

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-252	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/30/2020
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NAME OF PROVIDER OR SUPPLIER MOTIVATIONAL RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 164 GRAVES STREET BURLINGTON, NC 27215
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on January 30, 2020. 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 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a</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>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 ensure: 1. One of two audited staff had a job description (Staff #2), 2. One of two audited staff (Staff #2) met the minimum level of education requirements. The findings are:</p> <p>Review on 1/30/20 of the facility's personnel records revealed: -Staff #2 did not have a personnel file. -Staff #2 did not have a hire date. -Staff #2 did not have a job title. -There was no documentation staff #2 met the minimum level of education required.</p> <p>Interview on 1/30/20 with the Facility Director revealed: -He was in the process of having license</p>	V 107		

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V 107	Continued From page 2 transferred to him. -Previous owner moved to Washington state. -Staff #2 was hired by previous owners. -Previous owners had not left personnel record for staff #2. -Staff #2 does administer medicines. -Staff #2 spends time alone with the clients at the house. -He was not aware that staff #2 needed to have a personnel file available. -He confirmed staff #2 had no documentation that she met minimum level of education required as well as a job description. -He would create a personnel file for Staff #2.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .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	V 108		

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V 108	<p>Continued From page 3</p> <p>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. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of two audited staff audited (staff #2). The findings are:</p> <p>Review on 1/30/20 of the facility's personnel records revealed: -Staff 21 did not have a personnel file. -Staff #2 did not have a job title. -Staff #2 did not have a hire date. -There was no documentation of Cardiopulmonary Resuscitation and First Aid training on file for staff #2.</p> <p>Interview on 1/30/20 with the Facility Director revealed: -He was in the process of having license transferred to him. -Previous owner moved to Washington state. -Staff #2 was hired by previous owners. -Previous owners had not left personnel record for staff #2. -Staff #2 spends time alone with the clients at the house.</p>	V 108		

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V 108	Continued From page 4 -He was not aware that staff #2 needed to have a personnel file available. -He would create a personnel file for Staff #2. -He was not aware that staff #2 needed to have First Aid and CPR certification on file. -H thought that staff #2 had completed training on First Aid/CPR training. -He confirmed staff #2 had no training in Cardiopulmonary Resuscitation and First Aid.	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that an assessment was completed prior to the delivery of services affecting one of three audited clients (#3). The findings are:</p> <p>Review on 1/30/20 of client #3's record revealed: -Admission date of 8/23/19. -Diagnoses of Schizoaffective Disorder, Bipolar Type; GERD; Anemia; Syncope; Allergic Rhinitis; Insomnia; COPD; Epilepsy. -There was no evidence of an admission assessment completed for client #1 prior to the delivery of services.</p> <p>Interview on 1/30/20 with the Facility Director revealed: -He was in the process of having license transferred to him. -Former owners had moved to Washington state. -He thought assessment was completed, but was misfiled. -He confirmed that the admission assessment for client #3 was not inside her file.</p>	V 111		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with 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 affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Review on 1/30/20 of Client #1's record revealed: -Admission date of</p>	V 112		

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V 112	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Diagnoses of Schizophrenia; Diabetes Type II; History of Diarrhea. -Client #1's Person Centered Plan had no current written consent or agreement by the client or responsible party. <p>Review on 1/30/20 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 9/20/18. -Diagnoses of Major Depressive Disorder, Recurrent, with Severe psychosis; Chronic Kidney Disease; Anemia, Unspecified. -Client #2's Person Centered Plan had no current written consent or agreement by the client or responsible party. <p>Review on 1/30/20 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 8/23/19 -Diagnoses of Schizoaffective Disorder, Bipolar Type; GERD; Anemia; Syncope; Allergic Rhinitis; Insomnia; COPD; Epilepsy. -Client #3's Person Centered Plan had no current written consent or agreement by the client or responsible party. <p>Interview on 1/30/20 with the Facility Director revealed:</p> <ul style="list-style-type: none"> -He was in the process of having facility license to him. -Previous owners had moved to Washington state. -Qualified Professional was responsible for completing the Person Center Plans. -He believed the Person Center Plan for Client #1 had been completed, but signed page had not been placed back into the file. -Client #1 had a legal guardian that needed to sign the plan. -He confirmed that the Person Centered Plan for Client #1 had no written consent or agreement by the client or responsible party. 	V 112		

