

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-934</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/26/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEST HOME CARE SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>604 SOUTH EAST MAYNARD ROAD CARY, NC 27511</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An Annual, Complaint and Follow Up Survey was completed on 10/26/18. The complaints were unsubstantiated (Intake #NC00142695 &amp; #NC00143900). Deficiencies were cited.</p> <p>The facility is licensed for the following service category 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal</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>conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure one of one Qualified Professional and one of one paraprofessional staff (#1) had completed personnel files. The findings are:</p> <p>A. Review on 10//18/18- 10/26/18, the facility's records revealed no personnel record for the Licensee/Qualified Professional/Registered Nurse (L/QP/RN).</p> <p>During interview on 10/26/18, the L/QP/RN reported she:</p> <ul style="list-style-type: none"> <li>-Had a person who used to serve as Qualified professional but she had been serving in that capacity for a year or so</li> <li>-Was not aware a copy of her personnel record was requested for review, so she did not provide the necessary documentation</li> </ul>	V 107		

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V 107	Continued From page 2  B. Review on 10/18/18 of the facility's records revealed the following for staff #1: -Hired: May 2018 -No evidence to assure staff was able to read, write understand and follow direction, met minimum level of education for the position  During interview on 10/26/18, the L/QP/RN reported she: -Had a person who used to serve as Qualified professional but she had been serving in that capacity for a year or so -Was not aware a copy of her personnel record was requested for review, so she did not provide the necessary documentation -Had done some office reorganization and could not locate all the files.. "I could not find it. Some of the documents I am trying to find or put together."	V 107		
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness;	V 109		

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V 109	<p>Continued From page 3</p> <p>(3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.</p> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to have verification the facility's qualified professional (QP) met the necessary requirements. The findings are:</p> <p>Review of facility records between 10/22/18 and 10/26/18 revealed: -No evidence of personnel file for the QP</p> <p>During interview on 10/18/18, the Licensee/QP/Registered Nurse reported -The facility used to have a different QP a few years ago -Within the past two years, she became the QP -She did not know she needed to provide a</p>	V 109		

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V 109	Continued From page 4  personnel record with information for herself -She was a registered nurse	V 109		
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 5</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to assure one of one audited client (#1) that self administered medication had written authorization medications and one of three audited clients (#4)'s medication was administered as prescribed by a physician. The findings are:</p> <p>I. Review on 10/18/18 of client #1's record revealed: -Admitted: 08/04/09 -Diagnoses which included Schizophrenia and Cardiac Stints -August-October 2018 MARs listed Nitroglycerin .4 mg dissolve under tongue every 5 minutes as needed keep with him (used to treat heart disease) -No physician's order to self administer Nitroglycerin</p> <p>During interview on 10/18/18, client #1 reported: Years ago, he was taught by the physician how to self administer Nitroglycerin</p> <p>During interview on 10/26/18, the Licensee/Qualified Professional/Registered Nurse (L/QP/RN) reported: -Thought the agency had an order for client #1 to self administer, it was in his old chart. -When she looked through his charts for the physician's orders, she must've looked in the old file not his current record. -She thought she had faxed the physician's order</p> <p>II. Review on 10/18/18 of client #4's record revealed: -Admitted: 11/01/11</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-Diagnoses included Paranoid Schizophrenia, Obesity, History of Substance Abuse and Seasonal Allergy</p> <p>-August-September 2018 MARs listed Haldol 10 mg one tablet daily. October 2018 MAR listed Haldol 5 mg at night handwritten</p> <p>-Haldol physicians orders: dated 08/15/18 dosage of 10 mg, dated 09/24/18 dosage of 5 mg twice a day, dated 10/18/18 listed 10 mg one tablet daily</p> <p>Observation on 10/18/18 at 2:00 PM of client #4's medications revealed Haldol 5 mg one tablet daily dispensed 10/13/18</p> <p>During interview on 10/26/18, the L/QP/RN reported:</p> <p>-For client #4's physician's orders, the discontinue order paperwork for Haldol from the doctor said different medications and the lower part of the paperwork.</p> <p>-On 10/18/18, the doctor did not see client #4 only the FI-2 form was completed.</p>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with</p>	V 121		

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V 121	<p>Continued From page 7</p> <p>corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure psychotropic medication reviews were completed for two of three audited clients (#1, #4). The findings are:</p> <p>Review on 10/22/18 of client #1's record revealed -Admitted: 08/04/09 -Diagnoses which included Schizophrenia and Cardiac Stints Physician order dated 10/18/18 listed medications which included Risperdal 4 mg one tablet once a day -No evidence of psychotropic medication reviews</p> <p>Review on 10/22/18 of client #4's record revealed: -Admitted: 11/15/11 -Diagnoses of Paranoid Schizophrenia, Obesity, History of Substance Abuse and Seasonal Allergy -Physicians Orders for the following psychotropic medications: Celexa (dated 09/23/18), Haldol 5 mg one tablet twice a day (dated 09/24/18) (physician order dated 10/18/18 listed 5 mg at night), -No evidence of psychotropic medication reviews</p> <p>During interview on 10/27/18, the Licensee/Qualified Professional/Registered Nurse reported the following regarding psychotropic reviews: -"The pharmacy was going to send that but</p>	V 121		



