

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2021
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVES GROUP HOME IV, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1404 CUSHING STREET GREENSBORO, NC 27405
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and annual survey were completed on 5/3/21 . The complaint was unsubstantiated (Intake ID #NC00176165). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: NCAC27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</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</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on interviews and records review that 1 of 1 former staff #3 (FS#3) failed to demonstrate competencies in medication administration affecting 1 of 3 clients (client #3). The findings are:</p> <p>Review on 4/23/21 of Client #3's record revealed: - Admission date: 12/8/20 Diagnoses: Disruptive Mood Dysregulation Disorder (DMDD), Reactive Attachment Disorder (RAD), Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), Borderline IQ, suspected Traumatic Brain Injury and Fetal Alcohol Syndrome (FAS).</p> <p>Review on 4/23/21 of Client #3's Person Centered Plan (PCP) dated 12/4/21 revealed: -attend Intellectual Developmentally Delayed (IDD)/Day treatment to help improve personal skills, utilize proper coping skills, refrain from any verbal and physical aggression towards peers and learn the importance of social skills relating to group interactions</p> <p>Review on 4/23/21 of a physician's order for Client #3 revealed: - Physician order dated 4/13/21 for cyclobenzaprine (muscle relaxant) 10 milligrams (gm) - 1 oral two times a day Quantity: 60 tablets</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Refill: 2</p> <p>Observations on 4/23/21 at approximately 11:00 am of Client #3's medication bubble pack for Cyclobenzaprine 10 mg revealed:</p> <ul style="list-style-type: none"> - 44 medication bubbles were actually filled on 4/13/21 - 10 medication bubbles remained , one tablet in each bubble on 4/23/21 - 24 missing medication doses unaccounted for from 4/23/21 though 4/13/21 <p>Review on 4/23/21 of Client #3's Medication Administration Record (MAR) from 4/1/21 to 4/23/21 revealed:</p> <ul style="list-style-type: none"> - Cyclobenzapr (cyclobenzaprine) tablet 10 mg - take 1 tablet by mouth twice daily - Documented as given on 4/13/21 8:00 pm and on 4/23/21 at 8:00 am by Staff #1 - Documented as given on 4/14/21 through 4/22/21 8:00 am and 8:00 pm by Former Staff (FS)#3 <p>Review on 4/26/21 of Staff #1's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 9/1/20 - MAR training: 5/21/20 <p>Review on 4/26/21 of FS #3's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 12/28/20 - MAR Training: 12/22/20 <p>Review on 4/26/21 of the Qualified Professional's (QP) record revealed:</p> <ul style="list-style-type: none"> - Hire date of 2/22/18 - MAR Training: 9/14/19 <p>Interview on 4/23/21 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - Support Staff #1 had taken Client #3 to his primary care physician on 4/13/21. - Client #3 is on a muscle relaxant due to lower 	V 118		

