

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL031-038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/17/2019
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NAME OF PROVIDER OR SUPPLIER MAGNOLIA GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 240 NORTH PETERSON STREET MAGNOLIA, NC 28453
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on October 17, 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ul style="list-style-type: none"> (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. <p>(h) Except as permitted under 10a NCAC 27G .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</p>	V 108		

RECEIVED
By DHSR-MH Licensure Section at 4:35 pm, Dec 06, 2019

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jamie Meneil *Eric Ducker* TITLE

STATE FORM 6899 TX9311 (X6) DATE *12/19*

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 3 audited staff (staff #2) failed to have current First Aid and Cardiopulmonary Resuscitation (CPR) training. The findings are: Review on 10/16/19 of staff #2's personnel record revealed: - Title of Residential Aide, hire dated of 11/7/18. - No documentation of completion of First Aid or CPR training. During interview on 10/16/19 staff #2 stated: - She worked as "a manager during the week and as an aide on the weekends." - There was usually one staff at the facility when the clients were home. - She could not remember taking CPR training. - If there was a medical emergency at the facility, she would call 911. During interviews on 10/16/19 and 10/17 the Qualified Professional/Executive Director stated she thought staff #2 had CPR and First Aid training, but could not find documentation of the training. She would schedule staff #2 to complete CPR and First Aid within the next week.	V 108	<i>Administration will schedule staff for CPR/FA class. Staff will attend class & documentation of completion will be obtained</i>	<i>12/2/19</i>
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE	V 112		

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V 112	Continued From page 2 PLAN (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. (d) The plan shall include: (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 responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement strategies for supervision based on assessment for one of three audited clients (#2). The findings are: Review on 10/17/19 of client #2's record revealed: - 56 year old male admitted 10/4/14. - Diagnoses included Schizophrenia, undifferentiated, and Intellectual/Developmental Disability, mild.	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> - No documented assessment of client #2's capability to remain in the home or community without supervision. - Person Centered Plan dated 10/2/19 included " . . . What's Important To . . . [client #2] looks forward to a member of Kingdom Hall to pick him up 2 weekday nights and Sundays for worship. . . " - The Person Centered Plan did not include any goals or strategies to address unsupervised time in the home or community. <p>During interview on 10/16/19 client #2 stated:</p> <ul style="list-style-type: none"> - He liked attending church with a friend. - He sometimes went to church with staff and his housemates. - He was not able to live alone. <p>During interviews on 10/16/19 and 10/17/19 the Qualified Professional/Executive Director stated:</p> <ul style="list-style-type: none"> - She developed and wrote Person Centered Plans with input from the clients, family/guardians and staff. - Client #2 had unsupervised time to be able to attend church with a long time friend. - It was client #2's right to attend church. - There was no documented assessment of client #2's capability to remain in the home or community without supervision. - Unsupervised time was not included in client #2's plan as a strategy or goal. - She would discuss unsupervised time with client #2's treatment team, complete an assessment, and include unsupervised time in his Person Centered Plan as a strategy. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112	<p><i>OP will obtain documentation of clients ability to function w/o supervision outside of the home.</i></p> <p><i>PCP will be updated to include strategies & goals if needed.</i></p> <p><i>Administration will monitor documentation</i></p>	12/2/19
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V 131	Continued From page 4	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 record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 2 of 3 audited staff. (#2 and the Project Director). The findings are:</p> <p>Review on 10/16/19 of staff #2's personnel record revealed: - Title of Residential Aide, hire date 11/7/18. - HCPR check dated 10/16/19.</p> <p>During interview on 10/16/19 staff #2 stated: - She worked as "a manager during the week and as an aide on the weekends." - Some of her responsibilities included making sure the clients were safe, cooking, giving medications and transporting clients to and from the day program.</p> <p>Review on 10/16/19 of the Project Director's personnel record revealed: - Title of Project Director, original hire date</p>	V 131 V 131	<p><i>Administration will make sure all hiring documents are completed before hiring.</i></p> <p><i>HCPR was obtained during last visit.</i></p> <p><i>Administration will obtain a HCPR update for re-hire.</i></p>	12/3/19

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V 131	Continued From page 5 8/20/09, re-hired 12/12/16. - HCPR check dated 8/20/09. - No HCPR check at date of re-hire. During interviews on 10/15/19 and 10/16/19 the Project Director stated: - She worked part time as Project Director. - She originally worked for the Licensee as a Residential Aide, but retired, then returned as the Project Director. - Some of her responsibilities included grocery shopping for all of the facilities, monitoring medications, assisting at the facilities when needed and helping the Qualified Professional/Executive Director. During interviews on 10/16/19 and 10/17/19 the Qualified Professional/Executive Director stated: - She thought HCPR check was completed for staff #2, but she could not locate it. - A HCPR check for the Project Director was completed on her original date of hire in 2009. - The Project Director retired and was re-hired in December 2016; she returned in less than 6 months. - She was told a new HCPR check was not required for the Project Director. - She understood the requirement for HCPR checks to be completed prior to hire.	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	V 133		

