


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>10/06/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE HEALTH SERVICES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 RAINEY AVENUE HILLSBOROUGH, NC 27278</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{V 000}	INITIAL COMMENTS  A follow up survey was completed on October 6, 2022. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.  This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	{V 000}	All staff will be required to participate in being retrained on Medication Management by the staff nurse. Once the staff nurse retrains all staff, staff will be required to be observed by staff nurse to ensure the six routes of medication administration is performed correctly. This will include documentation of medication storage. All staff will also be observed by staff nurse to ensure skills are adequate and knowledge has been gained with medication administration training. A training certificate will be provided as proof of being retrained and medication skills checklist will be completed as proof of observation. The staff nurse will review all client physician orders to ensure MAR matches all orders and that the medication is in the facility properly stored.	12/2/22
{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.	{V 118}	To prevent this from occurring again the group home manager will review the medication log daily for accuracy. The group home manager will also conduct periodic visits to observe medication administration being completed by staff daily. Monthly the group home manager will match all orders with medication on hand and will order any that may be needed.  DHSR - Mental Health  NOV 28 2022	

REPRESENTATIVE'S SIGNATURE	TITLE <b>Lic. &amp; Cert. Section</b>	(X6) DATE
	<b>Executive Director</b>	11/22/22

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{V 118}	Continued From page 1  (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.  This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to keep the MAR current affecting three of three audited current clients (#1, #2 and #3); failed to ensure medications were available for administration affecting two of three audited current clients (#1 and #2) and failed to ensure physician's orders were available affecting two of three audited current clients (#2 and #3). The findings are:  The following is evidence the facility failed to ensure the MAR was kept current.  a. Review on 10/4/22 of client #1's record revealed: -Admission date of 10/3/08. -Diagnoses of Schizophrenia, History of Substance Abuse, Gastroesophageal Reflux Disease, Constipation, Tardive Dyskinesia, Tinea Pedis and Urinary Incontinence.  Review on 10/4/22 of physician's orders for client #1 revealed: -Order dated 5/3/22 for Lactulose Solution 10 grams (gms)/15 milliliters (ml) (Constipation), one teaspoon (tsp) three times daily. -Order dated 8/26/21 for Metamucil Packet (Constipation), one tablet daily.	{V 118}	See page 1	12/2/22

