

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL073-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/06/2023
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS EDENS HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 219 NORTH FOUSHEE STREET ROXBORO, NC 27573
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 1/6/23. The complaint was substantiated (Intake #NC00194624). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or 	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>neglect listed on the North Carolina Health Care 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 have complete personnel records affecting 3 of 3 audited staff (#2, #3, and the Qualified Professional/QP). The findings are:</p> <p>Review on 1/3/23 staff #2's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/13/22 - No high school diploma in the record <p>Review on 1/3/23 staff #3's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/13/22 - No high school diploma in the record 	V 107		

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V 107	<p>Continued From page 2</p> <p>Review on 1/3/23 the QP's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/18/18 - No signed job description in the record <p>Review on 12/22/22 of a faxed Employee Acceptance Form from the QP revealed:</p> <ul style="list-style-type: none"> - The job description had been explained to the QP - She thoroughly understood the position duties and responsibilities - She accepted the position offered to her - Did not provide the job description on this form <p>Interview on 1/5/23 the QP reported:</p> <ul style="list-style-type: none"> - She couldn't locate staff #2's high school diploma - Staff #3 had not provided his high school diploma - She would make sure they had both of them on file - The Employee Acceptance Form was the only form she had 	V 107		
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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>(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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a plan in partnership with the legally responsible person affecting 2 of 3 current clients (#2, #3) and 1 former client (FC #4). The findings are:</p> <p>Review on 12/16/22 client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 9/1/09 - Diagnosis: Schizophrenia - Treatment plan dated 12/29/20 and signed on 12/31/21 by the Qualified Professional (QP) - Target date of goals showed 12/28/21 - No guardian signature <p>Review on 1/3/23 of a faxed treatment plan from the QP for client #2 revealed:</p> <ul style="list-style-type: none"> - Dated: 7/5/22 - No guardian signature 	V 112		

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V 112	<p>Continued From page 4</p> <p>Review on 12/16/22 client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 9/1/09 - Diagnoses: Schizophrenia and Anxiety - Treatment plan dated 1/6/21 - No current treatment plan <p>Review on 1/3/23 of FC #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/22/22 - Diagnoses: Autism Spectrum Disorder and Intermittent Explosive Disorder - Discharged: 11/4/22 - Treatment plan dated 7/5/22 - No guardian signature <p>Interview on 1/5/23 the QP reported:</p> <ul style="list-style-type: none"> - Been the QP since 2020 - Duties included completing treatment plans - Didn't visit the group home that often due to the distance - The treatment plans were updated - In the process of getting the guardians signature - Would make sure all plans were signed and filed <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden); (B) client record number; (C) date of birth;</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>(D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by:</p>	V 113		

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V 113	<p>Continued From page 6</p> <p>Based on record review and interview, the facility failed to ensure records were complete affecting 3 of 4 audited clients (#1, #2, #3). The findings are:</p> <p>Review on 12/16/22 client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 7/2/10 - Diagnosis: Bipolar - No signed consents for emergency care from a hospital or doctor <p>Review on 12/16/22 client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 9/1/09 - Diagnosis: Schizophrenia - No signed consents for emergency care from a hospital or doctor <p>Review on 12/16/22 client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 9/1/09 - Diagnoses: Schizophrenia and Anxiety Disorder - No signed consents for emergency care from a hospital or doctor <p>Interview on 1/5/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Duties included admission of clients' to the group home - She was working on the consent forms - Having this group home was a transition due to the distance from their office - She was in the process of switching everything onto their letterhead - Some admission packets had to be re-done - She would make sure they were all completed, signed by guardians and put in client records 	V 113		

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V 121	Continued From page 7	V 121		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a drug regimen review at least every six months affecting 3 of 4 audited clients (#1, #2, #3) who received psychotropic drugs. The findings are:</p> <p>Review on 12/16/22 client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 7/2/10 - Diagnosis: Bipolar - FL2 dated 10/5/22 listed the following psychotropic medications: <ul style="list-style-type: none"> - Fluoxetine (prozac) 20mg (milligrams), 1 capsule (cap) daily (anxiety) - Lamotrigine (lamictal) 200mg tablet (tab), 1 tab daily (bipolar) - Zyprexa 10mg tab, 1 tab at bedtime, (bipolar) 	V 121		

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V 121	<p>Continued From page 8</p> <p>Review on 12/16/22 of client #1's June 2022 MAR revealed:</p> <ul style="list-style-type: none"> - Client #1 had been on the above psychotropic medications for at least 6 months - Client #1 was administered the above medications daily <p>Review on 12/16/22 client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 9/1/09 - Diagnosis: Schizophrenia - FL2 dated 7/21/22 listed the following psychotropic medications: <ul style="list-style-type: none"> - Adderal 20mg tab, 1 tab daily (paranoid schizophrenia) - Sertraline (zoloft) 100mg tab, 1 tab daily (paranoid schizophrenia) - Bupropion (wellbutrin) 300mg tab, 1 tab daily (paranoid schizophrenia) - Clozapine (fazaclo) 100mg tab, dissolve 1 tab on tongue at 4pm (schizophrenia) - Clozapine 100mg tab, dissolve 2 tabs on the tongue at 8pm (schizophrenia) <p>Review on 12/16/22 of client #2's June 2022 MAR revealed:</p> <ul style="list-style-type: none"> - Client #2 had been on the above psychotropic medications for at least 6 months - Client #2 was administered the above medications daily <p>Review on 12/16/22 client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 9/1/09 - Diagnoses: Schizophrenia and Anxiety Disorder - FL2 dated 7/26/22 listed the following psychotropic medications: <ul style="list-style-type: none"> - Citalopram (celexa) 10mg tab, 1 tab daily (schizoaffective) - Olanzapine (zyprexa) 5mg tab, 1 tab at bedtime (schizoaffective) 	V 121		

