Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL033-141	A. BUILDING: _____ B. WING _____	06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DA-QUEENS HOME	601 EASTERN AVENUE ROCKY MOUNT, NC 27801

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V 000	INITIAL COMMENTS An annual survey was completed on June 19, 2024. 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 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		6/19/24
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment, and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105	- Administrator has policy and procedure that is reviewed quarterly. - All intake packages and admissions are ~~taken~~ taken from the policy & procedures. RECEIVED BY MHL & C 8/1/24	quarterly

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: ALPHONSUS NGWADOM [signature] | TITLE: CEO | (X6) DATE: 7/15/24

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

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 6/19/24 of client #1's record revealed: - admitted 1/8/24 - diagnoses: Type 2 Diabetes, Schizophrenia, Dementia & Intellectual Developmental Disorder - a physician order dated 4/4/24 - check blood sugars (BS) daily During interview on 6/19/24 client #1 reported: - staff checked his BS During interview on 6/18/24 staff #1 reported: - she checked client #1's BS in the morning During interview on 6/18/24 the Licensee/Qualified Professional reported: - was not aware of the CLIA waiver - will contact the proper officials	V 105	- Administrator applied for Clinical Laboratory Improvement Amendment (CLIA) was applied on 7/12/24. - Administrator submitted application form with a fee of $200	8/19/24
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:	V 108	Staff scheduled for a CPR and First Aide training on 7/29/24	8/19/24

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V 108	Continued From page 3 (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 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.	V 108	Staff completed CPR and First Aide training on 7/29/24	8/19/24
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 Qualified Professional (Licensee/Qualified Professional (L/QP) was trained in first aid/cardiopulmonary resuscitation (CPR). The findings are: Review on 6/19/24 of the L/QP personnel record revealed:		Staff/QP completed CPR training on 7/29/24	8/19/24

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V 108	Continued From page 4 - hired 3/4/19 - first aid/CPR expired 10/23 During interview on 6/19/24 the L/QP reported: - he filled in when staff #1 was off - would ensure staff trainings were up to date	V 108		8/19/24
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	- Staff conducted a review of treatment plan with residents regarding their goals and assessments. - Staff scheduled a quarterly review of goals and treatment with residents.	7/15/24 8/19/24

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V 112	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop an assessment in partnership with the legally responsible person for 1 of 3 audited clients (#3). The findings are: Review on 6/19/24 of client #3's record revealed: - admitted 1/8/24 - diagnoses: Schizoaffective Disorder, bipolar type, Alcohol/Cannabis/Cocaine Disorder, full remission, type 2 Diabetes Mellitus, Asthma, Neuropathy & Intellectual Developmental Disorder - a treatment plan dated 3/22/24: - will learn to exercise self control and emotions breakthrough 2 out of 3 times when given situation as evidenced by disappearance and walking out of the home without disclosing locations - will learn to take his medication twice daily - no signature of the guardian on the treatment plan During interview on 6/18/24 & 6/19/24 the Licensee reported: - the guardian lived in another town and it was difficult to reach her at times to complete the treatment plan - later, he developed the treatment plan with the guardian by phone - had no documentation of dates of the phone calls	V 112	- Staff scheduled a bi-annual meeting resident guardian regardi progress of residents goals - Staff discussed with residents and their guardian on assessment and review of goals, achievent and continuity of goals as stipulate quarterly.	8/19/24 7/15/24 8/19/24
V 114	27G .0207 Emergency Plans and Supplies	V 114		

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V 114	Continued From page 6 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans 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 shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure fire and disaster drills were completed quarterly and on each shift. The findings are: Review on 6/19/24 of the facility's fire and disaster drill revealed: - 6 drills completed this year (2024) which consisted of 4 fire drills, 1 tornado drill & 1 unspecified drill Observation on 6/19/24 at 2:53pm revealed: - several spiders and webs at the entrance of	V 114	- Staff developed a disaster plan with the county emergency services - Staff scheduled a monthly fire drill with residents. - Residents was informed of the schedule, resident practiced drill monthly at different times. - Administrator provided first aid ~~with~~ for resident	8/19/24 7/30/24 8/19/24