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{V 118}	Continued From page 2  Review on 10/4/22 of MAR's for client #1 revealed: October 2022-No staff initials as administered on 10/1 thru 10/4 all three doses for Lactulose Solution 10 gms. -No staff initials as administered on 10/1 thru 10/4 for Metamucil.  September 2022-No staff initials as administered on 9/26 thru 9/30 noon doses for Lactulose Solution 10 gms.  b. Review on 10/4/22 of client #2's record revealed: -Admission date of 8/13/21. -Diagnoses of Schizophrenia, Diabetes, Hypertension and Seizure Disorder.  Review on 10/4/22 of physician's orders for client #2 revealed: -Order dated 6/15/22 for Buspirone HCL 15 milligrams (mg) (Anxiety), two tablets at bedtime and Paliperidone ER 6 mg (Schizophrenia), two tablets at bedtime. -Order dated 6/3/22 for Budesonide Formoterol 80-4.5 micrograms (mcg) (Asthma), inhale 2 puffs into lungs twice daily. -Order dated 3/1/22 for Metformin HCL 1000 mg (High Blood Sugar Levels), one tablet twice daily. -Order dated 12/3/21 for Divalproex Sodium ER 500 mg (Seizures), four tablets at bedtime. -Order dated 9/2/21 for Lantus Solostar 100 units (Control High Blood Sugar), inject 28 units into the skin at bedtime.  Review on 10/4/22 of MAR's for client #2 revealed: October 2022-Staff documented Omega 3 Fish Oil was administered on 10/1 thru 10/4.	{V 118}	See page 1	12/2/22
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{V 118}	<p>Continued From page 3</p> <p>September 2022-No staff initials as administered on 9/30 for the following medications: -Buspirone HCL 15 mg -Paliperidone ER 6 mg -Budesonide Formoterol 80-4.5 mcg pm dose -Metformin HCL 1000 mg pm dose -Divalproex Sodium ER 500 mg -Omega 3 Fish Oil 1000 mg -Lantus Solostar 100 units</p> <p>c. Review on 10/4/22 of client #3's record revealed: -Admission date of 3/20/10. -Diagnoses of Paranoid Schizophrenia-Chronic, Cervical Stenosis, Hypertension, Obesity and Chronic low back pain.</p> <p>Review on 10/4/22 of physician's orders for client #3 revealed: -Order dated 7/27/22 for Vitamin D 1000 units (Vitamin Deficiency), one tablet Monday, Wednesday and Friday; Loratadine 10 milligrams (mg) (Allergies), one tablet daily; Benztrapine Mesylate 0.5 mg (Parkinson's or Involuntary Movements), three tablets in the morning and Gabapentin 300 mg (Nerve Pain), one capsule three times daily. -Order dated 2/28/22 for Trazodone 100 mg (Depression and Anxiety), two tablets at bedtime.</p> <p>Review on 10/4/22 of MAR's for client #3 revealed: October 2022-No staff initials as administered on 10/1 and 10/4 for Vitamin D 100 units.</p> <p>September 2022-No staff initials as administered on 9/30 for the following medications: -Vitamin D 1000 units -Loratadine 10 mg</p>	{V 118}	See page 1	12/2/22
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{V 118}	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-Benztropine Mesylate 0.5 mg</li> <li>-Gabapentin 300 mg</li> <li>-Trazodone 100 mg</li> </ul> <p>Interview on 10/4/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-He had been doing medication administration at the facility for the last two weeks.</li> <li>-There were no issues with the clients receiving their prescribed medications.</li> <li>-He forgot to sign off on the September and October 2022 MAR's for the clients.</li> <li>-He had to get used to signing paper MAR's again. The previous agency he worked with did the MAR's online.</li> <li>-He confirmed staff failed to keep the MAR current for clients #1, #2 and #3.</li> </ul> <p>Interview on 10/5/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-There were no issues with clients #1, #2 and #3 getting their medications.</li> <li>-He thought staff #2 possibly forgot to sign off on the MARs to indicate the medications were given.</li> <li>-He confirmed staff failed to keep the MAR current for clients #1, #2 and #3.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician</p> <p>The following is evidence the facility failed to ensure medications were available for administration.</p> <p>a. Review on 10/4/22 of physician's orders for client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Order dated 5/3/22 for Lactulose Solution 10 gms/15 ml, one tsp three times daily.</li> <li>-Order dated 8/26/21 for Metamucil Packet, one</li> </ul>	{V 118}	See Page 1	12/2/22
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{V 118}	<p>Continued From page 5</p> <p>tablet daily.</p> <p>Observation on 10/4/22 at approximately 11:08 am of the medication area revealed: -There were no Lactulose Solution and Metamucil medication available for client #1.</p> <p>Interview on 10/4/22 with client #1 revealed: -He thought he just ran out of the Metamucil and Lactulose medications a few days ago.</p> <p>Interview on 10/4/22 with staff #2 revealed: -He thought the Lactulose and Metamucil for client #1 just ran out a few days ago. -He thought client #1 ran out of those medications at the end of September 2022. -He confirmed the facility failed to ensure medications for client #1 were available for administration.</p> <p>b. Review on 10/4/22 of client #2's record revealed:</p> <p>Review on 10/4/22 of a physician's order for client #2 revealed: -Order dated 9/2/21 for Omega 3 Fish Oil 1000 mg, one caplet twice daily.</p> <p>Observation on 10/4/22 at approximately 11:20 am of the medication area revealed: -There was no Omega 3 Fish Oil available for client #2.</p> <p>Interview on 10/4/22 with client #2 revealed: -He had not taken the Fish Oil in about a week or two. -He really wasn't sure because all of his medications are given at one time.</p> <p>Interview on 10/4/22 with staff #2 revealed:</p>	{V 118}	See page 1	12/4/22
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{V 118}	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-He had not given client #2 any Fish Oil in October 2022.</li> <li>-He thought client #2 got the Fish Oil for the last time towards the end of September 2022.</li> <li>-He confirmed the facility failed to ensure a medication for client #2 was available for administration.</li> </ul> <p>Interview on 10/5/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-He thought client #1 had the Metamucil and Lactulose at the facility on Monday (10/3/22).</li> <li>-He also thought the Fish Oil was also at the facility for client #2 when he did the medications with staff #2 on Monday (10/3/22).</li> <li>-He thought those medications just ran out for clients #1 and #2.</li> <li>-He confirmed the facility failed to ensure medications for clients #1 and #2 were available for administration.</li> </ul> <p>The following is evidence the facility failed to ensure physician's orders were available.</p> <p>a. Observation on 10/4/22 at approximately 11:45 am of the facility's kitchen area revealed:</p> <ul style="list-style-type: none"> <li>-There was an Albuterol Sulfate Inhaler for client #2 in a cabinet.</li> </ul> <p>Review on 10/4/22 of the MAR's for client #2 revealed:</p> <ul style="list-style-type: none"> <li>-The Albuterol Sulfate Inhaler was not listed for September or October 2022.</li> </ul> <p>Review on 10/4/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-There was no physician's order for the above medication.</li> </ul> <p>Interview on 10/4/22 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>-He had not used the Albuterol Sulfate Inhaler in</li> </ul>	{V 118}	See page 1	<p><del>11/1/22</del> 12/2/22</p>
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{V 118}	Continued From page 7 several months.  b. Review on 10/4/22 of the October 2022 MAR for client #2 revealed: -Vitamin C 500 mg and Zinc 50 mg were both listed and administered 10/1 thru 10/4.  Review on 10/4/22 of client #3's record revealed: -There were no physician's orders for the above medications.  Interview on 10/4/22 with staff #2 confirmed: -The facility failed to ensure physician's orders were available for clients #2 and #3.  Interview on 10/5/22 with the Executive Director revealed: -He wasn't sure about the Albuterol inhaler for client #2. He didn't know if client #2 was still using it. -He thought they got the physician to sign an order for all of the medications client #3 was taken a few months ago. -He wasn't sure why the orders for those two medications were not in his chart. -He confirmed the facility failed to ensure physician's orders were available for clients #2 and #3.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	{V 118}		12/2/22
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean,	V 120	V120 To ensure that medication is properly stored the group home manager will purchase separate containers for each client. Each separate container for the client will be placed in the kitchen cabinet that will have a lock that will be installed by the Executive Director. Medication that needs to be stored in a refrigerator will be placed in a lock box in the refrigerator. To prevent from occurring again the group home manager will conduct unannounced visits to ensure all medications are properly stored in a locked box. Documentation sheet will be created to provide as evidence that the medications was properly stored and that the lock remains on the outside of the cabinet.	12/2/22



