

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2022
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1533 MINTZ DRIVE FAYETTEVILLE, NC 28303
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow survey was completed on June 7, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to complete an assessment that included their needs and strengths prior to delivery of services for 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 6/1/22 - 6/2/22 client #5's record revealed: -22 year old male. -Admitted on 5/1/21. -Diagnosis of Mild Intellectual/Developmental Disability. -No evidence of an admission assessment for the group home.</p> <p>Interview on 6/2/22 client #5 stated: -He lived at the facility for a year.</p> <p>Interview on 6/1/22 - 6/2/22 the Residential Manager stated: -There was not an admission assessment for client #5.</p> <p>Interview on 6/6/22 - 6/7/22 the Qualified Professional/Executive Director stated: -The admission assessment was at the facility. -He would provide the admission assessment for</p>	V 111		

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V 111	Continued From page 2 client #5.	V 111		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>facility failed to schedule a review of a plan at least annually affecting 2 of 3 clients (#1,#5). The findings are:</p> <p>Review on 6/1/22 - 6/2/22 of client #1's record revealed: -58 year old male. -Admitted on 11/27/12. -Diagnoses of Adjustment Disorder with mixed features and Mild Intellectual Disability. -There was no current treatment/habilitation plan for client #1.</p> <p>Interview on 6/2/22 client #1 stated: -His legal guardian was his aunt. -His goals included chores and cooking. -He worked at a thrift shop. -He rode the public bus to work at the thrift shop.</p> <p>Review on 6/1/22 - 6/2/22 of client #5's record revealed: -22 year old male. -Admitted on 5/1/21. -Diagnosis of Mild Intellectual/Developmental Disability. -There was no current treatment/habilitation plan for client #5.</p> <p>Interview on 6/2/22 client #5 stated: -He had a legal guardian. -He worked on his goals of "being on time, hygiene, chores and do what I'm supposed to."</p> <p>Interview on 6/6/22 - 6/7/22 the Qualified Professional/Executive Director stated: -He was responsible for the development of the client treatment plans. -Client #1 and client #5 treatment plans were not current. -Client #1's and client #5 treatment planning team</p>	V 112		

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V 112	Continued From page 4 meeting had not been scheduled. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (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. (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.	V 118		

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V 118	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered as ordered by the physician and MARs were kept current for 2 of 3 audited clients (#1,#2). The findings are:</p> <p>Finding #1 Review on 6/1/22 - 6/2/22 of client #1's record revealed: -58 year old male. -Admitted on 11/27/12. -Diagnoses of Adjustment Disorder with mixed features and Mild Intellectual Disability. -No signed physician order for Aspirin 81mg a day for 28 days. (Pain) -No signed physician order for Clopidogrel 75mg daily for 19 days. (Heart Attack/Stroke) -No signed physician order for Atorvastatin 40 mg daily. (Cholesterol)</p> <p>Review on 6/1/22 - 6/2/22 of client #1's signed physician orders revealed: -11/15/21 - Fluoxetine 20mg 3 capsules every morning for conduct disorder. (Depression) -1/5/22 - Fluphenazine 5 mg twice daily for Bipolar Disease. (Schizophrenia) -5/11/21 - Lisinopril/HCTZ (Hydrochlorothiazide) 20-12.5mg daily for essential hypertension. (Blood Pressure)</p> <p>Review on 6/1/22 of client #1's MARs from March 2022 to May 2022 revealed: -Lisinopril/HCTZ 20-12.5mg was blank on 4/25/22 and 4/27/22.</p>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Fluphenazine 5 mg was blank for 6pm dose on 5/4/22 and 5/14/22 - 5/18/22. -Fluoxetine 20mg was blank on 4/25/22. -Aspirin 81mg was administered on 4/28/22 - 5/31/22. -Clopidogrel 75mg was administered on 4/28/22 - 5/15/22. -Atorvastatin 40 mg was administered from 4/27/22 - 5/23/22. <p>Interview on 6/2/22 client #1 stated he received his medications daily.</p> <p>Finding #2 Review on 6/1/22 - 6/2/22 of client #2's record revealed: -59 year old male. -Admitted on 6/12/06. -Diagnoses of Mood Disorder not Otherwise Specified, Mild Intellectual Disability, Sturge-Weber Syndrome and Traumatic Brain Injury.</p> <p>Review on 6/1/22 - 6/2/22 of client #2's signed physician orders dated 9/15/21 and 1/28/22 revealed: 9/15/21 -Vitamin D3 5000 daily. (Supplement) -Dilantin 100mg 2 capsules twice daily. (Seizures) -Atenolol 50 mg twice daily. (Blood Pressure) -Ketoconazole 2 % cream apply twice daily. (Fungal Infections) -Biotene Dry Mouth Oral 1 capful twice daily. -Fish Oil 1000mg twice daily. (Supplement) -Gabapentin 800mg 3 times daily. (Nerve Pain) -Simvastatin 40mg every evening. (Cholesterol) -Aller-G Time 25mg at bedtime. (Allergy) -Ciclopirox 8% solution apply every night. (Fungal Infection)</p>	V 118		

