

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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NAME OF PROVIDER OR SUPPLIER THE PALACE OF RESTORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4507 JOHNSON CIRCLE AYDEN, NC 28513
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on January 19, 2023. The Complaint was unsubstantiated. (Intake # 193694). Deficiencies were cited.</p> <p>This facility is licensed licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 2 former clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid</p>	V 108		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting 1 of 4 audited staff (House Manager). The findings are:</p> <p>Review on 1/19/23 of the House Managers personnel record revealed: -Hire date 11/19/21. -No current CPR/First Aid certificate</p> <p>Interview on 1/19/23 the House Manager stated: -Her CPR/First Aid training would be in her training file. -She never worked alone. -She had taken CPR/First Aid.</p> <p>Interview on 1/19/23 Qualified Professional (QP) stated: -He would ensure the House Managers CPR/FA training was filed.</p>	V 108		
V 118	27G .0209 (C) Medication Requirements	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to ensure medications</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>administered were recorded on each client's MAR immediately after administration affecting 2 of 4 audited clients (#1) and (2). The findings are:</p> <p>Finding #1 Reviews on 1/19/23 of client #1's record revealed: - 12 year old male admitted 11/10/21. - Diagnoses included Disruptive Mood Dysregulation Disorder, ADHD-Combined Presentation, Conduct Disorder-Childhood Onset type, Posttraumatic Stress Disorder, Child Neglect. - Physician's orders signed 12/6/22 for Quetiapine 200mg.</p> <p>Review on 1/19/23 of client #1's MARs for December 2022 revealed: -No documentation Quetiapine 200mg was administered at 8:00am on 12/26/22. -No documented explanation for the blanks.</p> <p>Interview on 1/18/23 client #1 stated: -He took his medications daily. -Staff assisted him with taking his medications. -He had refused his medications on some weekends because he wanted to sleep in, but he eventually took them.</p> <p>Finding #2 Reviews on 1/19/23 of client #2's record revealed: - 12 year old male admitted 3/15/22. - Diagnoses included Posttraumatic stress disorder-Chronic, Disruptive Mood Dysregulation Disorder, Persistent Depressive disorder, mild neurocognitive disorder major depressive disorder</p> <p>- Physician's order signed 12/13/22 for Divalproex SOD ER 500mg, Fluoxetine 40mg and Polyethylene Glycol 17grams; Physicians order</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>signed 1/11/23 for Concerta (Extended Release) ER 36 mg.</p> <p>Review on 1/19/23 of client #2's MARs October 2022, December 2022 - January 2023 revealed:</p> <ul style="list-style-type: none"> -No documentation of the following medication being administered on 10/31/22 at 8:00pm- Divalproex SOD ER 500mg, Fluoxetine 40mg and Polyethylene Glycol 17grams. No documentation of the following medication being administered on 10/31/22 at 12:00pm- Divalproex SOD ER 500mg. No documentation of the following medication being administered during December 2022- Divalproex 500mg, 12/17/2-12/19/22, 12/22/22, 12/25/22 and Concerta ER 36 mg on 12/22/22 at 8:00am. No documentation of the following medication being administered during January 2023- Concerta ER 36 mg and Loratadine 10mg tab at 8:00am and Divalproex 500mg 1/9/22 - 1/10/23. -No documented explanation for the blanks. <p>Interview on 1/18/23 client #2 stated:</p> <ul style="list-style-type: none"> -Staff assisted him with taking his medications. -He took his medications everyday. -He did not refuse his medications. <p>Interview on 1/18/23 the House Manager stated:</p> <ul style="list-style-type: none"> -Medications were always available. -Clients had not refuse medications <p>Interview on 1/19/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -The MAR should not have blanks. -He understood medications were required to be administered as ordered by the physician. <p>Due to the failure to accurately document medication administration it could not be</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 5 determined if clients received their medications as ordered by the physician.	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, 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 observation, record review and interview the facility failed to ensure a medication was stored in a locked container for one of four audited clients (#2). The findings are:</p> <p>Review on 1/17/23 of client #2's record revealed: Admission of 3/15/22.</p>	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 6</p> <p>Diagnoses of Posttraumatic stress disorder-Chronic, Disruptive Mood Dysregulation disorder, Persistent depressive disorder, mild neurocognitive disorder major depressive disorder.</p> <p>Observation on 1/17/23 at approximately 11:00AM revealed a purple pill case on top of the microwave with one white pill inside. The pill case had a sticker on the back of it with Client #2' first name and last initial on it.</p> <p>Interview on 1/17/23 the House Manager stated: -The purple pill case belonged to client #2. -It was almost time for client #2 to take the pill inside the pill case medicine. -It was client #2's Divalproex Medication.</p> <p>The medication was administered to client #2 at 12:14pm</p> <p>Interview on 1/17/23 the Qualified Professional stated: -Client "2's medication should have been secured until it was ready to be administered. -He understood medications were to be stored in a locked container.</p>	V 120		
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		

Division of Health Service Regulation

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V 131	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) check prior to hire for 1 of 4 staff (Qualified Professional). The findings are:</p> <p>Review on 1/19/23 of the Qualified Professional's personnel record revealed: -Hire date: 6/2/21 -Position: Qualified Professional (QP) -The HCPR was accessed on 1/19/23.</p> <p>Interview on 1/19/23 the QP stated: -His HCPR had been accessed on 1/19/23. -He would ensure it was filed in his personnel record.</p> <p>Interview on 1/19/23 the Compliance Officer stated: -The QP's HCPR had previously been accessed as required. -She did not know why it was not filed.</p>	V 131		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A</p>	V 295		

