

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2020
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NAME OF PROVIDER OR SUPPLIER DAVIDSON #3	STREET ADDRESS, CITY, STATE, ZIP CODE 700 HUNTERS WAY LEXINGTON, NC 27292
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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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 18, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for adults whose primary diagnosis is a developmental disability.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to follow their policy for discharge of clients. The findings are:</p> <p>Review on 2/18/20 of the facilities policy titled "Criteria for Discharge" revealed: -" ...The individual and/or their legally responsible person and/or designated representative will be notified in writing of the intent to discharge and the specific reasons the agency cannot continue to provide services ..." -" ...'Discharge' is defined as moving the individual to another facility, or to live independently in the community."</p> <p>Review on 2/14/20 of former client #4's (FC#4) record at the Sister Facility A revealed: -Date of Admission 1/14/14. -Diagnoses included Anxiety, Intellectual Developmental Disability Mild, Moderate Episode of Recurrent Major Depressive Disorder, Hypothyroidism, Hyperlipidemia, Allergies/Sinusitis and Type 2 Diabetes without complication.</p> <p>Review on 2/14/20 of a facility "Vacancy Form" for FC#4 revealed: - "Property Name" listed as Davidson #3. Included on this form was "Move-out Date: 04/15/2019 ...inability to get along with others in the home - health and safety." The form was signed and dated 04/15/2019 by FC#4 and a facility Qualified Professional. -There was no other documentation which revealed specific reasons the agency could not</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>continue to provide services to FC#4 in Davidson #3.</p> <p>Interview on 2/14/20 with FC#4 revealed: -She was moved from Davidson #3 to Sister Facility A "to be closer to my family." -She got along with her peers at Davidson #3 and had no behavioral issues.</p> <p>Interview on 2/11/20 with the Program Director revealed: -Admissions and transfers are reviewed as a team. -The decision for placement is made based on the client being "clinically a good fit." -Could provide no documentation of the reasons why the agency could no longer provide services to FC#4 in Davidson #3 and there was no discharge paperwork.</p>	V 105		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, facility staff failed to obtain physician orders for 1 of 3 audited current clients (client #2) and the facility failed to ensure the Qualified Professional (QP) was trained to administer medications by a registered nurse, pharmacist or other legally qualified person. The findings are:</p> <p>Finding #1 Review on 2/13/20 of client #2's record revealed: -Date of admission 3/15/19. -Diagnoses of Mild Developmental Disability, Prenatal Brain Morphogenesis, Sleep Apnea, Obesity and Hyperlipidemia.</p> <p>Observation on 2/13/20 at 9:27a.m. of the medication box for client #2 revealed: -"Silvex Wound Gel - 24ppm Proprietary Silver Solutions - Purified water, nano-silver at .01 micron) TEA, Carbomer."</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Review on 2/13/20 of physician orders for client #2 revealed: -No physician's order for Silvex Wound Gel.</p> <p>Interview on 2/13/20 with the QP revealed: -Client #2 had an abscess on his buttocks in November 2019. -It was possible the Silvex Wound Gel was to treat the abscess. -Could not locate a physician's order for the Silvex Wound Gel.</p> <p>Interview on 2/13/20 with client #2 revealed: -The Silvex Wound Gel was given to him by his father and he put it in his medication box. -He was not sure if he told staff that he had the gel.</p> <p>Finding #2 Review on 2/13/20 of the QP's record revealed: -Hired 10/10/19 as the Qualified Professional. -Medication Administration (MAR) training dated 2/11/19 provided by another residential provider.</p> <p>Interview on 2/18/20 with the QP revealed: -Did not had additional MAR training by her current employer. -Did not have verification that MAR training from the other residential provider was conducted by a registered nurse, pharmacist or other legally qualified individual. -Was responsible for monitoring medication administration of staff and sometimes had to administer medications herself.</p>	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 120		

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V 120	<p>Continued From page 6</p> <p>(e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were stored in a secure manner if approved by a physician for a client to self-medicate affecting 2 of 3 audited current clients (client #2 and client #3). The findings are:</p> <p>Review on 2/13/20 of client #2's record revealed: -Date of admission 3/15/19. -Diagnoses of Mild Developmental Disability, Prenatal Brain Morphogenesis, Sleep Apnea, Obesity and Hyperlipidemia. -An order from the physician dated 4/20/19 for client #2 to self-administer medications.</p> <p>Observation on 2/13/20 at 9:27a.m. of client #2's medication box and interview with the Qualified</p>	V 120		

