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V 000	INITIAL COMMENTS An annual, complaint, and follow up survey was completed on March 15, 2023. The complaint was unsubstantiated (intake NC00198195). The complaint was substantiated (intake NC00198906) . Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients. This survey originally closed on February 22, 2023 but was reopened on 3/15/23 due to an additional complaint.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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	V 108		

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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 techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.
(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.

This Rule is not met as evidenced by:
Based on interview and record review, the facility failed to provide training to meet client needs for 3 of 3 staff audited (Weekend Manager, Weekday Manager, Staff #5); and failed to ensure at least one staff member shall be available in the facility at all times when a client is present who is currently trained in basic first aid, seizure management, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver affecting 1 of 3 staff audited (Staff #5). The findings are:

Review on 2/22/23 of Staff #5's personnel file revealed:
-Hire date: 8/9/01
-Position: Aide, Paraprofessional
-First aid (FA), seizure management, and cardiopulmonary resuscitation training was last documented in 2015.
-FA and CPR had expired in 2017.
-No documentation of training to meet client #4's

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V 108	Continued From page 2 needs relative to his diagnosis of autism spectrum disorder. Review on 2/22/23 of Weekday Manager's personnel file revealed: -Hire date: 11/7/18. -Position: Paraprofessional -No documentation of training to meet client #4's needs relative to his diagnosis of autism spectrum disorder. Review on 2/22/23 of Weekend Manager's personnel file revealed: -Hire date: 7/14/03. -Position: Paraprofessional -No documentation of training to meet client #4's needs relative to his diagnosis of autism spectrum disorder Interview on 2/22/23 the Executive Director/Qualified Professional (ED/QP) stated: -Staff #5 had been kept as an employed staff even though it had been a long time since she had worked in the home. -Staff #5 had recently worked to provide staff coverage and would work as the only staff on duty at times. -Staff #5 was scheduled to renew her FA and CPR certification. -No documentation of training on the needs of a client with Autism disorder were provided for review. -Weekend Manager did not understand client #4's needs related to his diagnosis of autism disorder and had required recent coaching by the ED/QP. -Coaching sessions for Weekend Manager were not documented.	V 108		

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V 110	Continued From page 3	V 110		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record review and interview, the facility	V 110		

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failed to ensure all paraprofessionals demonstrated knowledge, skills and abilities required by the population served affecting 1 of 3 staff audited (Weekend Manager). The findings are:

Review on 2/22/23 of the Weekend Manager's personnel file revealed:
-Hire date: 7/14/03.
-Position: Paraprofessional
-Annual training since hire on de-escalation training.
-The current de-escalation training, National Crisis Intervention Plus (NCI+), was completed 4/4/22.

Interview on 2/22/23, the Weekend Manager stated:
-Client #4 "wants attention all the time... he whines."
-Client #4 is "very smart."
-Client #4 does not like to do his laundry; he had been there "long enough to know the routine" but he required her to remind him.
-Client #4 called himself "a devil" and she responded by saying to the client, "You is what you call yourself."
-Client #4 did not like to be asked "to do something."
-There had been a couple of times when client #4 tried to hit and kick the Weekend Manager.

Interview on 2/22/23, the Executive Director/Qualified Professional (ED/QP) stated:
-All staff received annual training on de-escalation.
-She had recently counseled the Weekend Manager about her communication skills specifically with Client #4.
-The ED/QP investigated the incident recently

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V 110	Continued From page 5 when the Weekend Manager called 911 because of Client #4's aggressive behaviors. -The ED/QP identified the staff's communication was not as therapeutic as it should have been to effectively de-escalate the situation as she had been trained.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to develop and implement goals and strategies to meet the individualized needs for 3 of 3 clients audited (clients #1, #3 and #4). The findings are:

Review on 2/22/23 of client #1's record revealed:
-37 year old male admitted 8/15/18.
-Diagnoses included schizophrenia unspecified; borderline intellectual functioning; unspecified cannabis-related disorder, early remission.
-Client #1 was his own guardian.

Review on 2/22/23 of client #1's treatment plan effective 8/20/22 revealed:
-Person-Centered Profile completed on 8/17/22 documented:
- it was important to spend time with his mother and aunt.
-it was important to attend the community college in order for him to obtain his high school equivalency credential.
-it was important for staff to ensure client #1 received all medications as scheduled.
-"What's working: ... His medications are working... Haldol injection (psychotropic medication)... He is on a great medication regime and managing symptoms well."
-No goals or strategies to support client #1 to remain medication compliant when he was out of the facility on extended therapeutic leave.

Review on 2/22/23 of client #1's Medication Release Form dated 2/8/22 and February 2023 Medication Administration record revealed:

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-Documentation client #1 was on therapeutic leave 2/1/23 - 2/13/23 at 8 pm.
-Documentation client #1 returned to the facility on 2/8/23 to pick up medications to take while on the remainder of therapeutic leave.
-According to the reconciliation form and MAR client #1 would need to have taken 5 doses for each medication dosing time for each medication between the 2/8/23 pick up time and his return time on 2/13/23.
-According to the reconciliation form, client #1 had more doses returned for the following psychotropic medications than he should have if he had taken all scheduled doses: Divalproex 500 mg (milligram) tabs, received 56 tablets's (twice daily dosing), should have taken 10 doses, returned 51 tablets (=5 doses missed); Trazodone 100 mg at night, received 28 tablets, should have taken 5 doses, returned 26 tablets (=3 doses missed); Chlorpromazine 100 mg 3 times daily, received 84 tablets, should have taken 15 doses, returned 78 tablets (=9 doses missed).

