

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2022
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NAME OF PROVIDER OR SUPPLIER MELODY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 MARLIN DRIVE DURHAM, NC 27703
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 25, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 3 current clients.</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</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>applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited staff (Staff #1) met the minimum level of education requirements. The findings are:</p> <p>Review on 2/25/22 of Staff #8's personnel file revealed: -Staff #4 had a hire date of 12/2/21. -Staff #4 was hired as a Support Staff -There was no documentation Staff #4 met the minimum level of education required.</p> <p>Interview on 2/25/22 with the Owner revealed: -Staff #8 was hired to help around the house. -Staff #8 would cook and clean at the house. -She was not sure if staff #8 was going to return</p>	V 107		

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V 107	Continued From page 2 to work at the house. -She confirmed Staff #8 had no documentation that she met minimum level of education required.	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 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.	V 108		

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V 108	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure: a)staff had training in Cardiopulmonary Resuscitation and First Aid for one of four audited staff (Staff #7) and b) two of four audited staff (#7 and #8) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 2/25/22 of Staff #7's personnel records revealed: -Hire date of 8/2/19. -Staff #7 was hired as a Habilitation Technician. -There was no documentation Staff #7 had training in Cardiopulmonary Resuscitation and First Aid. -Staff #7 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Review on 2/25/22 of Staff #8's personnel record revealed: -Hire date of 12/2/21. -Staff #6 was hired as a Support Staff -Staff #6 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Interview on 2/25/22 with the Owner revealed: -Personnel files had recently been purged and some of the information may had been misfiled. -She believed all staff had received training in Cardiopulmonary Resuscitation and First Aid. -She knew that all staff had received training on mental health, developmental disabilities, seizure</p>	V 108		

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V 108	Continued From page 4 disorder, diabetes. -She confirmed there was no documentation that staff #7 had training on Cardiopulmonary Resuscitation and First Aid. -She confirmed there was no documentation of training to meet the mental health and developmental disability needs of the clients for staff #7 and #8.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE 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.	V 112		

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V 112	<p>Continued From page 5</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 2/25/22 of Client #1's record revealed: -Admission date of 12/11/18. -Diagnoses of Schizoaffective Disorder, Depressive Type; Chronic pain; Restless Leg Syndrome; GERD; Hypothyroidism. -Client #1's Person Centered Plan expired on 3/4/21.</p> <p>Review on 2/25/22 of Client #4's record revealed: -Admission date of 10/4/21. -Diagnoses of Schizoaffective Disorder, Depressive Type; Inflammatory Bowel Disease; Iron Deficiency Anemia; Vitamin D deficiency -Client #4's Person Centered Plan had not current written consent or agreement by the client or responsible party.</p> <p>Review on 2/25/22 of Client #5's record revealed: -Admission date of 1/4/22. -Diagnoses of Schizoaffective Disorder, Bipolar Type. -Client #5's Person Centered Plan had not current written consent or agreement by the client or responsible party.</p> <p>Interview on 2/25/22 with the Owner revealed:</p>	V 112		

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V 112	Continued From page 6 -She relied on the client's day program to complete their Person Centered Plan. -Client's day program would include residential services goals in their plans. -She confirmed that the Person Centered Plans for Clients #1, #4 and #5 had no written consent or agreement by the client or responsible party.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are: Review on 2/25/22 of the facility's fire drill log revealed: -1/10/22 - 1st shift -5/25/21- 3rd shift	V 114		

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V 114	<p>Continued From page 7</p> <ul style="list-style-type: none"> -5/25/21- 1st shift -5/1/21- 1st shift- 8:45 am -2/4/21- 1st shift -There were no fire drills performed on the 2nd and 3rd shift for the first quarter of 2021. -There were no fire drills performed on the 2nd shift for the second quarter of 2021. -There were no fire drills performed on the 1st, 2nd and 3rd shift for the third quarter of 2021. -There were no fire drills performed on the 1st, 2nd and 3rd shift for the fourth quarter of 2021. <p>Review on 2/25/22 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> -1/9/22- 2nd shift -4/13/21- 3rd shift -There were no disaster drills performed on the 1st, 2nd and 3rd shift for the first quarter of 2021. -There were no disaster drills performed on the 1st and 2nd shift for the second quarter of 2021. -There were no fire drills performed on the 1st, 2nd and 3rd shift for the third quarter of 2021. -There were no fire drills performed on the 1st, 2nd and 3rd shift for the fourth quarter of 2021. <p>Interview on 2/25/22 with the Owner revealed:</p> <ul style="list-style-type: none"> -Home operated under three shifts. -She was unaware that some fire and disaster drills for the had not been done for all shifts. -She confirmed the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. 	V 114		
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</p>	V 133		