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V 118	<p>Continued From page 3</p> <p>back pain and tightening upper back muscles.</p> <ul style="list-style-type: none"> - Staff #1 had picked up Client #3's medication at the pharmacy and had given Client #3 his 8:00PM dose on 4/13/21 and an 8:00AM dose on 4/14/21. - FS #3 then started his shift on 4/14/21 and gave the 8:00PM dose. <p>Interview on 4/27/21 with FS #3 revealed: *when asked about the missing Cyclobenzaprine, FS#3 made three statements and would not discuss further.</p> <ul style="list-style-type: none"> - "I'm not sure, I can't say. I didn't count any medication (Cyclobenzapr). (cyclobenzaprine) . I'm really not sure how many (pills) were in there (bubble pack)." <p>Interview on 5/3/21 with the QP revealed: - "We reacted quickly to this error. Staff were interviewed and we released [FS #3] from employment. We also had our consultant review this error.</p> <p>The pharmacy was able to fill another sixteen pills for [Client #3]."</p> <ul style="list-style-type: none"> - The facility's Shift Change Log (document reviewed by both Support Staff at the end of each shift) will now have additional information regarding a Medication Check off that both staff must check together on. This will now include checking the correct number of medications given. The MAR is completed and initialed and if any medications need to be ordered. - Additionally, the MAR review/refresher training will be given to all support staff. <p>Review on 5/3/21 of the Plan of Protection dated 4/30/21 and signed by the QP revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "Termination of employee. Development of a Change of Staff Form.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Obtain the last of the medication from pharmacy. Contact physician to determine next steps." Describe your plans to make sure the above happens: "Employee was terminated at the notice medication error due to the amount of medication that was missing from the pack. Other actions will be determined upon exit with Division Health Human Services. Possible actions include contact with the Health Care Registry. QP will also complete an incident report that will be placed in the incident reporting logs. See form for Change of staff Log that will be completed at the time staff changes. Pharmacy has sent the last 16 tablets of medication that were left from the original pack of medication upon initial fill. QP contacted the physician to discuss next steps as in if an additional medication will be provided, if the resident will be re-evaluated to determine if another medication will need to be provided for the need of what the original medication was for, or if he will need to just wait until time for a refill."</p> <p>Client #3 is 19 years of age and has diagnoses of Disruptive Mood Dysregulation Disorder, Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Borderline IQ, suspected Traumatic Brain Injury and Fetal Alcohol Syndrome. Client #3 is dependent on support staff to administer a variety of medications, one of which is cyclobenzaprine. Due to suspected TBI and lower back pain, this muscle relaxant was prescribed on 4/13/21 to alleviate his pain. Observations of Client #3's medication pack revealed that 44 medication bubbles were actually filled on 4/13/21 and that 10 medication doses were administered from 4/23/21 through 4/13/21. This left 24 medication</p>	V 118		

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V 118	Continued From page 5 doses unaccounted for from 4/23/21 through 4/13/21. This deficiency constitutes a Type B rule violation and is detrimental to the health, safety and welfare of the client. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers	V 366		

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V 366	<p>Continued From page 6</p> <p>shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on records review and interview the facility failed to develop and implement a policy on giving their response to a level I incident. The findings are:</p>	V 366		

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V 366	<p>Continued From page 8</p> <p>Review on 4/23/21 of Client #3's record revealed: - Admission date: 12/8/20 Diagnoses: Disruptive Mood Dysregulation Disorder (DMDD), Reactive Attachment Disorder (RAD), Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), Borderline IQ, suspected Traumatic Brain Injury and Fetal Alcohol Syndrome (FAS).</p> <p>Review on 4/23/21 of a physician's order for Client #3 revealed: - Physician order dated 4/13/21 for cyclobenzaprine (muscle relaxant) 10 milligrams (gm) - 1 oral two times a day Quantity: 60 tablets Refill: 2</p> <p>Observations on 4/23/21 at approximately 11:00 am of Client #3's medication bubble pack for Cyclobenzaprine 10 mg revealed: - of the 44 medication bubbles only 10 were left with the medication Cyclobenzaprine, one tablet in each bubble</p> <p>Review on 4/23/21 of Client #3's MAR from 4/1/21 to 4/23/21 revealed: - Cyclobenzapr (cyclobenzaprine) tablet 10 mg - take 1 tablet by mouth twice daily - Documented as given on 4/13/21 8:00PM and on 4/23/21 at 8:00AM by Support Staff #1 - Documented as given on 4/14/21 through 4/22/21 8:00AM and 8:00PM by Former Support Staff (FS) #3</p> <p>Review on 4/26/21 of the facility's incident reports from 4/1/21 through 4/23/21 failed to reveal a level I medication error incident report for Client #3.</p>	V 366		

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V 366	Continued From page 9 Interview on 4/23/21 with the Qualified Professional revealed: - Support Staff had not made her aware of this error with Client #3's medications - QP would have a consistent review MARs for all clients. The staff would be periodically interviewed in the MAR'. - A incident report would be completed.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any	V 367		

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V 367	<p>Continued From page 10</p> <p>missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on interviews and records review the facility failed to report Level II incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 4/23/21 of Client #1's record revealed: - Admission date: 12/1/20 - Diagnoses: Mild Intellectual Developmental Disability, Post Traumatic Stress Disorder, Constipation, Hypothyroidism, Obesity, history of mental health behaviors, insomnia and low back pain</p> <p>Review on 4/23/21 of Client #3's record revealed: - Admission date: 12/8/20 Diagnoses: Disruptive Mood Dysregulation Disorder(DMDD), Reactive Attachment Disorder</p>	V 367		

