

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/17/2022
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NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on 2/17/22. This was a limited follow up survey, only 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) with cross references 10A NCAC 27G.0202 Personnel Requirements (V107), 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0209 Medication Requirements (V118), G.S. 131E-256 Health Care Personnel Registry (V131), G.S. 122C-80 Required Criminal Records Check (V133), 10A NCAC 27G .5602 Staff (V290), 10A NCAC 27E .0107 Training On Alternatives To Restrictive Interventions (V536) and 10A NCAC 27F .0105 Client's Personal Funds (V542) were reviewed for compliance.</p> <p>The following were brought back into compliance: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), G.S. 131E-256 Health Care Personnel Registry (V131), G.S. 122C-80 Required Criminal Records Check (V133), 10A NCAC 27G .5602 Staff (V290) and 10A NCAC 27F .0105 Client's Personal Funds (V542). Deficiencies were cited.</p> <p>The facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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>	V 107		

Division of Health Service Regulation 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>(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 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>	V 107		

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V 107	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have a written job description affecting 1 of 3 staff (Qualified Professional #1 (QP)); the findings are:</p> <p>Record review on 2/15/22 of the QP #1's record revealed: - Date of Hire 12/8/21; -No job description available.</p> <p>Record review on 2/16/22 of the QP #1's record revealed: - Job description signed and dated by the QP #1 on 12/8/21.</p> <p>Interview on 2/15/22 with the QP #1 revealed: - "I can't give you a full job description, we haven't discussed everything." - "Haven't received a full job description."</p> <p>Interview on 2/16/22 with the QP #2/Licensee revealed: - QP #1 had a job description in file; - QP #1 had not started his duties; - QP #1 would get started on the staff and client files; - QP #1 would not start working with clients and staff until he is trained.</p>	V 107		

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V 107	Continued From page 3 This deficiency constitutes a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Failure to Correct Type A1.	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	V 108		

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V 108	<p>Continued From page 4</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure training in infectious diseases and bloodborne pathogens and current training in cardiopulmonary resuscitation (CPR) and First Aid affecting 1 of 3 staff (Qualified Professional #1 (QP)). The findings are:</p> <p>Record review on 2/15/22 of QP #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire 12/8/21; - Job Title of Qualified Professional; - No documentation of completion for CPR and First Aid. <p>Interview on 2/15/22 and 2/16/22 with QP #1 revealed:</p> <ul style="list-style-type: none"> - Have not completed training; - Licensee set up training for the staff; - Missed training in January with the other staff; - Not able to complete training on 2/26/22. <p>Interview on 2/15/22 with the QP #2/Licensee revealed:</p> <ul style="list-style-type: none"> - QP #1 was unable to attend training with other staff in January; - Set up a training for CPR/Frist Aid on 2/26/22. <p>This deficiency constitutes a recited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified</p>	V 108		

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V 108	Continued From page 5 Professionals and Associate Professional (V109) for a Failure to Correct Type A1.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.	V 109		