Division of Health Service Regulation

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V 295	<p>Continued From page 8</p> <p>NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are:</p> <p>Review on 1/19/23 of the House Managers personnel file revealed. -Hire date 11/19/21. -No evidence of a college or university degree.</p> <p>Interview on 1/19/23 the House Manager Stated: -She maintained a bachelors degree. -It should have been filed in her personnel file. -She had been the House Manager for a couple of months.</p> <p>Interview on 1/19/23 Qualified Professional stated: -The House Manager maintained a bachelors</p>	V 295		

Division of Health Service Regulation

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V 295	Continued From page 9 degree in Theology. -He would contact the compliance office to see if a copy was in a personnel file at the office. A copy of the House Managers degree had not been provided to this surveyor prior to the survey exit.	V 295		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues. This Rule is not met as evidenced by: Based on record review and interviews, the	V 297		

Division of Health Service Regulation

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V 297	<p>Continued From page 10</p> <p>facility failed to provide face to face clinical consultation in the facility at least four hours a week by the licensed professional (LP). The findings are:</p> <p>Review on 1/19/23 of facility documentation revealed:</p> <ul style="list-style-type: none"> -2 entry's into the facility communication log with LP's name on 1/2/23 and 1/9/23. -No specific time frame of he LP's visit. -No documentation of which clients had been visited. <p>Interview on 1/18/23 the LP stated:</p> <ul style="list-style-type: none"> -She had worked since 1/1/23. -She provided 2 hrs face-to-face contact onsite per week. -She had received updates from the Qualified Professional via phone calls or emails. <p>Interview on 10/25/22 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -The LP started on 1/1/23. -The LP has been to the facility. -The LP visits the client's individually and as a group. -There were no LP note available for surveyors review. -He would ensure LP's sessions and visits were documented. 	V 297		
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</p>	V 536		

Division of Health Service Regulation

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

Division of Health Service Regulation

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V 536	<p>Continued From page 12</p> <p>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 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>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 13</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> <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</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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V 536	<p>Continued From page 14</p> <p>competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure 3 of 4 audited staff (#1, Former Staff #2 and the Qualified Professional QP)) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p>Review on 1/19/23 of staff #1's personnel record revealed: -Hire date 9/24/21. -Title: Rehabilitation Technician. -Non-Violent Crisis Intervention (NCI+) expired on 10/15/22.</p> <p>Attempted interview on 1/19/23 staff #1 was unavailable:</p> <p>Review on 1/19/23 of FS #2' personnel record revealed: -Hire date 7/5/22. -Separation date 11/10/22 -Title: Rehabilitation Technician. -NCI+ expired on 10/28/22.</p> <p>Interview on FS #2 stated: -She had worked 4-5 months as the home manager. -She had trained in CPR, NCI+ and medication</p>	V 536		

Division of Health Service Regulation

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V 536	Continued From page 15 administration. Review on 1/19/23 the QP's personnel record revealed: -Hire date 6/2/21. -Title: Qualified Professional -No training in alternatives to restrictive interventions. Interview on 1/19/23 the QP stated: -His training in alternatives to restrictive interventions was not current. -He understood the requirement of training in alternatives to restrictive interventions.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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V 537	<p>Continued From page 16</p> <p>demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. 	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 17</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 18</p> <p>(C) evaluation of trainee performance; and (D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 19</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 4 audited staff (House Manager, Qualified Professional, Staff #1, and Former Staff (FS) #2 had training in seclusion, physical restraint, and isolation time-out prior to providing services. The findings are:</p> <p>Review on 1/19/23 of staff #1's personnel record revealed: -Hire date 9/24/21. -Title: Rehabilitation Technician. -Non-Violent Crisis Intervention (NCI) expired on 10/15/22.</p> <p>Attempted interview on 1/19/23 staff #1 was unavailable:</p> <p>Review on 1/19/23 of FS #2' personnel record revealed: -Hire date 7/5/22. -Separation date 11/10/22 -Title: Rehabilitation Technician. -NCI expired on 10/28/22.</p> <p>Review on 1/19/23 the QP's personnel record revealed: -Hire date 6/2/21. -Title: Qualified Professional -No training in seclusion, physical restraint, and isolation time-out.</p> <p>Interview on 1/19/23 the QP stated: -He understood the requirement of training in seclusion, physical restraint, and isolation time-out.</p>	V 537		

Division of Health Service Regulation

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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 observations and interview the facility was not maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observations on 1/19/23 at approximately 11:00am revealed:</p> <ul style="list-style-type: none"> -The blind in the living room window had 6 broken slats. -The linoleum was torn from the shoe molding on the floor in the living room towards the kitchen. -The handle was missing from he fridge door. -There were rusted areas inside the microwave at the back and on the side. -The hallway light fixture had no globe. -The hall bath had a 3 light fixture that was missing one bulb, the shower curtain had torn areas on it, an approximate 1 inch hold in the wall behind the door. -The hall vent had heavy dust. -Client #2 was missing a closet rod, linoleum was buckling up on the floor and cracked by the closet. The door frame around the closet was cracked on the left side. <p>During interview on 1/19/23 the Qualified</p>	V 736		

Division of Health Service Regulation

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V 736	Continued From page 21 Professional stated he was aware the facility was required to be maintained in a safe, clean and attractive manner.	V 736		