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V 118	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Clotrimazole/Bethameth apply twice daily. (Fungal infection) -Lotrimin AF (Antifungal) 2% spray powder to groin twice daily. (Antifungal) 1/28/22 -Paliperidone ER 9 daily. (Schizophrenia) <p>Review on 6/1/22 of client #2's MARs from March 2022 to May 2022 revealed the following blanks:</p> <ul style="list-style-type: none"> -Vitamin D3 5000 - 3/9/22, 3/15/22-3/17/22, 5/2/22-5/4/22 and 5/9/22-5/31/22. -Dilantin 100mg - 3/30/22(6pm) and 3/31/22(6pm). -Atenolol 50 mg - 3/30/22(6pm), 3/31/22(6pm), 4/2/22(6pm) and 5/31/22(6pm). -Ketoconazole 2 % cream - 3/30/22(8pm), 3/31/22(8pm), 4/1/22(8pm dose only)-4/30/22(8pm dose only), 5/2/22-5/4/22(8pm) and 5/31/22(8pm). -Biotene Dry Mouth Oral - 3/30/22(6pm) and 3/31/22(6pm). -Fish Oil 1000mg - 3/30/22(6pm) and 3/31/22(6pm). -Gabapentin 800mg - 3/30/22(3pm) and 3/31/22. -Simvastatin 40mg - 3/31/22. -Aller-G Time 25mg - 3/31/22. -Ciclopirox 8% solution - 3/31/22-4/30/22 and 5/2/22-5/4/22. -Paliperidone ER 9 - 4/14/22-4/20/22. -Clotrimazole/Bethameth - 3/10/22, 4/27/22-4/29/22, 5/2/22-5/4/22, 5/16/22-5/18/22 Lotrimin AF 2% spray powder - 3/10/22, 4/27/22-4/29/22, 5/2/22-5/4/22 and 5/14/22-5/18/22. -Deplin 15mg was not transcribed on MARs from March 2022 to May 2022. <p>Observation on 6/1/22 between 2:00pm - 2:20pm of client #2's medications revealed:</p> <ul style="list-style-type: none"> -Vitamin D3 5000 was not available for review. 	V 118		

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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Biotene Dry Mouth Oral was not available for review. -Lotrimin AF 2% spray powder was empty. -Deplin 15mg 1 every morning was available. <p>Interview on 6/2/22 client #2 stated he received his medications daily.</p> <p>Interview on 6/1/22-6/2/22 the Residential Manager stated:</p> <ul style="list-style-type: none"> -He had been the residential manager since April 2022. -He was unsure why there were blanks on the MARs. -Clients received their medications daily. <p>Interview on 6/6/22-6/7/22 the Qualified Professional/Executive Director stated:</p> <ul style="list-style-type: none"> -He was responsible for reviewing the medications and MARs monthly. -He would not assume medications were administered if not documented. -He went through the medications on 6/5/22 and would have additional training with staff. 	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 2 of 2 audited paraprofessional staff (staff #1, residential manager). The findings are:</p> <p>Review on 6/1/22 - 6/2/22 of staff #1's personnel record revealed: -Hire date 4/21/22. -HCPR was accessed on 6/7/22 (during survey). -No documentation HCPR was accessed prior to hire.</p> <p>Interview on 6/1/22 staff #1 stated: -She worked at the facility about 5 weeks.</p> <p>Review on 6/1/22 - 6/2/22 of the Residential Manager's personnel record revealed: -Hire date 4/13/22. -HCPR was accessed on 6/7/22 (during survey). -No documentation HCPR was accessed prior to hire.</p> <p>Interview on 6/1/22-6/2/22 the Residential Manager stated: -He worked at facility since April.</p> <p>Interview on 6/2/22 - 6/7/22 the Executive Assistant stated: -She had accessed the HCPR for staff #1 and the residential manager prior to hire. -She was unable to locate the documentation.</p>	V 131		

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V 133	Continued From page 10	V 133		
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 "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.</p> <p>(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</p>	V 133		

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V 133	<p>Continued From page 11</p> <p>return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State 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>	V 133		

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V 133	<p>Continued From page 12</p> <p>(1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense.</p> <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. (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</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1533 MINTZ DRIVE FAYETTEVILLE, NC 28303
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V 133	Continued From page 13 felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or 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.	V 133		

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V 133	<p>Continued From page 14</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins 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 interviews, the facility failed to ensure the criminal history record check was conducted within five days of hire for 1 of 3 audited staff (#1). The findings are:</p> <p>Review on 6/1/22 - 6/2/22 of staff #1's personnel record revealed: -Hire date 4/21/22. -No evidence of a criminal history record check or request.</p>	V 133		
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V 133	Continued From page 15 Interview on 6/1/22 staff #1 stated: -She worked at the facility for about 5 weeks. Interview on 6/2/22 and 6/7/22 the Executive Assistant stated: -A criminal records request was sent for staff #1. -There was no documentation of the request.	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 methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 536		

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V 536	<p>Continued From page 16</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 escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may 	V 536		

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V 536	<p>Continued From page 17</p> <p>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 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>	V 536		

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V 536	<p>Continued From page 18</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 review and interview, the facility failed to ensure staff completed training on alternatives to restrictive interventions prior to providing services for 1 of 3 audited staff (residential manager). The findings are:</p> <p> </p> <p>Review on 6/1/22 - 6/2/22 of the Residential Manager's personnel record revealed: -Hire date 4/13/22. -No evidence of training on alternatives to restrictive interventions.</p>	V 536		

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V 536	<p>Continued From page 19</p> <p>Interview on 6/2/22 and 6/7/22 the Executive Assistant stated: -The Residential Manager "came with" trainings from previous employer. -All staff trainings had been scheduled for the next 2 weeks.</p> <p>Review on 6/1/22 - 6/2/22 the Qualified Professional/Executive Director stated: -The residential manager "came in" with trainings but it was not typically their practice to accept trainings from previous employment.</p>	V 536		