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V 133	Continued From page 8 "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a 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	V 133		

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V 133	<p>Continued From page 9</p> <p>history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</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. 	V 133		

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V 133	<p>Continued From page 10</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <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</p>	V 133		

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V 133	Continued From page 11 General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 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.	V 133		

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V 133	<p>Continued From page 12</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of four staff (#8.) The findings are:</p> <p>Review on 2/25/22 of Staff #8's Personnel Record revealed: -Hire date of 12/2/21. -Staff #8 was hired as a Support Staff. -There was no criminal check documentation check on Staff #8's personnel record.</p> <p>Interview on 2/25/22 with the Facility Director revealed: -Program Coordinator was responsible for conducting the criminal background checks.</p>	V 133		

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V 133	Continued From page 13 -She believed a criminal background check was done for Staff #8. -She did not know why the criminal background check for Staff #8 was not in her record. -Staff #8 worked as a cook and to help clean around the house. -She was not sure if staff #8 would return to work at the house. -She confirmed a criminal history record check was not requested within five business days of making the conditional offer of employment for staff #8.	V 133		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 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 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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable	V 536		

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V 536	<p>Continued From page 14</p> <p>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 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>	V 536		

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V 536	<p>Continued From page 15</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> <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</p>	V 536		

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V 536	<p>Continued From page 16</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three audited staff (#4) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 2/25/22 of Staff #7's personnel file</p>	V 536		

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V 536	<p>Continued From page 17</p> <p>revealed::</p> <ul style="list-style-type: none"> -Staff #7 had a hire date of 8/2/19. -Staff #7 was hired as a Habilitation Technician. -There was no updated documentation of training on alternatives to restrictive intervention. <p>Review on 2/25/22 of Staff #8's personnel file revealed::</p> <ul style="list-style-type: none"> -Staff #8 had a hire date of 12/2/21. -Staff #8 was hired as a Support Staff. -There was no documentation of training on alternatives to restrictive intervention. <p>Review on 2/25/22 of the Qualified Professional's personnel file revealed::</p> <ul style="list-style-type: none"> -Hire date of 8/6/15. -She was hired as the Qualified Professional -There was no updated documentation of training on alternatives to restrictive intervention. <p>Interview on 2/25/22 with the Owner revealed:</p> <ul style="list-style-type: none"> -The group home used "NCI plus" as the curriculum for training on alternatives to restrictive intervention. -She believed that staff #7 and the Qualified Professional had completed the training and certificate may had been misfiled with recent file purge. -She was not aware that staff #8 also needed to complete required training. Staff #8 may also not return to work at the house. -She confirmed staff #7 #8 and the Qualified Professional did not have updated documentation of training on alternatives to restrictive intervention. 	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	<p>Continued From page 18</p> <p>EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 2/25/22 at 12:55 pm of the Dinning area revealed: -Wall behind the table and by the side door had significant scratches/scrapes from the chairs rubbing.</p> <p>Observation on 2/25/22 of the kitchen revealed: -Cabinet lid plate in front of the sink was unattached and fell off easily.</p> <p>Observation on 2/25/22 of the bathroom inside client #1's bedroom revealed: -There was a big hole about the size of a basketball on the bottom of the wall next to the sink.</p> <p>Observation on 2/25/22 of the outside of the house revealed: -Storm door at the front door was missing the handle to open it. -Windows at the front of the home were missing wooden frame and had exposed insulation. Wood around windows was also rotten at different places.</p>	V 736		

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V 736	Continued From page 19 Interview on 2/25/22 with the Owner revealed: -Facility was responsible for doing maintenance to the home. -She was aware of the hole inside the bathroom. She reported that a former client had made the hole when he had a behavior episode. -She was also aware of the conditions from the front windows. They were planning to change the windows in the upcoming weeks. -She would have maintenance staff do necessary repairs. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736		