

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl041-818</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUCCESSFUL TRANSITIONS, LLC RESIDENTI.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1458 LONDON DRIVE HIGH POINT, NC 27262</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 6/21/22. The complaint was unsubstantiated (intake #NC00187950). Deficiencies were cited</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .Residential Treatment Staff Secure for Children or Adolescents</p> <p>The facility is licensed for four clients and currently has a census of four. The survey sample consisted of audits of four current clients</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></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"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <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"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care</li> </ul>	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>Personnel Registry.</p> <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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a complete personnel record was kept for 1 of 2 audited staff (the Licensed Professional (LP)). The findings are:</p> <p>Review on 6/3/22 of the LP's record revealed:</p> <ul style="list-style-type: none"> <li>- A "Contractor Service Agreement" dated 3/24/21</li> <li>- No evidence of a written job description</li> <li>- A resume which listed the LP's educational history; however, no evidence of a diploma from any of the colleges/universities listed on the LP's resume</li> </ul>	V 107		

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V 107	Continued From page 2  Interview on 6/21/22 with the Qualified Professional revealed: - This was all the information she could provide regarding the LP's record  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days	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	V 108		

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V 108	<p>Continued From page 3</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a complete personnel record was kept for 1 of 2 audited staff (the Licensed Professional (LP)). The findings are:</p> <p>Review on 6/3/22 of the LP's record revealed:</p> <ul style="list-style-type: none"> <li>- A "Contractor Service Agreement" dated 3/24/21</li> <li>- No documentation the LP had received training in general organizational orientation; client rights; confidentiality and bloodborne pathogens/infectious diseases</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days</p>	V 108		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any 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</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>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). (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> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Level II incident reports were submitted to the Local Management</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>Entity/Managed Care Organization (LME/MCO) within 72 hours as required. The findings are:</p> <p>Review on 6/3/22 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- No level II incident reports had been submitted to IRIS on behalf of the facility from January 2022 - June 2022</li> </ul> <p>Review on 6/3/22 of in house incident reports completed by the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- On 5/9/22, the QP arrived at the facility and as she was completing her morning walk through, she thought she smelled marijuana so she called the police who came to the facility</li> <li>- On the same day (5/9/22), client #4 was involuntarily committed due to his aggressive behaviors and the police were called to return to the facility</li> <li>- On 5/12/22, clients (#1, #2, #3 and #4) went AWOL from the facility and police were called</li> <li>- On 5/16/22, police were called when client #4 was involuntarily committed for the second time of the month</li> </ul> <p>Interview on 6/3/22 and on 6/21/22 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- She had documented the instances when the police were called in house only because she had been advised by another surveyor with the DHSR (Division of Health Service Regulation) that Level II incident reports only had to be submitted when the police officer(s) completed a report of their own</li> <li>- Going forward, she would begin submitting reports to IRIS whenever the police were called to the facility</li> </ul> <p>Interview on 6/14/22 with the Licensed</p>	V 367		

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V 367	Continued From page 7  Professional revealed: - She was not responsible for submitting incident reports to IRIS	V 367		
V 513	27E .0101 Client Rights - Least Restrictive Alternative  10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a respectful and least restrictive environment for 4 of 4 clients (#1, #2, #3 and #4). The findings are:	V 513		



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V 513	<p>Continued From page 8</p> <p>Observation on 6/1/22 at 3:08 pm and on 6/3/22 at 10:25 am revealed:</p> <ul style="list-style-type: none"> <li>- The refrigerator and the freezer compartment of the refrigerator had locked attached to compartment of the refrigerator requiring a key to be unlocked</li> </ul> <p>Observation on 6/7/22 at 3:01 pm revealed:</p> <ul style="list-style-type: none"> <li>- Locks on the cabinet doors in the kitchen</li> <li>- The Qualified Professional (QP) used a key to unlock the refrigerator/freezer and the cabinet doors</li> </ul> <p>Interviews on 6/3/22 with clients (#1, #2 and #3) revealed:</p> <ul style="list-style-type: none"> <li>- The locks were on the cabinets and refrigerator/freezer because they or another client had been stealing food</li> <li>- They had to ask staff to open the cabinets or the refrigerator/freezer when they wanted something</li> </ul> <p>Interview on 6/7/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- The locks had been installed on the cabinets and refrigerator/freezer because the clients were stealing food</li> <li>- The clients received three meals a day and snacks, so she was unsure why the clients were stealing food</li> </ul> <p>Interviews on 6/3/22 and on 6/7/22 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- Licensee #2 had installed the locks on the cabinets on 4/26/22</li> <li>- She had installed the locks on the refrigerator/freezer on 5/12/22</li> <li>- The locks had been placed on the cabinets and the refrigerator/freezer due to the clients stealing food</li> </ul>	V 513		