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V 120	<p>Continued From page 8.</p> <p>well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure medications were in a securely locked cabinet affecting one of three audited current clients (#2). The findings are:</p> <p>Review on 10/4/22 of client #2's record revealed: -Admission date of 8/13/21. -Diagnoses of Schizophrenia, Diabetes, Hypertension and Seizure Disorder.</p> <p>Observation on 10/4/22 at approximately 11:45 am of the facility's kitchen area revealed: -There was a Lantus Solostar Insulin pen, Albuterol Sulfate Inhaler and two Budesonide Formoterol Inhalers for client #2 in a cabinet. -The cabinet was not locked.</p>	V 120	See page 8	12/2/22
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V 120	<p>Continued From page 9</p> <p>Review on 10/4/22 of physician's orders for client #2 revealed: -Order dated 6/3/22 for Budesonide Formoterol 80-4.5 micrograms (mcg) (Asthma), inhale 2 puffs into lungs twice daily. -Order dated 9/2/21 for Lantus Solostar 100 units (Control High Blood Sugar), inject 28 units into the skin at bedtime.</p> <p>Interview on 10/5/22 with staff #1 revealed: -She knew the insulin and inhalers for client #2 were being kept in the kitchen cabinet without a lock. -She talked to the Executive Director about that issue last week when she noticed it. -The Executive Director was supposed to put a lock on that kitchen cabinet. -She thought the Executive Director was the person leaving those medications for client #2 in that kitchen cabinet unlocked. The Executive Director was working at the facility during that time. -She confirmed the facility failed to ensure medications were in a securely locked cabinet.</p> <p>Interview on 10/4/22 with staff #2 revealed: -He noticed those medications for client #2 were stored in the kitchen cabinet unlocked when he started two weeks ago. -He confirmed the facility failed to ensure medications were in a securely locked cabinet.</p> <p>Interview on 10/5/22 with the Executive Director revealed: -He didn't know those medication for client #2 were unlocked in the kitchen cabinet. -He wasn't sure which staff left those medications for client #2 unlocked in the kitchen cabinet. -He didn't recall staff #1 talking to him about putting a lock on that kitchen cabinet to secure</p>	V 120	See page 8	12/2/22
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V 120	Continued From page 10 those medications. -He confirmed the facility failed to ensure medications were in a securely locked cabinet.	V 120	See page 8	12/2/22
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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting one of four audited staff (#2). The findings are:</p> <p>Review on 10/5/22 of the personnel record for staff #2 revealed: -Date of hire was 9/21/22. -Hired as a Supervisor In Charge. -No documentation the HCPR was accessed prior to hire.</p> <p>Interview on 10/5/22 with the Executive Director revealed: -Staff #2 worked with his agency in the past. -Staff #2 had a personnel record he brought over</p>	V 131	<p>V131 / V133</p> <p>To correct the group home manager will complete a HCRP- Prior Employment Verification/Tag and Criminal History Record Check for all staff prior to entering the home.</p> <p>To prevent this from occurring again no staff will start working in the home until all pre-employment criteria is met. The group home manager will complete a tracking spread sheet to include all pre-employment requirements to ensure employee files remains accurate with all required documents as outlined in the policy and procedure manual. The group home manager will conduct a quarterly audit to ensure minimum program requirements and proof of documentation (verification of education, health care registry, background checks, CPR, bloodborne pathogens, EBPI, medication administration training, etc.) and completion of training is in the staff file. A documentation due spreadsheet will be created that has all required new hire and updates and will be reviewed by the group home manager monthly to complete anything that may be due.</p>	12/2/22