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V 112	Continued From page 8 This deficiency constitutes a re-cited deficiency 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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 1/30/20 of the facility's fire drill log revealed the following: -There were no records of any drills performed in the last twelve months.</p> <p>Record review on 1/30/20 of the facility's disaster drill log revealed the following:</p>	V 114		

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V 114	Continued From page 9 -There were no records of any drills performed in the last twelve months. Interview with the Facility Director revealed: -He was in the process of having facility license transferred to him. -Previous owner had moved to Washington state. -Previous owner had not left records of fire and disaster drills. -He had conducted one fire and one disaster drills, but records were not at the house. -He would start a new record book for fire and disaster drills. -He confirmed staff failed to conduct drills under conditions that simulate fire emergencies under each shift on each quarter.	V 114		
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) prior to employment for one of two audited staff (#2). The findings are:	V 131		

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V 131	<p>Continued From page 10</p> <p>Review on 1/30/20 of the facility's personnel records revealed: -Staff #2 did not have a personnel file. -Staff #2 did not have a hire date. -Staff #2 did not have a job title. -There was no record that the HCPR check for staff #2 was completed.</p> <p>Interview on 1/30/20 with the Facility Director revealed: -He was in the process of having license transferred to him. -Previous owner moved to Washington state. -Staff #2 was hired by previous owners. -Previous owners had not left personnel record for staff #2. -He would create a personnel file for Staff #2 to include the HCPR check. -He confirmed staff #2 had no documentation that the facility accessed the Health Care Registry prior to her employment..</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, developmental disability, and substance abuse 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</p>	V 133		

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V 133	Continued From page 11 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 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	V 133		

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V 133	<p>Continued From page 12</p> <p>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. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the</p>	V 133		

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V 133	<p>Continued From page 13</p> <p>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, 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,</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER MOTIVATIONAL RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 164 GRAVES STREET BURLINGTON, NC 27215
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V 133	<p>Continued From page 14</p> <p>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 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>	V 133		

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V 133	<p>Continued From page 15</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 review of records and interview, the facility failed to access the criminal history record prior to employment for one of two audited staff (staff #2).</p> <p>Review on 1/30/20 of the facility's personnel records revealed: -Staff #2 did not have a personnel file. -Staff #2 did not have a hire date. -Staff #2 did not have a job title. -There was no record that the HCPR check for staff #2 was completed.</p> <p>Interview on 1/30/20 with the Facility Director revealed: -He was in the process of having license transferred to him. -Previous owner moved to Washington state. -Staff #2 was hired by previous owner. -Previous owner had not left personnel record for staff #2. -He would create a personnel file for staff #2 to include the criminal history record. -He confirmed that the facility failed to have a personnel record for staff #2 to include the criminal history record prior to employment.</p>	V 133		

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V 536	Continued From page 16	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or 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>	V 536		

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V 536	<p>Continued From page 17</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and 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</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <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>	V 536		

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V 536	<p>Continued From page 19</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure one of two audited staff (#2) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 1/30/20 of the facility's personnel records revealed: -Staff #2 did not have a personnel file. -Staff #2 did not have a hire date. -Staff #2 did not have a job title. -There was no documentation of Training on Alternatives to Restrictive Intervention on file.</p> <p>Interview on 1/30/20 with the Facility Director revealed: -He was in the process of having license transferred to him. -Previous owner moved to Washington state. -Staff #2 was hired by previous owner. -Previous owner had not left personnel record for</p>	V 536		

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V 536	<p>Continued From page 20</p> <p>staff #2.</p> <ul style="list-style-type: none"> -Staff #2 spends time alone with the clients at the house. -Agency had a "no hands" policy. -Agency was using the Prevention curriculum as training on Alternatives to Restrictive Interventions. -He would create a personnel file for Staff #2. -He confirmed staff #2 did not have current training on Alternatives to Restrictive Intervention on file. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		