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V 133	<p>Continued From page 6</p> <p>services that is licensable under Article 2 of this Chapter.</p> <p>(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 Unit, shall notify the provider as to whether the</p>	V 133	<p>Proper criminal background will be obtain before hiring staff.</p> <p>Administration will ensure personnel file is complete before hiring.</p>	12/3/19
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V 133	<p>Continued From page 7</p> <p>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"> (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. 	V 133		
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V 133	Continued From page 8 (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. 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. (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: (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. (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;	V 133		

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V 133	Continued From page 9 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. (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. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record	V 133		

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V 133	<p>Continued From page 10</p> <p>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 reviews and interviews the facility failed to request state criminal background checks within five business days of employment for 2 of 3 current staff (staff #2 and the Project Director). The findings are:</p> <p>Review on 10/16/19 of staff #2's personnel record revealed: - Title of Residential Aide, hire date 11/7/18. - No state or national criminal background check.</p> <p>During interview on 10/16/19 staff #2 stated: - She worked as "a manager during the week and as an aide on the weekends." - Some of her responsibilities included making sure the clients were safe, cooking, giving medications and transporting clients to and from the day program.</p> <p>Review on 10/16/19 of the Project Director's</p>	V 133		
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V 133	<p>Continued From page 11</p> <p>personnel record revealed:</p> <ul style="list-style-type: none"> - Title of Project Director, original hire date 8/20/09, re-hired 12/12/16. - Criminal background check dated 10/19/09. - No criminal background check at date of re-hire. <p>During interviews on 10/15/19 and 10/16/19 the Project Director stated:</p> <ul style="list-style-type: none"> - She worked part time as Project Director. - She originally worked for the Licensee as a Residential Aide, but retired, then returned as the Project Director. - Some of her responsibilities included grocery shopping for all of the facilities, monitoring medications, assisting at the facilities when needed and helping the Qualified Professional/Executive Director. <p>During interviews on 10/16/19 and 10/17/19 the Qualified Professional/Executive Director stated:</p> <ul style="list-style-type: none"> - Staff #2's criminal background check with fingerprints was requested, but a report was never returned "from the State." - A criminal background check for the Project Director was completed on her original date of hire in 2009. - The Project Director retired and was later re-hired in December 2016; she returned in less than 6 months. - She was told a new criminal background check was not required for the Project Director. - She understood the requirement for criminal background checks to be requested within 5 business days of employment. 	V 133	<p><i>Administration will also ensure all rehires have update background checks.</i></p>	
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON</p>	V 536		

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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
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V 536	<p>Continued From page 12</p> <p>ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or 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> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with</p>	V 536	<p><i>Administration will obtain a list of trainings to meet criteria</i></p> <p><i>Training will be schedule, attending & documentation of completion obtained</i></p>	11/30/19
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL031-038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/17/2019
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 240 NORTH PETERSON STREET MAGNOLIA, NC 28453		
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V 536	Continued From page 13 disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning	V 536		

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V 536	<p>Continued From page 14</p> <p>objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(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</p>	V 536		

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V 536	<p>Continued From page 15</p> <p>requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (f) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed (1) to ensure 1 of 3 audited staff (#2) had training in alternatives to restrictive interventions prior to providing services and (2) to ensure 2 of 3 audited staff (the Project Director and the Qualified Professional/Executive Director) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p>Finding #1 Review on 10/16/19 of staff #2's personnel record revealed: - Title of Residential Aide, hire dated of 11/7/18. - No documentation of completion of training in alternatives to restrictive interventions.</p> <p>During interview on 10/16/19 staff #2 stated she had not been trained in alternatives to restrictive interventions.</p> <p>Finding #2 Review on 10/16/19 of the Project Director's personnel record revealed:</p>	V 536		
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V 536	<p>Continued From page 16</p> <ul style="list-style-type: none"> - Title of Project Director, hire dated 12/12/16. - North Carolina Interventions (NCI) Core+/Modified Physical Techniques parts A & B, dated 2/14/18. - No updated training in alternatives to restrictive interventions. <p>During interview on 10/16/19 the Project Director stated:</p> <ul style="list-style-type: none"> - Training in alternatives to restrictive interventions was done annually. - The Licensee had a "hands off" policy, restrictive interventions were not used at the facility. - The facility clients did not have behaviors that necessitated the use of restrictive interventions. <p>Review on 10/16/19 of the Qualified Professional/Executive Director's personnel record revealed:</p> <ul style="list-style-type: none"> - Title of Executive Director, hire date 10/15/12. - NCI Core+/Modified Physical Techniques, parts A & B, completed 2/14/18. - No documentation of updated training in alternatives to restrictive interventions. <p>During interviews on 10/16/19 and 10/17/19 the Qualified Professional/Executive Director stated:</p> <ul style="list-style-type: none"> - She was the Residential Services Coordinator and the Qualified Professional for the facility. - None of the staff had current training in alternatives to restrictive interventions. - The Licensee had a "hands off" policy and restrictive interventions were not used. - She could not identify a qualified provider to train staff in alternative interventions. - She would contact an instructor and schedule training for all staff as soon as possible. 	V 536		

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Fax

To: Connie Anderson From: J McNeill
 Fax: 919-715-8078 Pages: (includes cover) 18
 Phone: _____ Date: 12/6/19
 Re: MHL #031-038 cc: _____

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