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V 114	Continued From page 7 the basement - boxes and a walker prevented the entrance to the basement During interview on 6/19/24 client #5 reported: - have not completed a fire or tornado drill - would get out if it was a fire and in the hallway for a tornado During interview on 6/19/24 staff #1 reported: - she practiced fire and tornado drills with the clients - the clients went outside for fire drills and in the basement for tornado drills - later, clients were instructed to go to the basement if there was a tornado During interview on 6/19/24 the Licensee/Qualified Professional reported: - staff worked 3 weeks on and 1 week off - clients went outside for fire drills & the hallway for tornado drills - fire and disaster drills were done on the same day - would update the fire and disaster form to specify both	V 114	— Staff cleaned up the space through the basement — Schedule a weekly clean up with residents on their space — Staff have updated fire drill form to reflect the group home.	8/19/24 7/15/24
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.	V 118	— Staff has been scheduled for medication training	8/19/24

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V 118	Continued From page 8 (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. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 3 audited clients (#1) medication was administered on the written order of a physician. The findings are: Review on 6/19/24 of client #1's record revealed: - admitted 1/8/24 - diagnoses: Schizoaffective Disorder, bipolar type, Chronic Obstructive Pulmonary Disorder, Type 2 Diabetes, Schizophrenia & Dementia - a physician's order dated 4/23/23: Polyethylene Glycol 17 grams daily	V 118	- Staff scheduled a refresher training with ExpressCare pharmacy - Staff updated MARS with current medication - Staff was trained by Administrator regarding resident medication and dosage and times. - Staff re-ordered new Polyethylene Glycol 17gram for daily use. Remind and guided staff on schedules.	8/19/24 8/19/24

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V 118	Continued From page 9 Observation on 6/19/24 at 12:09pm of client #1's medications revealed: - no Miralax Review on 6/19/24 of client #1's April 2024 - June 2024 MAR for Miralax revealed: - April 1 - 11, 16 - 31 - refused - May 13 - 31 - refused - June 1 - 19 - refused During interview on 6/19/24 client #1 reported: - had not refused the Miralax but "I do not need it" During interview on 6/19/24 staff #1 reported: - client #1 does not like the Miralax - only gave Miralax when he was constipated - last time given client #1 Miralax was a month ago - the Miralax expired and she threw it away - did not reorder the Miralax During interview on 6/19/24 the Licensee/Qualified Professional reported: - he thought the Miralax was as needed - he called the pharmacy and they will send the Miralax tonight (6/19/24) - plan to discuss the Miralax with the primary physician during next visit	V 118	- Administrator re-establishing the use of Miralax for resident according to doctor's prescription	8/19/24 6/19/24
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.	V 290	- Administrator assist staff in taking care of residents.	8/19/24

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V 290	Continued From page 10 (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290	– Training of staff on substance abuse has been scheduled with Express Care Pharmacy. – The facility hired the services of Substance Abuse Counselor on as need base.	8/19/24 7/1/24

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V 290	Continued From page 11 This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 3 clients (#3) was capable of remaining in the community without supervision for specified periods of time. The findings are: Review on 6/18/24 of client #3's record revealed: - admitted 3/14/24 - diagnoses: Intellectual Developmental Disorder, Schizoaffective Disorder, Type 2 Diabetes & Alcohol/Cannabis/Cocaine Disorder (full remission) - a treatment plan dated 3/22/24...approved for 30 minutes to 3 hours in the community - the unsupervised time was not signed by the guardian During interview on 6/19/24 staff #1 at 2:34pm reported: - client #3 left the facility at 12:15pm today (6/19/24) - he left the facility last month and did not return until the next day - when he returned, said he stayed at a friend's home - he supposed to return to the facility within 30 minutes - 3 hours - clients' curfew was 7pm - there were times client #3 went over his unsupervised time period & the curfew - talked with him & reminded him of his unsupervised time period and the curfew - client #3 had a phone and would call sometimes when he was late - did not charge his phone today & client #3	V 290	— As part of quarterly review of residents treatment plan, guardian and residents have been informed of quarterly review — Administrator scheduled a monthly review of unsupervised time for of resident — Administrator reviewed ~~this~~ and scheduled a quarterly review of each residents	8/19/24 8/19/24

