

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/28/2023
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NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 326 BALDWIN ROAD BURLINGTON, NC 27217
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 9/28/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to have a complete personnel record affecting two of three audited staff (Staff #4 and Staff #5). The findings are:</p> <p>Review on 9/27/23 of Staff #4's Personnel File revealed: -No hire date listed. -There was no documentation of a written and signed job description for Staff #4. -There was no proof of education for Staff #4.</p> <p>Review on 9/27/23 of Staff #5's Personnel File revealed: -No hire date listed.</p>	V 107		

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V 107	<p>Continued From page 2</p> <ul style="list-style-type: none"> -A personnel file including training, experience and other qualifications for the position was not maintained for Staff #5. -There was no documentation of a written and signed job description for Staff #5. -There was no proof of education for staff #5. <p>Interview on 9/27/23 with the Owner revealed:</p> <ul style="list-style-type: none"> -Staff #4 had been hired January of 2020. -Staff #5 had been hired January of 2022. -Licensee recently obtained a new office space and reported missing the personnel folders in the move. -She believed they were in a box, but they had not been able to locate them. -She knew that Staff #4 and #5 had completed their high school education. -She acknowledged that personnel files for Staff #4 and Staff #5 had not been available for review. -She confirmed that Staff #4 and Staff #5 did not have documentation of a written and signed job description. -She confirmed that Staff #4 and Staff #5 did not have proof of their education in their file. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 107		
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> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 	V 108		

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V 108	<p>Continued From page 3</p> <p>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 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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of three audited staff (Staff #5) had training in Cardiopulmonary Resuscitation and First Aid and training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 9/27/23 of Staff #5's personnel records revealed: -No hire date listed. -There was no documentation Staff #5 had</p>	V 108		

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V 108	<p>Continued From page 4</p> <p>training in Cardiopulmonary Resuscitation and First Aid.</p> <p>-Staff #5 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Interview on 4/21/22 with the Owner revealed:</p> <p>-Staff #5 was hired January of 2022.</p> <p>-Staff #5 was hired to work as a Direct Caregiver.</p> <p>-When Staff #5 worked at the facility, she normally worked alone.</p> <p>-She recently moved to a new office space and staff personnel may have gotten lost during the move.</p> <p>-She believed the personnel files were placed in a box, but she was not able to locate the box.</p> <p>-She reported that all staff had received training on mental health, developmental disabilities, seizure disorder, diabetes.</p> <p>-She confirmed there was no documentation that Staff #5 had training on Cardiopulmonary Resuscitation and First Aid as well as training to meet the mental health and developmental disability needs.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p>	V 114		

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V 114	<p>Continued From page 5</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to conduct quarterly fire and disaster drills for each shift. The findings are:</p> <p>Review on 9/27/23 of the facility's fire and disaster drill logs dated 1/6/22 to 6/6/23 revealed: -There were no fire and disaster drills conducted for 1st or 2nd shift for the 3rd quarter (July, August, September) of 2022. -There were no fire and disaster drills conducted for 1st or 2nd shift for the 4th quarter (October, November, December) of 2022. -There were no fire and disaster drills conducted for 1st shift for the 1st quarter (January, February, March) of 2023. -There were no fire and disaster drills conducted for 1st shift for the 2nd quarter (April, May, June) of 2023.</p> <p>Interview on 9/28/23 with the house manager revealed: -Facility operated under two shifts. -First shift was from 7:00 am to 7:00 pm. -Second shift was from 7:00 pm to 7:00 am. -She confirmed the facility failed to conduct quarterly fire and disaster drills for each shift.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		

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V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of three audited staff (#4 and #5). The findings are:</p> <p>Review on 9/27/23 of staff #4's Personnel File revealed: -No hire date listed. -There was no documentation of HCPR check.</p> <p>Review on 9/27/23 of staff #5's Personnel File revealed: -No hire date listed. -There was no documentation of HCPR check.</p> <p>Interview on 9/27/23 with the Owner revealed: -Staff #4 was hired January 2020 as the House Manager. -Staff #5 was hired January of 2022 as a Direct Caregiver. -She recently obtained a new office space and reported missing the personnel folders in the</p>	V 131		

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V 131	Continued From page 7 move. -She believed they were in a box, but they had not been able to locate them. -She confirmed that Staff #4 and Staff #5 did not have documentation to show that the agency accessed the HCPR prior to their employment. -She was unaware of the timeframe that a HCPR check had to be completed prior to hire. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		
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	V 133		

