <p>Interview on 12/10/18 staff #1 stated the living room carpet was going to be taken up and replaced.</p> <p>Interview on 12/10/18 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - The clients served at the facility caused physical issues at the facility. - The facility is scheduled to be remodeled. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
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AREA OF COMPLIANCE	PLAN OF ACTION	PLAN FOR PREVENTION	RESPONSIBLE PARTY	TIME FRAME
27G .0209 (C) Medication Requirements	A detailed description of checking MARS and medication will be put in place for any person responsible for reviewing medication	House Manager will complete a routine check to make sure that MARS are being documented on correctly	Home Manager	Weekly
G.S. 122C-80 Criminal History Record Check	Fingerprint card had been completed and sent off but had not returned with results at time of monitoring	Fingerprint card will be given to any person that requires one upon hire	Administrative Staff	Quarterly
27E .0107 Client Rights- Training on Alt to Rest. Int.	Administration staff will create a system of checks and balances that will assist in maintaining updated records for personnel files	The system will be reviewed at the agency's quarterly review	Administrative Staff	Quarterly
27E .0108 Training in seclusion, physical restraint and isolation time-out	Administration staff will create a system of checks and balances that will assist in maintaining updated records for personnel files	The system will be reviewed at the agency's quarterly review	Administrative Staff	Quarterly
27G .0303 Location and Exterior Requirements	The home is in the process of being remolded. We have already began this process. Some things that has already been fixed has been recently damaged by the individuals	Work orders will continue to be completed to make sure that expected work gets completed within a timely manner	CEO/Landlord	As needed