

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/21/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE GWEN RASH MEMORIAL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 PINE SPRING DRIVE ASHEVILLE, NC 28805</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on May 21, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licened for 6 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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> <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> </p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to hold fire and disaster drills at least quarterly for each shift. The findings are:</p> <p> </p> <p>Review on 5/20/24 and 5/21/24 of the facility's fire</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>and disaster drill logs revealed:</p> <ul style="list-style-type: none"> <li>-No documentation of fire drills on third shift for third and fourth quarter 2023 (July-December).</li> <li>-No documentation of fire drills on first shift for first quarter 2024 (January-March).</li> <li>-No documentation of disaster drills on first and third shift for second quarter 2023 (April-June).</li> <li>-No documentation of disaster drills on first, second and third shift for third quarter 2023 (July-September).</li> <li>-No documentation of disaster drills on third shift for fourth quarter 2023 (October-December).</li> <li>-No documentation of disaster drills on first and second shift for first quarter 2024 (January-March).</li> </ul> <p>Interview on 5/21/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Had participated in fire and disaster drills.</li> <li>-Was aware of what to do in the even of an emergency.</li> </ul> <p>Interview on 5/21/24 with the Director revealed:</p> <ul style="list-style-type: none"> <li>-Was responsible for making sure fire and disaster drills were completed.</li> <li>-Fire drills were scheduled and posted.</li> <li>-Disaster drills were scheduled but not posted.</li> <li>-"I was not under the impression they (disaster drills) needed to be done that frequently (one per shift per quarter)."</li> <li>-"I didn't have it (disaster drills) posted so they (staff) didn't do it."</li> </ul> <p>Interview on 5/21/24 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>-Fire and disaster drills was not something she followed up on.</li> <li>-The Director and maintenance were responsible for ensuring that drills had been completed.</li> <li>-The Chief Executive Officer supervised the Director.</li> </ul>	V 114		

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V 114	Continued From page 2  -Quality Assurance would make sure fire and disaster drills had been completed.	V 114		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interviews, record reviews and observations, the facility failed to keep the MARs current for 1 of 3 audited clients (Client #2). The findings are:</p> <p>Review on 5/20/24 and 5/21/24 of Client #2's record revealed: -Date of admission: 1/26/94. -Diagnoses: Autism, Intellectual Developmental Disability, Hypertension, Hyperlipidemia, History of Heart Murmur, Obstructive Sleep Apnea, Periodontal Disease. -Physician orders included:     -"Earwax drops 6.5% Debrox 6.5% ear drops, place 2 drops in each ear at 8pm on 1st-7th of each month", dated 2/15/24.     -"Naphcon-A eye drops, place 2 drops into each eye twice daily as needed for itching/watering", dated 2/15/24. -Letter from local eye physician dated 4/18/24 included:     -Naphcon-A eye drops 1 drop in both eyes twice a day.</p> <p>Review on 5/20/24 and 5/21/24 of Client #2's MARs dated March 2024 revealed: -Debrox earwax drops 6.5% was not listed on the MAR.</p> <p>Review on 5/20/24 and 5/21/24 of Client #2's MAR dated April 2024 and May 2024 revealed: -Debrox earwax drops 6.5% was not listed on the MAR. - Naphcon-A eye drops, wait 5 minutes after previous eye drop and instill 1 drop in each eye twice a day. Started 4/20/24 and given twice daily</p>	V 118		

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V 118	<p>Continued From page 4 through 5/20/24.</p> <p>Observation on 5/20/21 at 10:15am of Client #2's medications revealed: - Naphcon-A eye drops, place 2 drops into each eye twice daily as needed for itching/watering. -Debrox was not observed to be present in the facility.</p> <p>Interview on 5/21/24 with Staff #1 revealed: -Would match the MAR to the medication label "...and make sure everything matches." -Would call nursing if the label and MAR did not match.</p> <p>Interview on 5/21/24 with the Nurse revealed: -There was a Licensed Practical Nurse (LPN) that worked with the medications in the facility. -Supervised the LPN. -"I should have overseen her (LPN) work." -The letter from the local eye physician was not a signed order. -There was not a discontinued order for the Debrox ear wax drops.</p> <p>Interview on 5/21/24 with the Director revealed: -Nursing was responsible for the MARs matching the orders. -Staff would call nursing if they had issues or concerns. -"We talk with nursing quite frequently." -Staff would let nursing know if refills of medications were needed. -"Match the med (medication) to the MAR... (Clients) don't get the med until the 3 checks are done."</p> <p>Interview on 5/21/24 with the Qualified Professional (QP) revealed: -The Director was the site manager for the facility.</p>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-The Director worked with nursing to ensure that medications were managed.</li> <li>-The Director would work with the Nurse if there were medication issues.</li> <li>-The Chief Executive Officer supervised the Director.</li> <li>-"I don't have a supervisory role at all."</li> </ul> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return</p>	V 119		

