

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/23/2023
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NAME OF PROVIDER OR SUPPLIER COZIE'S SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3341 OAK TREE LANE LIBERTY, NC 27298
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on January 23, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</p> <p>The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105	<p>see Response at page 3 of 9</p> <p>DHSR - Mental Health</p> <p>FEB 06 2023</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

JRQT11

If continuation sheet 1 of 9

[Handwritten Signature]

CLINICAL DIRECTOR

02/3/23

Division of Health Service Regulation

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V 105	<p>Continued From page 1</p> <p>can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105	See Response at page 3 of 9	

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for random drug testing instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 1/23/23 of the facility's documents revealed: -There was no evidence of a current CLIA waiver.</p> <p>Review on 1/23/23 of Client #1's record revealed: -Admission date of 4/1/19. -Diagnoses of Intellectual Disability, Schizophrenia, Hypertension, Diabetes, History of Breast Cancer, Hypoxia, Incontinence, Chronic Respiratory Failure, Edema, Gastroesophageal Reflux and Osteoarthritis of the Hip. -Physician's order dated 1/6/22 included the following: -"Easy Max Test Strips - Check blood glucose once daily." -Documentation of blood sugar check was recorded once daily.</p> <p>Interview on 1/23/23 with the Clinical Director revealed: -Client #1's blood sugar was checked daily and administered by staff. -He was not aware of the CLIA waiver. -The agency would apply for the CLIA waiver.</p>	V 105	<p>We are taking steps to apply for the CLIA Waiver as an agency. Currently, we are in the process of completing the application.</p> <p>Meanwhile, it is our understanding that the physician who ordered the daily sugar check discussed discontinuation of the order. We are yet to receive such discontinuation order.</p> <p>Clinical Director and QP responsible for the home will be responsible for making the application and will monitor it against the expiration date for renewal as required.</p>	03/15/23

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V 536	Continued From page 3	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	see response page 7 of 9	

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V 536	<p>Continued From page 4</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	see response page 7 of 9	

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V 536	<p>Continued From page 5</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	see response page 7 of 9	
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V 536	<p>Continued From page 6</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Qualified Professional had current training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 1/23/23 of the Qualified Professional's personnel record revealed: - Hired date of 11/16/14. - North Carolina Intervention Plus expired 3/30/22. - There was no evidence of current training.</p> <p>Interview on 1/23/23 with the Qualified Professional revealed: -Confirmed his NCI+ training expired. -He was going to schedule for recertification as soon as possible.</p>	V 536	<p>Qualified Professional made recertification application and went through the process to be re-certified as an NCI Instructor, effective 01/23/2023.</p> <p>Clinical Director and QP will monitor every 6-12 months to prevent reoccurrence.</p>	01/23/2023

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V 738	Continued From page 7	V 738		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the governing body failed to assure buildings were kept free from insects and rodents. The findings are:</p> <p>Observation on 1/23/23 of the facility revealed: -The common area of the house was neat and clean. -There was no evidence of bed bugs in the clients room. -The client's bedrooms were neat and clean.</p> <p>Review on 1/23/23 of the facility's records revealed: -Verification of heat treatment on 1/6/23. -Follow-up and spray on 1/19/23.</p> <p>Interview on 1/23/23 with the Qualified Professional and Clinical Director revealed: -On the evening of 1/4/23 there were bed bugs sighting on the large living room sofa. -There was no evidence of bed bugs in other parts of the house. -There were no reports of bed bug bites from the clients. -The exterminator was expected to follow-up every two weeks until there were sign of bed bugs.</p>	V 738	<p>The facility was treated as stated in the citation. Our agency has also entered into contract (Annual Plan) with Terminix Pest Control to do monthly treatment until Dec. 2023. See Contract attached.</p> <p>QP responsible for the home, and House Manager monitor to prevent recurrence.</p>	Immediate until 12/31/2023

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V 738	Continued From page 8 -The agency agreed to a contract with the bed bug exterminator company for 12 months. -The agency had another exterminator company for regular monthly insect spray.	V 738	See Response at page 8 of 9.	

