

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-383</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MELODY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2727 MARLIN DRIVE DURHAM, NC 27703</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on January 23, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</p>	V 000		
V 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"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	V 112		

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

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V 112	<p>Continued From page 1</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 two of three audited clients (#1 and #2). The findings are:</p> <p>Review on 1/23/19 of Client #1's record revealed: -Admission date of 4/30/07. -Diagnoses of Mental Retardation, Mild; Paranoid Schizophrenia; COPD; Major Depression. -Person Centered Plan expired on 8/8/18. -There was no updated treatment plan in the record.</p> <p>Review on 1/23/19 of Client #2's record revealed: -Admission date of 7/31/06. -Diagnoses of Schizophrenia; Traumatic Brain Injury; Developmental Disability. -Person Centered Plan expired on 9/8/18. -There was no updated treatment plan in the record.</p> <p>Interview on 1/22/19 with the Facility Director revealed: -She was not aware that Clients #1 and #2's updated Person Centered Plans were missing from their chart. -She believed Clients #1 and #2 had updated their treatment plans. -The Qualified Professional was responsible for ensuring treatment and crisis plans were completed. -The Facility Director was responsible for reviewing client records to ensure compliance. -She confirmed that a signed treatment plan for Clients #1 and #2 were not in their chart.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 112		

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V 112	Continued From page 2 and must be corrected within 30 days.	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on every shift at least quarterly. The findings are:</p> <p>Review on 1/23/19 of the facility's fire and disaster drills record revealed: -There were no fire drills log available for review. -There were no disaster drills log available for review.</p> <p>Interview on 1/23/19 with the Facility Director revealed: -Fire and disaster drills had been done at the house, but she believed the log was locked up and unable to be retrieved.</p>	V 114		

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V 114	Continued From page 3  -She confirmed a fire and disaster drills log was not easily available at the time of the survey.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview the facility failed to ensure the medication administration record (MAR) was current for one of three audited clients (#1). The findings are:</p> <p>Review on 1/23/19 of Client #1's record revealed: - Admission date of 4/30/07. - Diagnoses of: Mental Retardation, Mild, Paranoid Schizophrenia; COPD; Major Depression</p> <p>Review on 1/23/19 of Client #1's physician's order dated the following: -Order dated 12/13/18: -Advair 500/50 Diskus, Inhale one puff every 12 hours.</p> <p>Observation on 1/23/19 at 12:00pm. of Client #1's medication revealed the following was available: -Advair 500/50 Diskus.</p> <p>Review on 1/23/19 of Client #1's MAR for November 2018 through January 2019 revealed blanks on the following dates: -Advair 500/50 Diskus: 11/23-11/30 at 8 PM; 12/26-12/31 at 8 PM; 1/1/19-1/23/19 at 8 PM.</p> <p>Interview on 1/23/19 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</p>	V 118		

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V 118	Continued From page 5  completing MAR appropriately. -The Facility Director was responsible for reviewing client records for compliance.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
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 review of record and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of two audited staff (#1 and #2).  Review of Staff #1's personnel records on 1/23/19 revealed the following: -Staff #1 did not have a date of hire. -Staff #1 was hired as a Habilitation Technician. -There was no HCPR check on Staff #1's personnel record.  Review of the facility's personnel records on 1/23/19 revealed the following: -Staff #2 did not have a personnel file.	V 131		

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V 131	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Staff #2 did not have a job title.</li> <li>-No documentation of a HCPR check completed for Staff #2.</li> </ul> <p>Interview on 1/23/19 with the Facility Director revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for obtaining the HCPR for new hires.</li> <li>-She believed a HCPR check was done for Staff #1.</li> <li>-She did not know why the HCPR check for Staff #1 was not in her record.</li> <li>-Staff #1 worked alone with clients.</li> <li>-Staff #1 worked second shift and weekends.</li> <li>-She would do a new HCPR check for Staff #1 and place it on her chart.</li> <li>-Staff #2 was hired first as a Cook/Helper and had also been driving clients in company van.</li> <li>-Staff #2 spends time alone with the clients at the house.</li> <li>-She was not aware that Staff #2 needed to have a personnel file just like her other staff at the house.</li> <li>-She confirmed Staff #2 did not have a HCPR completed prior to hiring.</li> <li>-She would create a personnel file for Staff #2 to include the HCPR.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health,</p>	V 133		