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V 119	<p>Continued From page 6</p> <p>to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on interviews, record reviews, and observations, the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 5/20/24 of Client #1's record revealed: -Date of admission: 7/24/98. -Diagnoses: Autism, Mild Intellectual Developmental Disability, Post Traumatic Stress Disorder. -Physician order included: -Debrox 6.5%, place 2 drops into each ear every night on the 1st-7th of each month for wax build up, dated 2/15/24. -Head and Shoulders shampoo, use as directed weekly on Mondays for dandruff, dated 2/15/24.</p> <p>Review on 5/20/24 and 5/21/24 of Client #1's MARs dated March 2024-May 2024 revealed: -Debrox 6.5% initialed as administered per physician order. -Head and Shoulders shampoo initialed as administered per physician order.</p> <p>Observation on 5/20/24 and 5/21/24 at 10:15am of Client #1's medications revealed: -Debrox 6.5% prescription label: date filled 6/10/22, date expired 6/10/23.</p>	V 119		

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V 119	<p>Continued From page 7</p> <p>-Debrox 6.5% manufacturer expiration date: 3/20/24.</p> <p>-Head and Shoulders shampoo prescription label: date filled 12/15/22, date expired 12/15/23.</p> <p>-Head and Shoulders shampoo manufacturer expiration date: 5/2024.</p> <p>Interview on 5/21/24 with Staff #1 revealed: -Did not check medication expiration dates "...as good as we should have."</p> <p>Interview on 5/21/24 with the Nurse revealed: -"Typically monthly, we go through...pull everything out and do a clean sweep (check for expired medications)." -The "clean sweep" also checked the over-the-counter medications. -"If the label says it (expiration date)...then yes (it is expired)." (in reference to the Head and Shoulders).</p> <p>Interview on 5/21/24 with the Director revealed: -Staff would call nursing if they had issues or concerns. -"We talk with nursing quite frequently." -Staff would let nursing know if refills of medications were needed. -Nursing was responsible for checking expiration dates monthly. -"Staff are supposed to check that (expiration dates) too. I was not trained to check that." -Some staff check medication labels for expiration dates. -"They (staff) have called and said it (medication) was expired. I have said called nursing."</p> <p>Interview on 5/21/24 with the Qualified Professional (QP) revealed: -The Director was the site manager for the facility. -The Director worked with nursing to ensure that</p>	V 119		



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V 119	Continued From page 8  medications were managed. -The Director would work with the Nurse if there were medication issues. -The Chief Executive Officer supervised the Director. -"I don't have a supervisory role at all."	V 119		
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	V 536		

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V 536	<p>Continued From page 9</p> <p>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 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>	V 536		

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V 536	<p>Continued From page 10</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> <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</p>	V 536		

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V 536	<p>Continued From page 11</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure annual refresher training on alternatives to restrictive interventions was completed for 1 of 3 audited staff (Staff #1). The findings are:</p> <p> </p> <p>Review on 5/20/24 of Staff #1's personnel records revealed: -Date of hire: 9/17/18. -Job title: Direct Service Professional. -National Crisis Interventions Plus (NCI+)</p>	V 536		

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NAME OF PROVIDER OR SUPPLIER  <b>THE GWEN RASH MEMORIAL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 PINE SPRING DRIVE ASHEVILLE, NC 28805</b>
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V 536	<p>Continued From page 12</p> <p>Restrictive Training expired on 4/26/24.</p> <p>Interview on 5/21/24 with the Director revealed: -Was the trainer for NCI+ for the Licensee. -Was responsible, along with Human Resources (HR), to ensure trainings were up to date. -Would be notified by HR when trainings were due. -"We (HR and herself) knew [Staff #1] was expiring. We have been trying for 2 weeks to get her in a class."</p> <p>Interview on 5/21/24 with the Qualified Professional (QP) revealed: -The Director was the site manager for the facility. -The Director was responsible to ensure all trainings were completed and up to date. -The Chief Executive Officer supervised the Director. -"I don't have a supervisory role at all."</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or</p>	V 537		

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V 537	<p>Continued From page 13</p> <p>volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe</li> </ol>	V 537		

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V 537	<p>Continued From page 14</p> <p>use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p>	V 537		

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V 537	<p>Continued From page 15</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (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>(l) 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>	V 537		



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V 537	<p>Continued From page 16</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure annual refresher training in seclusion, physical restraint and isolation time-out was completed for 1 of 3 audited staff (Staff #1). The findings are:</p> <p>Review on 5/20/24 of Staff #1's personnel records revealed: -Date of hire: 9/17/18. -Job title: Direct Service Professional. -National Crisis Interventions Plus (NCI+) Restrictive Training expired on 4/26/24.</p> <p>Interview on 5/21/24 with the Director revealed: -Was the trainer for NCI+ for the Licensee. -Was responsible, along with Human Resources (HR), to ensure trainings were up to date. -Would be notified by HR when trainings were due. -"We (HR and herself) knew [Staff #1] was expiring. We have been trying for 2 weeks to get her in a class."</p> <p>Interview on 5/21/24 with the Qualified Professional (QP) revealed: -The Director was the site manager for the facility. -The Director was responsible to ensure all trainings were completed and up to date.</p>	V 537		

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V 537	Continued From page 17  -The Chief Executive Officer supervised the Director. -"I don't have a supervisory role at all."	V 537		