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V 109	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, 1 of 2 Qualified Professionals (QP #2/Licensee) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Cross Reference: 10A NCAC 27G.0202 Personnel Requirements (V107) Based on record review and interview the facility failed to maintain to have a job description in record affecting 1 of 3 staff (Qualified Professional #1 (QP)).</p> <p>Cross Reference :10A NCAC 27G .0202 Personnel Requirements (V108) Based on record review and interview the facility failed to ensure training in infectious diseases and bloodborne pathogens and current training in cardiopulmonary resuscitation (CPR) and First Aid affecting 1 of 3 audited staff (Qualified Professional #1 (QP))</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118) Based on record review, observation and interview, the facility failed ensure medications were administered with a signed physician's order and failed to ensure a MAR of all drugs administered to each client was kept current affecting 1 of 3 audited clients (client #2).</p> <p>Cross Reference: 10A NCAC 27E .0107 Training</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>On Alternatives To Restrictive Interventions (V536) Based on the record review and interview, the facility failed to ensure training in alternatives to restrictive interventions affecting 1 of 3 staff (Qualified Professional #1).</p> <p>Record Review on 2/15/22 of the QP #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire 12/8/21; - Masters degree in Public Administration; - Job Title Qualified Professional. <p>Interview on 2/15/22 and 2/16/22 with the QP #1 revealed:</p> <ul style="list-style-type: none"> - "A whole bunch(meeting with staff, clients and trainings) hasn't been done just conversation about what needs to be done." - Had not received full job description; - Did not complete any trainings; - "(QP #2/Licensee) was in charge still of planning trainings"; - Still needed to put something together to meet with the staff; - Had not worked with the clients; - Needed "two more weeks to give definitive answers." <p>Interview on 2/15/22 and 2/16/22 with the QP #2/Licensee revealed:</p> <ul style="list-style-type: none"> - Received messages from surveyor and team lead on 2/11/22 with concerns of not being available to assist surveyor with survey; - Staff was "busy on Friday."; - "All of the clients were taken care of."; - "Staff don't sit around waiting for the state to come to the home."; - Knew she was to designate someone to be available, "but like I said we were really busy and the clients were taken care of."; 	V 109		

