

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/22/2019
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NAME OF PROVIDER OR SUPPLIER MELODY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 MARLIN DRIVE DURHAM, NC 27703
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on January 22, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</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"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <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"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based</p>	V 107		

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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>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 interview the facility failed to ensure: 1. One of three audited staff had a job description (Staff #1), and 2. Two of three audited staff (Staff #1 and Staff #2) met the minimum level of education requirements. The findings are:</p> <p>Review on 1/22/19 of the facility's personnel records revealed: -Staff #1 did not have a personnel file. -Staff #1 did not have a job title. -There was no documentation staff #1 met the minimum level of education required.</p> <p>Review on 1/22/19 of Staff #2's personnel records revealed: -Staff #2 was hired on 3/7/11. -Staff #2 was hired as a Habilitation Technician. -There was no documentation Staff #2 met the minimum level of education required.</p>	V 107		

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V 107	Continued From page 2 Interview on 1/22/19 with the Facility Director revealed: -Staff #1 was hired around Thanksgiving 2018. -Staff #1 was hired first as a Cook/Helper, but has since been daytime staff at the house. -Staff #1 does not administer medicines. -Staff #1 spends time alone with the clients at the house. -She was not aware that Staff #1 needed to have a personnel file just like her other Habilitation Technicians at the house. -She was not aware that proof of education for Staff #2 was not in her file. -She confirmed Staff #1 had no documentation that she met minimum level of education required as well as a job description. -She would create a personnel file for Staff #1. -She confirmed there was no proof of education for Staff #2 in her personnel file.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G	V 108		

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V 108	<p>Continued From page 3</p> <p>.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 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 reviews and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of three audited staff audited (Staff #1). The findings are:</p> <p>Review on 1/22/19 of the facility's personnel records revealed: -Staff #1 did not have a personnel file. -Staff #1 did not have a job title. -There was no documentation of Cardiopulmonary Resuscitation and First Aid training on file for Staff #1.</p> <p>Interview on 1/22/19 with the Facility Director revealed: -Staff #1 was hired around Thanksgiving 2018. -Staff #1 was hired first as a Cook/Helper, but has since been daytime staff at the house.</p>	V 108		

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V 108	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Staff #1 spends time alone with the clients at the house. -She was not aware that Staff #1 needed to have a personnel file just like her other Habilitation Technicians at the house. -She was not aware that Staff #1 needed to have First Aid and CPR certification. -She would have Staff #1 enrolled for First Aid/CPR training. -She would create a personnel file for Staff #1. -She confirmed Staff #1 had no training in Cardiopulmonary Resuscitation and First Aid. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		
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> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or 	V 112		

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V 112	<p>Continued From page 5</p> <p>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 develop a treatment plan for one of three audited clients (#3) and ensure the treatment plan included a crisis plan for one of three audited clients (#3). The findings are:</p> <p>Review on 1/22/19 of Client #3's record revealed: -Admission date of 4/2/18. -Diagnoses of Schizophrenia Disorder, Bipolar Type. -There was no treatment plan in the record. -There was no crisis plan in the record.</p> <p>Interview on 1/22/19 with the Program Coordinator revealed: -She was not aware that Client #3's PCP was missing from his chart. -She believed that Client #3's PCP may had been sent to his Guardian to signed and she never returned it to them. -The QP was responsible for ensuring treatment and crisis plans were completed. -The Program Coordinator was responsible for reviewing client records to ensure compliance. -She confirmed that a signed treatment and crisis plan for Client #3 was not in his chart.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		

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V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview the facility failed to ensure the</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>medication administration record (MAR) was current for two of three audited clients (#1 and #4). The findings are:</p> <p>Review on 1/22/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 10/15/07. - Diagnoses of Schizophrenia, Paranoid Type. <p>Review on 1/22/19 of Client #1's physician's order dated the following:</p> <ul style="list-style-type: none"> -Order dated 11/12/18: <ul style="list-style-type: none"> -Magestrol 20 mg. One tablet once a day. -Doxepin 50 mg. One capsule at night. -Olanzapine 10 mg. One tablet at night. -Order dated 12/13/18: <ul style="list-style-type: none"> -Amlodipine Besylate 10 mg. One tablet once a day. -Aspirine EC 325 mg. One tablet once a day. -Atorvastatin 40 mg. One tablet once a day. <p>Observation on 1/22/19 at 12:00pm. of Client #1's medication revealed the following was available:</p> <ul style="list-style-type: none"> -Magestrol 20 mg. -Doxepin 50 mg. -Olanzapine 10 mg. -Amlodipine Besylate 10 mg. -Aspirine EC 325 mg. -Atorvastatin 40 mg. <p>Review on 1/22/19 of Client #1's MAR for January 2019 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> -Magestrol 20 mg. - 1/20 at 8 AM; 1/21 at 8 AM. -Doxepin 50 mg. - 1/20 at 8 PM. -Olanzapine 10 mg. - 1/20 at 8 PM. -Amlodipine Besylate 10 mg. - 1/20 at 8 AM; 1/21 at 8 AM. -Aspirine EC 325 mg. - 1/20 at 8 AM; 1/21 at 8 AM -Atorvastatin 40 mg. - 1/20 8 PM. 	V 118		

