

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/28/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREATIVELY RENEWED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 RICHMOND AVENUE BURLINGTON, NC 27217</b>
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V 000	<p><b>INITIAL COMMENTS</b></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 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></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"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure staff had training on client rights and confidentiality for one of two audited staff (Staff #4.) The findings are:</p> <p>Review of the facility's personnel records on 9/28/23 revealed: -Staff #4 had a hire date of 9/1/23. -Staff #4 was hired as a Paraprofessional. -There was no documentation Staff #4 had training on client rights and confidentiality.</p> <p>Interview on 9/28/23 with the Owner/Licensee/Qualified Professional/Registered Nurse revealed: -This issue had come up once before when the facility received their annual review. -Client Rights and confidentiality training was scheduled for staff this October 2023. - "It's hard keeping up with trainings when staff turnovers is frequent." -She acknowledged there was no documentation that Staff #4 had completed her training on client rights and confidentiality.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		

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V 112	Continued From page 2	V 112		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>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 affecting 2 of 3 audited clients (client #1 and client #2). The findings are:</p> <p>Review on 9/28/23 of client #1's record revealed: -Admission date of 2/21/23. -Diagnoses of Schizophrenia; Major Depressive Disorder. -There was no evidence a Person Centered Plan (PCP) had been signed by client #1. -Undated treatment plan had no goals or strategies. -She was her own legal guardian.</p> <p>Review on 9/28/23 of client #2's record revealed: -Admission date of 6/1/22. -Diagnoses of Bipolar 1 Disorder; Hypertension; Hypothyroidism; Type 2 Diabetes; Unspecified Asthma. -PCP was not signed by client #2's legal guardian.</p> <p>Interview on 9/28/23 with the Owner/Licensee/Qualified Professional/Registered Nurse revealed: -The facility staff relied on client's doctor to complete the PCP's. - "Working with private pay clients is different than working with Medicaid clients", the doctors are not completing the PCP in a timely manner. -The facility had been opened less than 4 years "I am still learning the things that are needed to be completed." -She confirmed the facility failed to have signed consent of the PCP for client #1 and client #2.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		

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V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain client records affecting 3 of 3 audited (client #1, #2, #3). The findings are:</p> <p>Review on 9/28/23 of client #1's record revealed: -Admission date of 2/21/23. -Diagnoses of Schizophrenia; Major Depressive Disorder. -There was no documentation of progress toward outcomes in the record. -There was no documentation of a signed statement from the client granting permission to seek emergency care.</p> <p>Review on 9/28/23 of client #2's record revealed: -Admission date of 6/1/22. -Diagnoses of Bipolar 1 Disorder; Hypertension; Hypothyroidism; Type 2 Diabetes; Unspecified Asthma. -There was no documentation of progress toward outcomes. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care.</p> <p>Review 9/28/23 of client #3's record revealed: -Admission date of 6/3/22. -Diagnoses of Schizophrenia; Intellectual Disability; Bipolar; Chronic Depression;</p>	V 113		

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V 113	<p>Continued From page 6</p> <p>Prediabetes. -Treatment plan dated 8/10/23. -There was no documentation of progress toward outcomes. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care.</p> <p>Interview on 9/28/23 with the Owner/Licensee/Qualified Professional/Registered Nurse revealed: -"I keep a notebook on each client" with basic information on services they had recieved. -Staff were responsible for completing documentation. -"I will create a grid sheet with each client's goals and staff to complete their daily notes." -" I am not aware" of that she needed to have specific language regarding consent to seek emergency care. -She confirmed progress notes toward outcomes had not been documented.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (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 review and interview the facility failed to conduct fire and disaster drills for every shift and for each quarter. The findings are:</p> <p>Review on 9/28/23 of the facility's fire drills record revealed: -There were no fire drills conducted for 2nd shift for the 4th quarter of 2022. -Only one fire drill was conducted on the 1st quarter of 2022. It was recorded as being completed on 1/15/23 at 8:15, but did not specify if it was am or pm.</p> <p>Review on 9/28/23 of the facility's disaster drills record revealed: -There were no disaster drills conducted for 1st or 2nd shift for the 3rd quarter of 2022. -There were no disaster drills conducted for 1st or 2nd shift for the 4th quarter of 2022. -There were no disaster drills conducted for 1st or 2nd shift for the 1st quarter of 2023. -There were no disaster drills conducted for 1st or 2nd shift for the 2nd quarter of 2023.</p> <p>Interview on 9/28/23 with the Owner/Licensee/Qualified Professional/Registered Nurse revealed: -Facility operated under two shifts. -She needed some clarification regarding required drills to be performed.</p>	V 114		