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V 109	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Admitted client #2 on 1/4/22 after receiving suspension of admissions on 12/29/21; - Discussed with QP#1 about the changes that needed to be made at the facility; - QP #1 is not interacting with staff and clients; - "We are transitioning." <p>This deficiency constitutes a recited deficiency.</p> <p>Review on 2/16/22 of the first Plan of Protection written by the QP#2/ Licensee dated 2/16/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>Owner has made contact with certified trainers and the following trainings were coordinated for staff, CPR/First Aid, Medication Administration, and Evidence Based Protective Interventions (EPBI) training. Trainings were completed January of 2022. Qualified Professional (QP) will receive trainings no later than March 1, 2022.</p> <p>Describe your plans to make sure the above happens.</p> <p>Owner will ensure that staff receives the appropriate trainings, specifically, CPR/First Aid, Medication Administration and EPBI training, within the appropriate timeframes and prior to staff providing treatment and services to member(s). Staff personnel training records will be updated to reflect current trainings.</p> <p>*It should be noted that physical letter was received, January 12, 2022. Once letter was received, call was made to Division of Health Services and Regulations (DHSR) Branch Manager. She was informed that a new member</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>was admitted into the facility on January 13, 2022. Lastly, meeting held, November of 2021, with DHSR Surveyor, included DHSR Surveyor also being informed that a new member was being admitted into the home. DHSR Surveyor's response was that she saw no problem in that."</p> <p>Review on 2/17/22 of the second Plan of Protection written by QP#2/Licensee dated 2/17/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? In efforts of ensuring the safety of the members in our facility's care, a Succession Plan has been developed. The primary goal of our facility's Succession Plan is to facilitate peaceful and efficient leadership transitions in the event of unexpected absences and/or tragedies. Diamond's community Based Services (Diamonds) Succession Plan will serve as a systematic and purposeful effort to ensure leadership continuity and compliance. Diamonds hired a Qualified Professional (QP), December of 2021. Designated QP's personnel record has been reviewed and the necessary trainings have been identified, and coordinated (First Aid/CPR, Seizure Management, Medication Administration, Bloodborne Pathogens, Alternative to Restrictive Interventions). In the midst of designated QP obtaining the required and necessary trainings, current task and responsibilities include performing administrative duties and oversight. Designated QP will not be assigned to work with the members we serve, until all trainings have been completed.</p> <p>Describe your plans to make sure the above happens. For whatever reason CEO is unavailable,</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>Diamonds has identified its Office Manager as the responsible party to assume key management roles, which includes, monitoring and responding to all emails, letters, notifications from DHSR, and ensuring complains with program and services. For whatever reason the CEO is unavailable, Office Manager is responsible for monitoring all emails to prevent issues such as the admitting of a new client into the facility after the Suspension of Admissions letter has been received, and issues or concerns are addressed immediately, without delay. In the midst of designated QP obtaining the required and necessary trainings, current task and responsibilities include performing administrative duties and oversight, i.e. monitoring of member's Person Centered Plan (PCP)/Individualized Service Plan (ISP), service authorizations, medication grids (MARs) to include the reviewing of MARs on a weekly basis to ensure all appropriate signatures are present, and MAR is filled out correctly coordination of care and treatment needs of our members, including zoom meetings and telephone calls, sending and responding to all emails, and lastly, ensuring that all direct care workers and staff are providing quality treatment, care and services, including compliance with the service(s) member(s) are receiving. Once designated QP has been fully credentialed and received all trainings (First Aid/CPR, Seizure management, Medication Administration, Bloodborne Pathogens, alternative to Restrictive Interventions) all stated services that were provided to member(s) via email, zoom, and telephone, will be provided via face to face with member."</p> <p>The QP#2/licensee hired QP #1 to oversee the facility. The QP #2/Licensee had not provided a</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>full job description to QP #1. QP #1 had not received training. Client #3 MAR had blank dosing dates on MAR with no explanation on the MAR. The QP #2/Licensee admitted Client #2 into the facility after receiving a suspension of admissions on 12/29/21. Client #2 is diagnosed with Major Neurocognitive Disorder due to Traumatic Brain Injury, Alcohol Use Disorder and Intellectual disability Disorder, Mild. Client #2 was previously in the hospital since July 2021 until being admitted into the facility. The QP#2/Licensee failed to put systems in place to correct previous systems.</p> <p>The deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500 per day is imposed for failure to correct within 23 days.</p>	V 109		
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</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (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 review, observation and interview, the facility failed ensure a MAR of all drugs administered to each client was kept current and recorded immediately after administration affecting 1 of 3 audited clients (client #3). The findings are:</p> <p>Record review on 2/14/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission 7/15/07; - Diagnoses Depression, Intermittent Explosive Disorder, Moderate Mental Retardation, Anxiety. High Blood Pressure, Enuresis, Impulsive Control Disorder; - Physician order clonazepam (anxiety) 1 milligram (mg) tablet, take 1 tablet by mouth 3 times a day;8/24/21 <p>Review on 02/14/22 of client #3's MARs from</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/17/2022
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NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208
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V 118	<p>Continued From page 13</p> <p>December 27, 2021- February 2022 revealed: - Dosing dates of 12/27/21-12/31/21 for the dose of clonazepam 1mg tablet, take 1 tablet by mouth 3 times a day, was left blank for 12 pm with no explanation on the MAR;</p> <p>Interview on 2/15/22 with client #3 revealed: - Received his medications; -Qualified Professional #2 (QP)/Licensee administered his medications.</p> <p>Interview on 2/14/22 with QP #2/Licensee revealed: - Client #2 received all medications; - "Medications were poured but staff didn't sign off on it." - Received all his(client #2) medications because he needs his medications; - All staff have been retrained with medication administration;</p> <p>This deficiency constitutes a recited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Failure to Correct Type A1.</p>	V 118		
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,</p>	V 536		

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

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

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V 536	<p>Continued From page 16</p> <p>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> <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</p>	V 536		

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V 536	<p>Continued From page 17 as for trainers.</p> <p>This Rule is not met as evidenced by: Based on the record review and interview, the facility failed to ensure training in alternatives to restrictive interventions affecting 1 of 3 staff (Qualified Professional (QP #1)). The findings are:</p> <p>Record review on 2/15/22 of QP #1's record revealed: - Date of Hire 12/8/21; - Job Title Qualified Professional; - No documentation of completed Alternatives to Restrictive Interventions training.</p> <p>Interview on 2/15/22 with the QP #1 revealed: - Have not completed any trainings</p> <p>Interview on 2/15/22 with the QP #2/Licensee revealed: - Planned to schedule trainings for QP #1; - QP #1 will not interact with clients until he is trained.</p> <p>This deficiency constitutes a recited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Failure to Correct Type A1.</p>	V 536		