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V 118	<p>Continued From page 8</p> <p>Review on 1/22/19 of Client #4's record revealed: - Admission date of 10/15/07. - Diagnoses of Schizophrenia, Seizure Disorde.</p> <p>Review on 1/22/19 of Client #4's physician's order dated the following: -Order dated 1/14/19: -Divalproex Sodium Dr 250 mg. Three tablets twice a day. -Olanzapine Odt 10 mg. One tablet twice a day.</p> <p>Observation on 1/22/19 at 12:00pm. of Client #4's medication revealed the following was available: -Divalproex Sodium Dr 250 mg. -Olanzapine Odt 10 mg.</p> <p>Review on 1/22/19 of Client #4's MAR for January 2019 revealed blanks on the following dates: -Divalproex Sodium Dr 250 mg- 1/20 at 8 AM and 8 PM; 1/21 at 8 AM. -Olanzapine Odt 10 mg- 1/20 at 8 AM and 9 PM; 1/21 at 8 AM.</p> <p>Interview on 1/22/19 with the Facility Director revealed: -She confirmed staff did not initial the MAR for dates noted. -She confirmed that client's medication was available at the house. -She would implement fines to staff for not completing MAR appropriately. -The Program Coordinator was responsible for reviewing client records for compliance.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

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V 131	Continued From page 9	V 131		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on review of record and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (Staff #1).</p> <p>Review of the facility's personnel records on 10/30/18 revealed the following: -Staff #1 did not have a personnel file. -Staff #1 did not have a job title. -No documentation of a HCPR check completed for Staff #1.</p> <p>Interview on 1/22/19 with the Facility Director revealed: -Staff #1 was hired around Thanksgiving 2018. -Staff #1 was hired first as a Cook/Helper, but has since been daytime staff at the house. -Staff #1 spends time alone with the clients at the house. -She was not aware that Staff #1 needed to have a personnel file just like her other Habilitation Technicians at the house. -She confirmed Staff #1 did not have a HCPR</p>	V 131		

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V 131	Continued From page 10 completed prior to hiring. -She would create a personnel file for Staff #1 to include the HCPR.	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 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	V 133		

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V 133	Continued From page 11 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 criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history	V 133		

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V 133	<p>Continued From page 12</p> <p>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 criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. 	V 133		

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V 133	Continued From page 13 (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 sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related	V 133		

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V 133	<p>Continued From page 14</p> <p>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 ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of three staff (Staff #1). The findings are:</p> <p>Review of the facility's personnel records on</p>	V 133		

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V 133	<p>Continued From page 15</p> <p>1/22/19 revealed the following: -Staff #1 did not have a personnel file. -Staff #1 did not have a job title. -Staff #1 had no documentation of a criminal record check completed within five business days of making the conditional offer of employment.</p> <p>Interview on 1/22/19 with the Facility Director revealed: -The Facility Director was responsible for requesting the criminal record check. -Staff #1 was hired around Thanksgiving 2018. -Staff #1 was hired first as a Cook/Helper, but has since been daytime staff at the house. -Staff #1 spends time alone with the clients at the house. -She was not aware that Staff #1 needed to have a criminal background check just like her other Habilitation Technicians at the house. -She confirmed Staff #1 did not have a criminal background check completed prior to hiring. -She would create a personnel file for Staff #1 to include the criminal background check. -She confirmed there was no documentation of a criminal record check completed within five business days of making the conditional offer of employment for Staff #1.</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 (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers,</p>	V 536		

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

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V 536	<p>Continued From page 17</p> <p>assisting in the person's involvement in making decisions about their life;</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</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive 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</p>	V 536		

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V 536	<p>Continued From page 19 as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three staff (Staff #1) had current training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p>Review on 1/22/19 of the facility's personnel records revealed: -Staff #1 did not have a personnel file. -Staff #1 did not have a job title. -There was no documentation that Staff #1 had training on the use of alternatives to restrictive interventions.</p> <p>Interview on 1/22/19 with the Facility Director revealed: -The group home used North Carolina Interventions Plus for training on the use of alternative to restrictive intervention. -Staff #1 was hired around Thanksgiving 2018. -Staff #1 was hired first as a Cook/Helper, but has since been daytime staff at the house. -Staff #1 spends time alone with the clients at the house. -She was not aware that Staff #1 needed to have training on alternatives to restrictive intervention just like her other Habilitation Technicians at the house. -She would have Staff #1 enrolled for training on alternatives to restrictive intervention. -She would create a personnel file for Staff #1.</p>	V 536		

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V 536	Continued From page 20 -She confirmed Staff #1 had no training on alternatives to restrictive intervention .	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 1/22/19 at 12:13 PM revealed: -Laminate flooring buckling throughout the residence.</p> <p>Observation on 1/22/19 of kitchen area revealed: -Cabinet doors under the sink did not close properly. -Linoleum flooring was peeling off. -Handle from faucet came off easily.</p> <p>Observation on 1/22/19 of dining area revealed: -Patches from holes on wall previously fixed, needed to be painted.</p> <p>Observation on 1/22/19 of the hallway bathroom revealed: -Round hole behind the door from handle on door. -Walls around new cabinets needed to be</p>	V 736		

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V 736	<p>Continued From page 21</p> <p>painted.</p> <p>Observation on 1/22/19 of bedroom in the back to the left revealed: -Two different kind of laminate floorings. -Laminates were buckling up.</p> <p>Interview on 1/25/18 with the Facility Director revealed: -Home was in process of being remodeled. -Bathroom's cabinets had just being changed. -Plans were to have walls re-painted. -New floorings were planned to be placed. -Facility would place new door stops to avoid holes in walls. -New faucet would be installed in kitchen. -Maintenance of property was being made by Director's husband.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		