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V 121	Continued From page 8  'I'm still looking but I wanted to get a copy for a review. -I asked for a copy of the reports/reviews from the pharmacy. "	V 121		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) before hiring one of two audited staff (#1). The findings are:  Review on 10/22/18 of staff #1's personnel record revealed: -Hired: prior to May 2018 -HCPR check dated 10/22/18...No prior access noted in business files  During interview on 10/26/18, the Licensee/Qualified Professional/Registered Nurse reported: -She completed HCPR checks for staff around May 2018 -HCPR checks prior to May 2018 could not	V 131		

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V 131	Continued From page 9  be located...she had done some office reorganization and could not locate all the files.. "I could not find it. Some of the documents I am trying to find or put together."	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	V 133		

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V 133	Continued From page 10  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 criminal history record checks utilizing public records obtained from a State agency.	V 133		

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V 133	<p>Continued From page 11</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(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.</li> <li>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in</li> </ol>	V 133		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133	Continued From page 12  compliance with this section. (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	V 133		

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V 133	<p>Continued From page 13</p> <p>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 assure one of two staff's criminal history check was conducted within five business days of making an offer of employment for one of two staff (#1). The findings are:</p> <p>Review on 10/22/18 of the facility's personnel</p>	V 133		

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V 133	Continued From page 14  records revealed: -Staff #1..hired May 2018...no evidence of criminal record checks  During interview on 10/26/18, the Licensee/Qualified Professional/Registered Nurse reported she thought: -Everything necessary regarding staff information was provided to Division of Health Service Regulation -A criminal history check had been completed but was not able to locate the document at this time	V 133		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a	V 289		

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V 289	<p>Continued From page 15</p> <p>developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by:</p>	V 289		



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V 289	<p>Continued From page 16</p> <p>Basd on record review and interview, the facility failed to assure of audited clients had diagnosis of developmental disability. The findings are:</p> <p>Review on 10/18/18 of the facility's public record maintained by Division of Health Service Regulation (DHSR) revealed</p> <ul style="list-style-type: none"> <li>-The agency was licensed to provide services for adults with developmental disability.</li> <li>-Statement of Deficiency (SOD) dated 10/19/17 referenced deficient practice regarding client's admitted into the group home with different diagnoses than agency licensed</li> </ul> <p>Review on 10/22/18 of client #1 record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted: 08/04/09</li> <li>-Diagnoses of Schizophrenia, and History of Cardiac Stints.</li> </ul> <p>Review on 10/22/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted: 11/15/11</li> <li>-Diagnoses of Paranoid Schizophrenia, Obesity, History of Substance Abuse and Seasonal Allergy</li> <li>-Physicians Orders for the fol</li> </ul> <p>Review on 10/22/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admisted: 04/01/09</li> <li>-Diagnoses of Paranoid Schizophrenia and Personality Disorder</li> </ul> <p>During interview on 10/22/18, the Licensee/Qualified Professional/RN (L/QP/RN) reported:</p> <ul style="list-style-type: none"> <li>-A few years ago, she purchased the group home from another company and the clients were already admitted.</li> <li>-She was not aware until 2017 of the issue</li> </ul>	V 289		

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V 289	<p>Continued From page 17</p> <p>with the client's diagnoses</p> <ul style="list-style-type: none"> <li>-She had made several attempts to change her license but had no follow up</li> <li>-She would provide the efforts made with outside agency's (Managed Care Organization) but never received a response</li> <li>-She had heard the Managed Care Organization (MCO) did not accept any change in service categories at this time</li> </ul> <p>During interview on 10/25/18, with the contact information of the Managed Care Organization (MCO) provided by the L/QP/RN revealed:</p> <ul style="list-style-type: none"> <li>-Her agency was not the Managed Care Organization but had a similiar name...People confused the two companies but she quickly provided correction based on their questions</li> <li>-Per her records and memory, she did not recall any emails or contact with the L/QP/RN or anyone regarding changing their license</li> </ul> <p>During interview on 10/26/18, with DHRS administrative office revealed:</p> <ul style="list-style-type: none"> <li>-No waiver had been submitted for this facility</li> </ul> <p>During interview on 10/26/18, the MCO provider Liason reported:</p> <ul style="list-style-type: none"> <li>-To her knowledge, the agency had not suspended change in service categories for existing providers</li> </ul>	V 289		
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</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <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</li> </ol>	V 536		

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V 536	<p>Continued From page 19</p> <p>organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and 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>	V 536		

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V 536	<p>Continued From page 20</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, 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</p>	V 536		

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V 536	<p>Continued From page 21</p> <p>competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have evidence of alternative to restrictive interventions training for one of one staff (#1). The findings are:</p> <p>Review on 10/26/18 of the facility's records for staff #1 revealed -Hired: May 2018 -No evidence of training in alternatives to restrictive intervention trainings for staff #1.</p> <p>Interview on 10/26/18 with the Licensee/Qualified Professional/Registered Nurse: -Staff #1 had not completed training -Staff #1 was now the only staff that worked at the facility</p>	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>	V 736		

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V 736	<p>Continued From page 22</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the governing body failed to assure the facility was maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 10/18/18 at 10:00 AM revealed the following</p> <ul style="list-style-type: none"> <li>-Chirping from fire alarm</li> <li>-Water stains to ceiling in hallways/foyer near upstairs bedroom</li> <li>-Door torn leading from the back of the home to the living room area</li> <li>-Outside lattice broken and covered in overgrowth of weeds</li> </ul> <p>Interview on 10/20/18, the Licensee/Qualified Professional/Registered Nurse reported she:</p> <ul style="list-style-type: none"> <li>-Had discussed the gutters, Lattice and some of the things with the property owner</li> <li>-Would follow up on repairs needed for the home</li> </ul>	V 736		