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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 367	<p>Continued From page 12</p> <p>(RAD), Attention Deficit Hyperactivity Disorder(ADHD), Post Traumatic Stress Disorder(PTSD), Oppositional Defiant Disorder(ODD), Borderline IQ and suspected Traumatic Brain Injury and Fetal Alcohol Syndrome (FAS).</p> <p>Review on 4/23/21 of the Incident Response Improvement System (IRIS) from 12/1/20 through 4/23/21 failed to reveal any documented Level II incident reports.</p> <p>Review on 4/27/21 of the 911 communications logs from 12/1/20 through 4/23/21 revealed:</p> <ul style="list-style-type: none"> - On 2/6/21 at 8:51 PM law enforcement was called to the group home. - Client #3 was posing threats to one of the other clients. - Chief Complaint: Violent - Narrative: "subject (Client #3) being aggressive and threatening house peers. Subject is tearing up stuff and damaging property. Everyone (staff/clients) scared of subject (client #3). Subject was threatening to kill/harm another house peer. Law Enforcement arrive on scene and subject seems to settle down. Subject (Client #3) was transported to a behavioral health unit for further evaluation." - On 3/21/21 at 2:00 PM law enforcement was called to the group home - Client #1 has barricaded himself in his room so staff can't take his tablet. --Client #1 has pushed his bed and dresser in front of the door. -Narrative: Subject "(Client #1) reports that 'staff are taking his stuff.' Subject is threatening self-harm. Subject was transported to the mental health behavior unit for an evaluation." - On 4/3/21 at 8:22PM law enforcement was called to the group home 	V 367		

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V 367	<p>Continued From page 13</p> <p>- Client #1 was threatening suicide and had locked his self in the bathroom. Narrative: Subject "(client #1) came out of the bathroom with a rope (bath robe tie) around his neck and won't allow anyone to touch him. Subject transported to a mental health behavioral unit."</p> <p>On 4/6/21 at 5:51 PM law enforcement called to the group home - Subject (client #1) has ran from group home and tried to run out in front of a car. No injuries Narrative: Law Enforcement transported the client to a mental health behavioral unit/commitment required</p> <p>Interview on 5/3/21 with the Qualified Professional revealed: - "I was aware of these situations and incidents reports were written just not Level II's. - The level II incidents I will make sure I hit completed and submit key. I didn't do them at the other group home. - The level II's are written up."</p>	V 367		
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 (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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</p>	V 536		

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V 536	<p>Continued From page 14</p> <p>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; (7) skills in assessing individual risk for 	V 536		

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V 536	<p>Continued From page 15</p> <p>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 shall include but are not limited to presentation of:</p>	V 536		

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V 536	<p>Continued From page 16</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 17</p> <p>This Rule is not met as evidenced by: Based on records review and interview the facility failed to ensure that staff had the same selected training on alternatives to restrictive interventions for 2 of 2 staff (Staff #1 and Staff #2), 1 of 1 Former Staff (FS#3) and 1 of 1 Qualified Professional (QP). The findings are:</p> <p>Review on 4/26/21 of Staff #1's record revealed: - Hire date: 9/1/20 - Training on Alternatives to Restrictive Intervention: Nonviolent Crisis Intervention Plus (NCI) 11/19/20 and Crisis Prevention Institute (CPI) 11/25/20</p> <p>Review on 4/26/21 of Staff #2's record revealed: Hire date: - Training on Alternatives to Restrictive Intervention: Adaptive De-Escalation Alternatives (ADA) 3/3/21 and Crisis Prevention Institute (CPI) 4/29/21</p> <p>Review on 4/26/21 of FS #3's record revealed: - Hire Date: 12/28/20 - Training on Alternatives to Restrictive Intervention: CPI 12/23/20</p> <p>Review on 4/26/21 of the QP record revealed: - Hire date of 2/22/18 - Training on Alternatives to Restrictive Intervention: NCI 9/17/20</p> <p>Interview on 5/3/21 with the QP revealed: - The Director of the Facility had always used</p>	V 536		

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V 536	Continued From page 18 NCI. - The Facility's Consultant had always used CPI. - All staff would be trained in CPI moving forward.	V 536		