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V 120	<p>Continued From page 7</p> <p>Professional (QP) revealed: -The medication box was brought from client #2's room by the QP. -Thirteen medications in an unlocked box brought from client #2's bedroom. -The QP verified the medication box was unlocked when she obtained it from client #2's bedroom. -The QP stated the client often gets up late and is always rushing.</p> <p>Interview on 2/13/20 with staff #2 via telephone revealed: -She worked the morning of 2/13/20. -Usually checked behind client #2 after he took his medications in the mornings but "did not check this morning. I did ask if he took his medications." -If running late, client #2 does not lock his medication box.</p> <p>Interview on 2/13/20 with client #2 and observation at 4:45p.m. revealed: -He self-administered his own medications. -Client #2's medication box was in his bedroom and remained unlocked. -Was able to identify which medications he takes in the a.m. and which medications he takes in the p.m. -Stated the medication box was given to him when he came to the facility. -"I never had a key for the box."</p> <p>Review on 2/13/20 of client #3's record revealed: -Date of admission 7/19/02. -Diagnoses of Cornelia De Lange Syndrome, Gastro-esophageal Reflux Disease and Heart Murmur. -An order from the physician dated 1/6/20 for client #3 to self-administer medications.</p>	V 120		

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V 120	<p>Continued From page 8</p> <p>Observation on 2/13/20 at 9:29a.m. of client #3's medication and interview with the QP revealed: -Medications were brought from client #3's bedroom by the QP. -The medications were not in any secured or locked container. -The QP verified the medications were not in a secured container and were kept in the top of client #3's bedroom closet. -Observation revealed a bubble pack sheet with client #3's name and two medications in each bubble section.</p> <p>Interview on 2/13/20 with client #3 and observation at approximately 5:15p.m. revealed: -She self-administered her own medications. -Typically had her medication on the shelf in her closet until today. -Was told by staff the medication needs to be secured/locked, so it was now in the facility medication closet. -Pulled from her dresser drawer a lock box with a key and asked if she could keep her medications in this box.</p>	V 120		
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>	V 131		

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V 131	Continued From page 9 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 hire for 1 of 3 audited staff (Staff #2). The findings are: Review on 2/13/20 of staff #2's record revealed: -Date of hire 8/25/08. -Job description of Direct Support Professional. -HCPR check conducted 9/2/08. Interview on 2/25/20 with the Qualified Professional revealed: -Was not aware the HCPR was accessed after hire for staff #2.	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	V 133		

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V 133	<p>Continued From page 10</p> <p>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 appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State</p>	V 133		

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V 133	<p>Continued From page 11</p> <p>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 listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the</p>	V 133		

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V 133	<p>Continued From page 12</p> <p>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, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER DAVIDSON #3	STREET ADDRESS, CITY, STATE, ZIP CODE 700 HUNTERS WAY LEXINGTON, NC 27292
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133	<p>Continued From page 13</p> <p>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> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins</p>	V 133		

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V 133	<p>Continued From page 14</p> <p>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 submit a request for a criminal history record check within 5 business days of making the conditional offer of employment for 1 of 3 audited staff (Staff #2). The findings are:</p> <p>Review on 2/13/20 of staff #2's record revealed: -Date of hire 8/25/08. -Job description of Direct Support Professional. -Criminal history record check requested 9/29/08.</p> <p>Interview on 2/25/20 with the Qualified Professional revealed: -Was not aware the criminal history record check for staff #2 was not requested as required.</p>	V 133		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully</p>	V 536		

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V 536	<p>Continued From page 15</p> <p>completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; 	V 536		

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V 536	<p>Continued From page 16</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs</p>	V 536		

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V 536	<p>Continued From page 17</p> <p>shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (Staff #2) received annual training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 2/13/20 of staff #2's record revealed: -Date of hire 8/25/08. -Job description of Direct Support Professional. -Training in Alternatives to Restrictive Interventions completed on 1/10/19 and expires on 1/9/20.</p> <p>Interview on 2/25/20 with the Qualified Professional revealed: -Had staff #2 scheduled to complete updated training in Alternatives to Restrictive Interventions.</p>	V 536		