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NAME OF PROVIDER OR SUPPLIER  <b>CARE HEALTH SERVICES 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 RAINEY AVENUE HILLSBOROUGH, NC 27278</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 131	Continued From page 11 from another agency. -He was in the process of putting a personnel record together for staff #2. -He didn't complete most of the required paperwork for staff #2 when he started at the facility. -He confirmed the facility failed to ensure the HCPR was accessed for staff #2 prior to employment.	V 131	see page 11	12/4/22
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (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. (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	V 133	see page 11	12/4/22

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V 133	Continued From page 12  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 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	V 133	See page 11	12/2/22	

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V 133	Continued From page 13  (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. (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: (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. 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. (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: (1) The failure of the provider to employ an	V 133	See page 11	12/2/22



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V 133	Continued From page 14  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. (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 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,	V 133	See page 11	12/2/22

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V 133	Continued From page 15  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. (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: (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. (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.)  This Rule is not met as evidenced by: Based on record review and interview, the facility	V 133	See page 11	12/2/22

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V 536	<p>Continued From page 18</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	See page 18	12/2/22
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V 536	<p>Continued From page 19</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	See page 18	12/2/22
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V 536	<p>Continued From page 20 as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of four audited staff (#2) had training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 10/5/22 of the personnel record for staff #2 revealed: -Date of hire was 9/21/22. -Hired as a Supervisor In Charge. -National Crisis Intervention + (NCI+) training certificate expired on 5/4/22. -No documentation of current training on the use of alternatives to restrictive interventions.</p> <p>Interview on 10/5/22 with the Executive Director revealed: -The agency used Evidence Based Protective Interventions (EBPI) for training on the use of alternatives to restrictive interventions. -Staff #2 worked with his agency in the past. -Staff #2 had a personnel record he brought over from another agency. -He was in the process of putting a personnel record together for staff #2. -He didn't complete some of the trainings for staff #2 when he started at the facility. -He confirmed there was no documentation of training on the use of alternatives to restrictive interventions for staff #2.</p>	V 536	See page 18	12/2/22
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V 133	Continued From page 16  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 audited staff (#2). The findings are:  Review on 10/5/22 of the personnel record for staff #2 revealed: -Date of hire was 9/21/22. -Hired as a Supervisor In Charge. -No documentation a criminal history record check was requested.  Interview on 10/5/22 with the Executive Director revealed: -Staff #2 worked with his agency in the past. -Staff #2 had a personnel record he brought over from another agency. -He was in the process of putting a personnel record together for staff #2. -He didn't complete most of the required paperwork for staff #2 when he started at the facility. -He confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment for staff #2.	V 133	See page 11	12/2/22
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,	V 536	See page 18	12/2/22



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V 536	<p>Continued From page 17</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"> <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</li> </ol>	V 536	<p>To correct the Executive Director will contract with a community agency who provides training on EBPI. Once scheduled all staff will received EBPI to include training on alternatives to Restrictive Interventions.</p> <p>To prevent this from occurring again no staff can begin working in the home until all pre-employment criteria is met to include training on alternatives to restrictive interventions. The group home manager will complete a tracking spread sheet to include all pre-employment requirements to ensure employee files remains accurate with all required documents as outlined in the policy and procedure manual. The group home manager will conduct a quarterly audit to ensure minimum program requirements and proof of documentation (verification of education, health care registry, background checks, CPR, bloodborne pathogens, EBPI, medication administration training etc.) and completion of training is in the staff file. A documentation due spreadsheet will be created that has all required new hire and updates and will be reviewed by the group home manager monthly to complete anything that may be due.</p>	12/2/22
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