TERMINIX Residential Pest Control Service Agreement

"Terminix" means Bruce-Terminix Company. Bruce-Terminix Company is a North Carolina corporation licensed by the Terminix International Company L.P., of Memphis, TN, as a Terminix licensee.

Name COZIE'S SUPERVISED LAUNDRY INC
 Mailing Address 480 N Greenbriar St Property Address 3341 Oak Tree Ln
 City Liberty City Liberty
 State MO Zip 64298 State NC Zip 27298
 Phone (Home) 336 8157340 (Work) _____ Email LAUNCE@COZIESLAUNDRY.COM

TERM - This is a one-year agreement automatically renewable.

Basic Coverage (includes all listed below)		Target Pest <input type="checkbox"/>	
<input type="checkbox"/> American Roaches	<input type="checkbox"/> Smoky Brown Roaches	<input type="checkbox"/> House Ants	<input type="checkbox"/> Wasp Nests
<input type="checkbox"/> Brown Banded Roaches	<input type="checkbox"/> Mice	<input type="checkbox"/> Spiders	<input type="checkbox"/> Fleas
<input type="checkbox"/> German Roaches	<input type="checkbox"/> Rats	<input type="checkbox"/> Yellow Jacket Nests	<input type="checkbox"/> House crickets
<input type="checkbox"/> Oriental Roaches	<input type="checkbox"/> Silverfish	<input type="checkbox"/> Centipedes	<input type="checkbox"/> <u>Bed Bugs</u>

Terminix will not be held responsible for the control of any wood destroying insects, flying insects or bed bugs.

Annual Plan for Pest Service (Circle Service Months)												
Outside Service Only	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Perimeter Defense Program	Concentration on heavy preventive treatment against pest nesting over winter months. inspections for rodent activity, and placing preventive repellents at possible entry points. Treatment outside to install baiting materials and to place preventive repellents at possible pest entry points. Pest Control maintenance to inspect all possible points of pest entry and to create barrier to prevent pest invasion.											

Guarantee

If bugs come back, so do we - at no charge. If unusual problems occur between the designated regular visits above, just call us and we treat at no extra cost. Failure to complete the scheduled pest control services during the year will result in termination of the Terminix guarantee. **INSIDE SERVICE WILL BE RENDERED UPON REQUEST OR WHEN NECESSARY.**

Seasonal Charge	Method of Payment
Initial Seasonal Charge \$ <u>1600</u>	<input type="checkbox"/> Remit to Service Technician
Regular Seasonal Charge <u>100</u>	<input type="checkbox"/> 5% Discount for One Year in Advance
Total Annual Amount <u>1600</u>	<input type="checkbox"/> VISA/MasterCard
Annual Amount Less 5% Discount \$ _____	<input type="checkbox"/> Discover
Amount Remitted with Agreement \$ _____	

CONDITIONS (Read before signing):

This agreement remains in force for one year and shall automatically continue thereafter until terminated by either party. If customer terminates service prior to first anniversary date, it is understood and agreed that said customer will pay 30% of unpaid portion of the total first year cost. The foundation of TERMINIX pest service is the carefully controlled use and application of insecticides tested and approved by the Environmental Protection Agency and state and federal regulations. We ask that our customers always allow applications to dry thoroughly before return of family and pets to treated areas and advise that anyone hypersensitive to chemicals avoid any unnecessary exposure. Customer agrees to correct conditions contributing to or causing pest infestations. Terminix is not responsible for repair or compensation for present or future damage done to the structure or its contents by any insect pests or rodent pests. Any balance over thirty days old will be charged at an interest rate of one and one-half percent per month. This is an annual rate of eighteen percent. Also see additional provisions on the reverse side.

NOTICE OF CLAIM:

Any claim under this agreement must be made during the term of this agreement and in writing to any Terminix office; failure to make such written claim during the term shall be a waiver of said claim.

CUSTOMER'S RIGHT TO CANCEL: THE CUSTOMER MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.