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V 114	Continued From page 8  -She was unable to locate the disaster drills that had been completed. -She confirmed the facility had not conducted fire and disaster drills on every shift and for each quarter.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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.  This Rule is not met as evidenced by: Based on review of records and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three staff (Staff #4). The findings are:  Review on 9/28/23 of Staff #4's personnel file revealed: -Hire date of 9/1/23. -Staff #4 was hired as a House Manager. -There was no documentation of a HCPR check completed for Staff #4 prior to hire.	V 131		

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V 131	Continued From page 9  Interview on 9/28/23 with the Owner/Licensee/Qualified Professional/Registered Nurse revealed: -Staff #4 was recently hired and she was still obtaining required documentation. -She confirmed Staff #4's HCPR check was not in her personnel file.	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 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	V 133		

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V 133	Continued From page 10  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, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a	V 133		

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V 133	<p>Continued From page 11</p> <p>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"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <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 civil liability for:</p> <ol style="list-style-type: none"> <li>(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.</li> </ol>	V 133		

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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 133	<p>Continued From page 12</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related</p>	V 133		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/28/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREATIVELY RENEWED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 RICHMOND AVENUE BURLINGTON, NC 27217</b>
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V 133	<p>Continued From page 13</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal history record check was requested within five business days of</p>	V 133		

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V 133	Continued From page 14  making the conditional offer of employment affecting one of two staff (Staff #4). The findings are:  Review on 9/28/23 of Staff #4's personnel file revealed: -Hire date of 9/1/23. -Staff #4 was hired as a House Manager. -There was no documentation that a criminal background check had been requested.  Interview on 9/28/23 with the Owner/Licensee/Qualified Professional/Registered Nurse revealed: -Staff #4 was recently hired and she was still obtaining required documentation. -She confirmed the criminal history record check had not been requested for Staff #4.	V 133		
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	V 536		

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V 536	<p>Continued From page 15</p> <p>compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose</li> </ol>	V 536		



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V 536	<p>Continued From page 16</p> <p>activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <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>	V 536		

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V 536	<p>Continued From page 17</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure one audited staff (Staff #4) had training on alternatives to restrictive intervention and one had a current training in the use of alternatives to restrictive interventions (the Owner). The findings are:</p> <p>Review on 9/28/23 of Staff #4's personnel file revealed: -Hire date of 9/1/23. -She was hired as a House Manager. -There was no documentation of training on alternatives to restrictive intervention.</p> <p>Review on 9/28/23 of the Owner's personnel file revealed: -Hire date of 3/1/19. -She was the Owner and Qualified Professional. -There was a certificate of Adaptive De-Escalation Alternatives- Prevention that had expired on 11/30/22. -There was no documentation of a current training on alternatives to restrictive intervention.</p> <p>Interview on 9/28/23 with the Owner/Licensee/Qualified Professional/Registered Nurse revealed: -The facility used the "Adaptive De-Escalation Alternatives- Prevention" program as their curriculum for training on alternatives to restrictive interventions. -Staff #4 was recently hired and was still obtaining required trainings. -She was aware that her certificate for alternatives to restrictive interventions had expired. -She was going to register Staff #4 and herself for a new class on October 2023.</p>	V 536		

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V 536	Continued From page 19  -She confirmed Staff #4 and herself did not have updated alternatives to restrictive intervention training.	V 536		