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V 133	Continued From page 8 employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to 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	V 133		

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V 133	<p>Continued From page 9</p> <p>provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from</p>	V 133		

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V 133	Continued From page 10 civil liability for: (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	V 133		

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V 133	<p>Continued From page 11</p> <p>Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		

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V 133	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting two of three audited staff (#4 and #5). The findings are:</p> <p>Review on 9/27/23 of staff #4's Personnel File revealed: -No hire date listed. -There was no documentation of a criminal history check.</p> <p>Review on 9/27/23 of staff #5's Personnel File revealed: -No hire date listed. -There was no documentation of a criminal history check.</p> <p>Interview on 9/27/23 with the Owner revealed: -Staff #4 was hired January 2020 as the House Manager. -Staff #5 was hired January of 2022 as a Direct Caregiver. -She recently obtained a new office space and reported missing the personnel folders in the move. -She believed they were in a box, but they had not been able to locate them. -She confirmed that Staff #4 and Staff #5 did not have documentation to show that the agency requested the criminal background check within five business days of making the conditional offer of employment.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 326 BALDWIN ROAD BURLINGTON, NC 27217
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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
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> <p>(2) recognizing and interpreting human</p>	V 536		

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V 536	<p>Continued From page 14</p> <p>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 by scoring a passing grade on testing in an</p>	V 536		

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V 536	<p>Continued From page 15</p> <p>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> <p>(2) The Division of MH/DD/SAS may</p>	V 536		

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V 536	<p>Continued From page 16</p> <p>request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure two of three audited staff (Staff #5 and the Qualified Professional) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 9/27/23 of Staff #5's personnel file revealed:: -No hire date listed. -There was no documentation of current training on alternatives to restrictive intervention.</p> <p>Review on 9/27/23 of the Qualified Professional's personnel file revealed: -Hire date of 11/1/22. -She was hired as a Qualified Professional. -There was no documentation of current training on alternatives to restrictive intervention.</p>	V 536		

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V 536	Continued From page 17 Interview on 9/27/23 with Owner revealed: -Staff #5 was hired January of 2022. -Staff #5 was hired to work as a Direct Caregiver. -Facility used the "Evidence Based Protective Interventions (EBPI) Interventions- Base Plus" as their curriculum for training on alternatives to restrictive interventions. -The Owner had recently moved to a new office space and had misplaced the personnel files along with staff trainings. -She confirmed Staff #5 and the Qualified Professional did not have updated documentation of training on alternatives to restrictive intervention.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, facility and it's grounds were not maintained in a clean, safe and attractive manner. The findings are: Observation on 9/26/23 at 11:33am of the Kitchen revealed: -Door was cracked 9 inches exposing the interior wooden frame on the top panel Observation on 9/26/23 at 11:43am of Bathroom #1 revealed: -Door was cracked 17 inches exposing the wood frame and missing a piece on the top.	V 736		

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V 736	<p>Continued From page 18</p> <p>-Dust covered the exhaust fan in the ceiling.</p> <p>Observation on 9/26/23 at 9:00am of the exterior of the facility revealed:</p> <p>-Storm door in front of the facility was broken at the top square, exposing tempered glass on the edges of door.</p> <p>-5 fragments of pea size pieces, no bigger than a dime with pointed edges were on the porch floor.</p> <p>Interview on 9/26/23 with the house manager revealed:</p> <p>-Facility rented the property.</p> <p>-Landlord was responsible for making repairs.</p> <p>-Some renovations to the home had been completed.</p> <p>-"A rock hit the door, and broke the glass part out of it" while the lawn was being mowed, this happened this week.</p> <p>-She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p>	V 752		

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V 752	<p>Continued From page 19</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the governing body failed to assure hot water measured between 100 and 116 degrees Fahrenheit in areas accessible to clients. The findings are:</p> <p>Observations on 9/26/23 at 11:45 am and 9/28/23 at 9:20 am of the facility revealed: -9/26/23: -The water temperature in the kitchen sink was 80 degrees Fahrenheit. -The water temperature in the hallway bathroom was 80 degrees Fahrenheit. -9/28/23: -The water temperature in the kitchen sink was 80 degrees Fahrenheit,</p> <p>Interviews on 9/26/23 and 9/28/23 with the House Manager revealed: -9/26/23: -The water heater had just stopped working. -The landlord was to come in that day to repair the hot water heater. -9/28/23: -The landlord was supposed to had come in earlier that morning, but had not arrived to repair the water heater. -She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.</p>	V 752		