Review on 2/21/23 of client #3's record revealed:
-41 year old male admitted 6/29/02.
-Diagnoses included mild intellectual disabilities.
-Attended a day program at the local community college.

Review on 2/21/23 of client #4's record revealed:
-26 year old male admitted 6/1/21.
-Diagnoses included autism spectrum disorder; moderate intellectual disabilities.
-Attended a day program 5 days a week.

Interview on 2/22/23 with community college Lead Instructor stated:
-Client #1 will occasionally have behaviors, "more so" following home visits.

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V 112	Continued From page 8 -When client #1 returned from home visits he would be "a little off" and it took a couple of days for him to "get back to baseline." -The clients (client #1 and client #3) were absent for a total of 11 days between 1/23/23 and 2/8/23. -She was not sure the exact reason, but understood the facility was having issues with their transport van. -According to client #3 the van did not have license tags and could not be driven. Interview on 2/21/22 and 2/22/23 the Executive Director/Qualified Professional stated: -Client #1 was his own guardian and had taken extended therapeutic leave to be with his mother in recent months. -Client #1 did not take all of his medications as ordered when he was out of the facility. -When client #1 missed his medications he would have behaviors and be uncooperative. It could take up to a week of receiving medications by staff to see his behaviors back to "baseline." Behaviors had included being verbally aggressive to the other clients. -There was a process of recording and reconciling the amount of medications sent with client #1 when he went on leave and the amount of medication he would return. It had shown he had consistently missed medications. -Client #1 recently missed his appointment with his physician for a Haldol injection (psychotropic medication) because he was on leave and did not return until 1 week after he had planned to return. The next day he had a behavior and called 911 from the day program and reported his car was stolen. -Missing medications while on leave had not been taken to client #1's treatment team to develop goals and strategies to support his need to be complaint when out of the facility.	V 112		

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V 112	Continued From page 9 -The facility van was out of service because funding was "held" in December for administrative reasons with the Managed Care Organization. -Because of this funding delay, there had not been enough money to pay the vehicle insurance and it lapsed. -As soon as she could the insurance was paid and the van was put back into service. The clients missed 2 weeks of attending the day program.	V 112		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a	V 133		

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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 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,

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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.
(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:
(1) The level and seriousness of the crime.
(2) The date of the crime.
(3) The age of the person at the time of the conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.
(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:

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V 133	Continued From page 12 (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders;	V 133		

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V 133	Continued From page 13 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. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by:	V 133		

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V 133	Continued From page 14 Based on record review and interview the facility failed to request a state criminal background check within five business days of employment for 1 of 3 audited staff (Weekday Manger). The findings are: Review on 2/22/23 the Weekday Manager's personnel record revealed: -Title: Manager, aide. -Hire date: 11/7/18 -No criminal background check. -No documentation of a criminal background request. Interview on 2/21/23 the Executive Director/Qualified Professional reported: -She had not followed up on this deficiency from the prior survey. -She would follow up and make sure a criminal background check was requested. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall	V 367		

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V 367	Continued From page 15	V 367		

be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of

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V 367	Continued From page 16 Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all level II incidents were reported to the LME responsible for the catchment area where services are provided within 72 hours of	V 367		

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V 367	Continued From page 17 becoming aware of the incident. The findings are: Review on 2/21/23 of the North Carolina Incident Response Improvement System (IRIS) reports from 11/1/22 - 2/21/23 revealed no level II IRIS reports for the facility. Review on 2/22/23 of the facility internal incident report dated 1/22/23 revealed: -The incident occurred on 1/22/23 at 10:10 am. -The incident report had been submitted by the Weekend Manager. -The Weekend Manager had designated the incident as a level II incident. -Client #4 became aggressive trying to hit and kick the staff. -Client #4 kicked the Weekend manager in her left rib area. -Client #4 was taken to the hospital. Interview on 2/22/23 the Weekend Manager stated: -She called "911 about a month ago" because Client #4 became physically aggressive toward her. -The police responded to the call. -Client #4 said he wanted to go to the hospital and was sent; he returned the same day. Interview on 2/22/23, the Executive Director/Qualified Professional (ED/QP) stated: -The Weekend Manager had submitted a report of an incident in January 2023 involving police responding to the home. -It had been an oversight and a level II report had not been submitted in the IRIS system. -She would make sure the incident was reported in IRIS.	V 367		

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V 536	Continued From page 18	V 536		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	V 536		

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V 536	Continued From page 19 (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence	V 536		

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by scoring a passing grade on testing in an instructor training program.
(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.
(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.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(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.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.

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V 536	Continued From page 21 (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) 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. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Review on 2/22/23 of Staff #5's personnel file revealed: -Hire date: 8/9/01 -Position: Aide, Paraprofessional -No documentation of formal refresher training completed within the past year for alternatives to restrictive interventions. Interview on 2/22/23 the Executive Director/Qualified Professional (ED/QP) stated: -Staff #5 had been kept as an employed staff even though it had been a long time since she had worked in the home. -Staff #5 had recently worked to provide coverage. -The facility used National Crisis Intervention Plus (NCI+) level I to train staff on alternatives to restrictive interventions. -Staff #5's NCI+ was not current, but she would	V 536		

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V 536	Continued From page 22 make sure she completed the training as soon as possible.	V 536		