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V 121	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Olanzapine 20mg tab, 2 tabs at bedtime with 5mg tab for total dose of 45mg (schizoaffective) <p>Review on 12/16/22 of client #3's June 2022 MAR revealed:</p> <ul style="list-style-type: none"> - Client #3 had been on the above psychotropic medications for at least 6 months - Client #3 was administered the above medications daily <p>Interview on 1/5/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - It's a new and unfamiliar county and she hadn't had a chance to set up reviews with the pharmacy there - She would need to call the pharmacy to set that up 	V 121		
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 access the Health Care Personnel</p>	V 131		

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V 131	<p>Continued From page 10</p> <p>Registry (HCPR) prior to employment for 2 of 3 audited staff (#2, #3). The findings are:</p> <p>Review on 1/3/23 staff #2's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/13/22 - Title: Direct Care Staff - HCPR check completed 5/10/22 <p>Review on 1/3/23 staff #3's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/13/22 - Title: Direct Care Staff - HCPR check completed 5/10/22 <p>Interview on 1/5/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Human Resources did the HCPR checks - That was not a part of her job duties - The HCPR that she provided was all she had <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		
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</p>	V 133		

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V 133	Continued From page 11 the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal 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	V 133		

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V 133	<p>Continued From page 12</p> <p>the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (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>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.</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS EDENS HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 219 NORTH FOUSHEE STREET ROXBORO, NC 27573
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V 133	<p>Continued From page 13</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the 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,</p>	V 133		

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V 133	<p>Continued From page 14</p> <p>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.</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</p>	V 133		

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V 133	<p>Continued From page 15</p> <p>criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal record check was ordered within five business days of making the conditional offer of employment for 2 of 3 audited staff (#2, #3). The findings are:</p> <p>Review on 1/3/23 staff #2's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/13/22 - Title: Direct Care Staff - Criminal record check completed 5/10/22 <p>Review on 1/3/23 staff #3's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/13/22 - Title: Direct Care Staff - Criminal record check completed 5/10/22 <p>Interview on 1/5/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Human Resources did the criminal record checks - That was not a part of her job duties - The criminal record check that she provided was all she had <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		

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V 536	Continued From page 16	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, 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> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

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V 536	<p>Continued From page 17</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <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</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 19</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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a formal refresher course was completed annually affecting 1 of 3 audited staff (#3). The findings are:</p> <p>Review on 1/3/23 staff #3's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/13/22 - Title: Direct Care Staff - Crisis Prevention Institute (CPI) alternatives to restrictive intervention training expired 10/31/22 - No updated training <p>Interview on 1/5/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - She thought staff #3's training was current - She only had CPI training for staff #3 that was expired - He should have been re-trained in NCI (non-violent crisis intervention) 	V 536		

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V 536	Continued From page 20 - She would make sure he took the refresher training	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 12/16/22 at approximately 2:38pm revealed the following:</p> <p>Client #2's bedroom:</p> <ul style="list-style-type: none"> - 4 out of 6 knobs missing from the dresser drawers <p>FC#4's bedroom:</p> <ul style="list-style-type: none"> - Double pain window with the inside glass broken and a big piece of the glass missing - Wall around the vent and the actual vent had black stains and was dusty - Mirror to the dresser was missing - Small round hole in the wall behind the dresser - Clothes and trash throughout the room on the floor, dresser and desk - Mattress sunken in, in the middle and dirty 	V 736		

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V 736	<p>Continued From page 21</p> <ul style="list-style-type: none"> - Water stains on the wall behind the bed and on the wall beside the bed <p>Vacant bedroom:</p> <ul style="list-style-type: none"> - Black stain smeared on the ceiling around the vent - Vent in the ceiling dusty and dirty <p>Bathroom #1:</p> <ul style="list-style-type: none"> - Black stains on the bottom of the wall in the shower - Toilet bowl had a brown ring around the inside - Toilet seat was dirty - Sealant around the bottom of the toilet stained and peeling <p>Porch:</p> <ul style="list-style-type: none"> - White railing was unhinging from the brick of the house - Poles in the railing were not connected to the top of the railing <p>Interview on 1/5/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Staff notified her of any maintenance issues - She relied on the staff to notify her of maintenance issues because she didn't go to the group home - FC#4's room was like it was because they were waiting on his guardian to pick up his belongings - She would follow up with staff about the maintenance issues to get them resolved 	V 736		