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V 133	Continued From page 7  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 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	V 133		

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V 133	<p>Continued From page 8</p> <p>Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <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</li> </ol>	V 133		

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V 133	<p>Continued From page 9</p> <p>filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</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,</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</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</p>	V 133		

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V 133	<p>Continued From page 11</p> <p>obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (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. (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 two of two staff (#1 and #2). The findings are:</p> <p>Review of Staff #1's personnel records on 1/23/19 revealed the following: -Staff #1 did not have a date of hire. -Staff #1 was hired as a Habilitation Technician. -There was no criminal check documentation check on Staff #1's personnel record.</p> <p>Review of the facility's personnel records on 1/23/19 revealed the following: -Staff #2 did not have a personnel file. -Staff #2 did not have a job title. -No documentation of a HCPR check completed for Staff #2.</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER  <b>MELODY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2727 MARLIN DRIVE DURHAM, NC 27703</b>
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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>Interview on 1/23/19 with the Facility Director revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for obtaining the criminal background check for new hires.</li> <li>-She believed a criminal background check was done for Staff #1.</li> <li>-She did not know why the criminal background check for Staff #1 was not in her record.</li> <li>-Staff #1 worked alone with clients.</li> <li>-Staff #1 worked second shift and weekends.</li> <li>-She would do a new criminal background check for Staff #1 and place it on her chart.</li> <li>-Staff #2 was hired first as a Cook/Helper and had also been driving clients in company van.</li> <li>-Staff #2 spent time alone with the clients at the house.</li> <li>-She was not aware that Staff #2 needed to have a personnel file just like her other staff at the house.</li> <li>-She confirmed Staff #2 did not have a criminal background check completed prior to hiring.</li> <li>-She would create a personnel file for Staff #2 to include the criminal background check.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers,</p>	V 536		

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V 536	<p>Continued From page 13</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"> <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</li> </ol>	V 536		

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V 536	<p>Continued From page 14</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 15</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 16 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 1/23/19 of the facility's personnel records revealed: -Staff #2 did not have a personnel file. -Staff #2 did not have a job title. -There was no documentation that Staff #2 had training on the use of alternatives to restrictive interventions.</p> <p>Interview on 1/23/19 with the Facility Director revealed: -The group home used North Carolina Interventions Plus for training on the use of alternative to restrictive intervention. -Staff #2 was hired first as a Cook/Helper and had been driving clients in the company van. -Staff #2 spent time alone with the clients. -She was not aware that Staff #2 needed to have training on alternatives to restrictive intervention just like her other staff at the house. -She would have Staff #1 enrolled for training on alternatives to restrictive intervention. -She would create a personnel file for Staff #2. -She confirmed Staff #2 had no training on alternatives to restrictive intervention .</p>	V 536		

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V 736  V 736	Continued From page 17  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 failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:  Observation on 1/23/19 at about 11:00 AM of kitchen area revealed: -The kitchen's Formica countertop had been damaged in several areas and was falling apart. -Linoleum flooring around the cabinets was damaged and was missing pieces. -Paint on wall was peeling off.  Observation on 1/23/19 of bedroom in the back to the right of the hall bathroom revealed: -Sheet rock was recently replaced. -Wall needed to be painted.  Interview on 1/23/19 with the Facility Director revealed: -Home was in process of being remodeled. -Bathrooms were recently remodeled. -Plans were to have bedroom walls re-painted. -New floorings were planned to be placed. -Maintenance of property was being made by Director's husband.	V 736  V 736		

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V 736	Continued From page 18  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		