CREDIT CARD RENEWAL:

In payment for future annual renewals of this Agreement by Terminix, I hereby authorize and direct Terminix to initiate on or before the end of the Agreement's respective future payment periods debit entries to or charges against my specified credit card account with the card issuer identified below, and I agree to pay the Agreement's applicable payment charges according to the credit card issuer agreement. I acknowledge that debit/charge transactions to my credit card account must comply with the provisions of the U.S. law. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford you and the financial institution a reasonable opportunity to act upon that notification.

Credit Card Type: MasterCard VISA Discover AMEX

Name (as it appears on credit card) _____

Credit Card# Card on file Security Code # _____ Exp. Date _____

Card Holder Signature _____

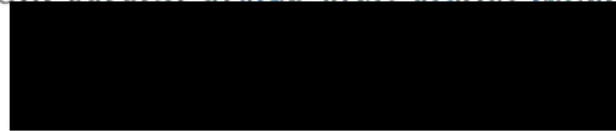
Initial Here [Signature] I understand this contract does not cover termites or any other wood destroying insects, flying insects or bed bugs.

CUSTOMER SIGNATURE _____ DATE 1/23/23 TERMINIX REPRESENTATIVE _____ EID# _____ DATE 1/23/23

NCI+

National Crisis Intervention Plus

certifies that the instructor



*has fulfilled all requirements for competency
and is qualified to teach. Annual recertification
is required.*

© **NCI+ - DEFENSIVE** (Prevention & Defensive)

[Redacted Name]

NAME OF THE INSTRUCTOR TRAINER

[Redacted Signature]

SIGNATURE

1/23/2023

DATE

1/22/2024

EXPIRATION DATE:

NCI+



Defensive Techniques Score Sheet

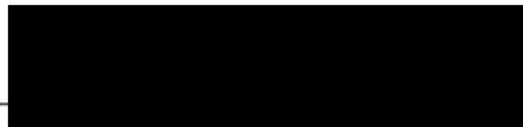
Instructor: Click the button to place an X next to the appropriate score for each technique. C for correct, I for incorrect. If completing by hand, circle appropriate score.

Blocks:	Right	Left
Step Away	C <input checked="" type="checkbox"/> I <input type="checkbox"/>	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Overhead A	C <input checked="" type="checkbox"/> I <input type="checkbox"/>	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Overhead B	C <input checked="" type="checkbox"/> I <input type="checkbox"/>	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Straight A	C <input checked="" type="checkbox"/> I <input type="checkbox"/>	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Straight B	C <input checked="" type="checkbox"/> I <input type="checkbox"/>	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Hook A	C <input checked="" type="checkbox"/> I <input type="checkbox"/>	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Hook B	C <input checked="" type="checkbox"/> I <input type="checkbox"/>	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Uppercut	C <input checked="" type="checkbox"/> I <input type="checkbox"/>	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Kick B	C <input checked="" type="checkbox"/> I <input type="checkbox"/>	C <input checked="" type="checkbox"/> I <input type="checkbox"/>

Simple and Complex Hold Releases:	
Front Choke Prevention	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Arm Grab Roll	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
1 or 2 Hand Arm Grab Pull Up	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Long Hair Pull or Clothing Release	C <input checked="" type="checkbox"/> I <input type="checkbox"/>
Full Nelson Prevention	C <input checked="" type="checkbox"/> I <input type="checkbox"/>

Keith Harris

Instructor Signature: _____



Date: 1/23/2023

INSTRUCTOR CERTIFICATION AGREEMENT
NCF+, LLC

This NCF+, LLC Instructor Certification Agreement (the "Certification Agreement") is entered into this 28th day of January 2023 by and between NCF+, LLC ("NCF+") and KEITH L. HOFFIS ("the Instructor"). NCF+ is committed to providing support and services in humane and safe environments. It is agreed that this is best done by staff/employees who are trained to recognize, avoid, and prevent crises and to avoid use of physical interventions. Participants of the NCF+, LLC Instructor Certification Program (the "Program") are taught to use techniques safely and only as a last resort.