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V 513	Continued From page 9  - Staff was finding food in the clients' rooms (including items that had become defrosted) - "Anything that was edible, they were finding in the clients' rooms - The facility's budget for food had "tripled."  Interview on 6/14/22 with the Licensed Professional revealed: - It was her understanding the locks had been installed on the cabinets and the refrigerator/freezer to ensure there was plenty of food available for the clients consumption - She didn't believe the clients were stealing the food because they were hungry, but instead mimicking what others were doing - She would talk with the QP to determine if there might be other measures to consider aside from there being locks on the cabinets and the refrigerator/freezer	V 513		
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	V 536		

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V 536	<p>Continued From page 10</p> <p>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"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing</li> </ol>	V 536		

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V 536	<p>Continued From page 11</p> <p>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> <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>	V 536		

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NAME OF PROVIDER OR SUPPLIER  <b>SUCCESSFUL TRANSITIONS, LLC RESIDENTI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1458 LONDON DRIVE HIGH POINT, NC 27262</b>
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V 536	<p>Continued From page 12</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 13</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff (the Licensed Professional (LP)) had completed initial training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 6/3/22 of the LP's record revealed: - A "Contractor Service Agreement" dated 3/24/21 - No evidence the LP had completed initial training in alternatives to restrictive interventions was present in the LP's record</p> <p>Interview on 6/21/22 with the QP revealed: - She could only provide the information that she had available in the LP's record</p> <p>Interview on 6/14/22 with the LP revealed: - She had completed the training through another company and believed this information was in her record - She stated she would provide documentation of her having completed the training to the surveyor via email</p> <p>No documentation of the LP having completed the training in alternatives to restrictive interventions was made available prior to the close of the survey on 6/21/22</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN</p>	V 537		

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V 537	<p>Continued From page 14</p> <p><b>SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</b></p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to</p>	V 537		

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V 537	<p>Continued From page 15</p> <p>the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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 Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint</p>	V 537		



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V 537	<p>Continued From page 16</p> <p>and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) 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>(5) 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 (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain</p>	V 537		

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V 537	<p>Continued From page 17</p> <p>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 outcome (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>(l) 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>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff (the Licensed Professional (LP)) had completed initial training in seclusion, physical restraint and isolation time out. The findings are:</p> <p>Review on 6/3/22 of the LP's record revealed:</p> <ul style="list-style-type: none"> <li>- A "Contractor Service Agreement" dated 3/24/21</li> <li>- No evidence the LP had completed initial training in seclusion, physical restraint and isolation time out was present in the record</li> </ul> <p>Interview on 6/21/22 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- She could only provide the information that</li> </ul>	V 537		

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V 537	Continued From page 18  she had available in the LP's record  Interview on 6/14/22 with the LP revealed: - She did not realize she was required to have training in seclusion, physical restraint and isolation time out as she did not work alone with the clients  This deficiency constitutes a re-cited deficiency and must be corrected in 30 days	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND 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.  This Rule is not met as evidenced by: Based on observation and interview, the staff failed to maintain the facility in a safe, attractive and orderly manner. The findings are:  Observation on 6/1/22 at 3:06 pm revealed: In the facility's activity room: - Linoleum flooring not fully attached to the two steps leading into the activity room - A dented metal stack duct with a heating/cooling vent located at the top of the duct - The sides of the metal stack duct had separated and was open along the seams on the right side of the duct	V 736		

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V 736	<p>Continued From page 19</p> <p>Interview on 6/21/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- Licensee #2 had completed a number of repairs at the facility</li> <li>- She could not provide an explanation as to why the flooring nor the metal stack duct had not been repaired</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		