It is further agreed that environments where those being served are supported and respected are the most effective way to prevent aggression. As a certified NCF+, LLC Instructor, ("NCF+ Instructor"), I understand I must present my training material and myself in a manner that is consistent with and supportive of the above philosophy.

In addition, I agree to the terms and conditions listed below and understand that NCF+ agrees to provide training and/or support as follows:

1. The Certification Agreement writes successful completion of the Program;
2. The Certification Agreement is valid for one year (365 days) from the date of Certification identified below;
3. The Instructor shall teach only the material in the curriculum developed and amended by NCF+;
4. The Instructor will only teach the NCF+ curriculum during the term of this Certification Agreement;
5. The Instructor agrees to reach the NCF+ curriculum at least once during the term of this Certification Agreement (See Recertification Policy 3.2);
6. The Instructor agrees to abide by the NCF+ Policy regarding training record retention by maintaining and all training records related to any/all training activities for the (3) years;
7. The Instructor agrees to ensure that all training is delivered in a safe manner;
8. The Instructor shall teach only those techniques agreed upon with the Agency retaining the Instructor's Services and for which the Instructor is certified to teach;
9. The Instructor is responsible for and shall award a Certificate of Completion to those individuals demonstrating competency in the NCF+ curriculum as specified by NCF+ policy;
10. The Instructor shall only distribute the training information specified and authorized for distribution by NCF+; and
11. The Instructor shall not teach NCF+ curriculum and/or material(s), or represent NCF+ in a manner contrary to this Certification Agreement and/or expectations of NCF+.

Moreover, I understand that in connection with the Program, NCF+ agrees:

1. To provide training and re-certification opportunities for persons qualified to be NCF+ Instructors;
2. To provide information on applicable policies and procedures regarding the requirements for complying with this Certification Agreement;
3. To provide procedural information and/or consultation should such be required only while being provided training;
4. To provide NCF+ approved updated course material;
5. To provide sample training report forms for the Instructor to use to record required NCF+ reporting information;
6. To provide information concerning the availability of equipment and/or supplies required to carry out training sessions;
7. To maintain an updated registry of NCF+ certified Instructors; and
8. To investigate concerns or complaints concerning training content and safety in its discretion regarding any/all actions to be taken in response to said concerns or complaints, which responsive actions can be appropriate, up to and including, but not limited to, suspension and/or revocation of trainer certification and/or Instructor Certification.

Finally, in consideration of receiving the Instructor Certification training, the undersigned, on behalf of himself/herself, his/her heirs, his/her representative and assigns, hereby releases, holds harmless and agrees to save and hold harmless and indemnify NCF+, LLC, its directors, instructors, all training agencies and related personnel, of and from all liability claims, demands, claims and possible claims whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by persons or property, that may otherwise accrue to any of us or our respective heirs or representatives while in route to, from or out of a NCF+, LLC sponsored program, or resulting directly or indirectly from any training received or offered by NCF+, LLC as a sponsored course, from any cause whatsoever. NCF+, LLC is acting solely as the curriculum instructor and certifying organization, and is not liable to the Instructors and/or Consumers for any/all claims.

Certification Date: 1/23/2023

Instructor Name: Keith Hoffis Date: 1/23/2023

Instructor: Keith Hoffis Date: 1/23/2023

National Crisis Interventions

Instructor Exam

Total Questions: 20

Name and Date: [Redacted] 01/23/2023

Questions not answered will be scored as INCORRECT.

1	NCI+ <u>Prevention</u> course is approved to be taught in what length of time?
C	A. 3 hours B. <u>5 hours</u> C. 8 hours

2	When presenting the NCI+ Prevention course, an instructor is to use a minimum of how many exercises?
A	A. <u>2</u> B. 3 C. 5

3	Participants taking the NCI+ Prevention course must score at least what % on the test to get credit for completing the course?
A	A. <u>80%</u> B. 90% C. 100%

4	NCI+ Prevention, Unit 1 focuses on understanding why people behave the way they do.
T	<u>True</u> False

5	The intervention skills taught in NCI+ Prevention course can be applied to anyone, including staff, to encourage positive interaction and conflict resolution.
T	<u>True</u> False