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V 290	Continued From page 12 could not be reached Observation on 6/19/24 at 3:32pm revealed client #3 had not returned to the facility. During interview on 6/19/24 the Licensee/Qualified Professional reported: - searched the local areas today for client #3 - was not able to locate him - spoke with client #3 regarding his curfew & his return to the facility within 30 minutes to 3 hours - client #3 promised to return to the facility within 30 minutes - 3 hours - was difficult to get client #3's guardian to sign documents due to she resided in another area - he normally contacted her by telephone to make her aware of anything regarding client #3 - no documentation of dates he contacted her regarding unsupervised time for client #3	V 290	— Staff monitored progress with each's unsupervised time as daily Staff drew Schedule on areas and places of visit. — Staff involved each resident's guardian on future review and unsupervised time.	8/19/24 1/5/25
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such	V 291		8/30/24

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V 291	Continued From page 13 means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291	— Administrator scheduled a PSR program, vocational rehabilitation, ~~CST~~ Community support for residents — Facility does not not deal with minors.	8/30/24
	This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to coordinate with other qualified professionals for 1 of 3 audited clients (#4). The findings are: Review on 6/18/24 client #4's record revealed: - admitted 2/7/23 - Mild Intellectual Developmental Disorder, Hypertension, Bipolar, right side Hemiplegia & history of Substance Abuse - an insurance denial letter dated 6/26/23: "...on 5/15/23 you submitted a request for dental service...on 5/31/23 we asked your provider for... important facts or documents...without this additional information, your request did not meet criteria..." Observation on 6/19/24 at 1:36pm of client #4 revealed: - several missing teeth from the top & bottom of her mouth		— Administrator followed up with O/C Dental to schedule an appointment — Resident has appointment 8/29/24. — Administrator created a reminder calendar to follow up with future appointments	8/30/24

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V 291	Continued From page 14 - some of the present teeth had brown coloring - difficult to understand - frustrated at times due to not being able to complete sentences - attempted to write but unable to spell out what needed to be said During interview on 6/19/24 client #4 reported: - shook had "yes" when asked if she been to the dentist During interview on 6/19/24 the Licensee/Qualified Professional reported: - client #4 had been to the dentist - it was an issue with the insurance company - had not followed up with the dental provider regarding the insurance denial letter	V 291	- Staff and Administrator updated insurance information - Resident scheduled an annual dental Cleaning and placement of denture	8/30/24
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 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	V 367	- Staff enters level II and III incidents that involves police	

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V 367	Continued From page 15 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 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).	V 367	- Administrator maintain a monthly and weekly report of incidents. - Administrator keeps monthly log and contact with LME in case of incidents	8/30/24 8/30/24

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V 367	Continued From page 16 (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 report a level II incident to the Local Management Entity/Managed Care Organization (LME/MCO). The findings are: During interview on 6/18/24 staff #1 reported: - client #3 left facility last month and did not return until the next day - the police was called - when he returned, said he stayed at a friend's	V 367	Administrator took precaution and created an incident report folder that reminds him of quarterly report to Edgecombe/Nash LME ~~and~~ for any level II or III (A&B) incident	9/1/24 9/1/24

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V 367	Continued From page 17 home During interview on 6/18/24 the Licensee/Qualified Professional reported: - he verified the incident - did not complete an incident report - was not aware a level II had to be completed for police calls & if a client was gone for more than 3 hours	V 367	Administrator created a folder to document and report any incident that is related to police every quarter	9/1/24
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	V 536		12/1/24

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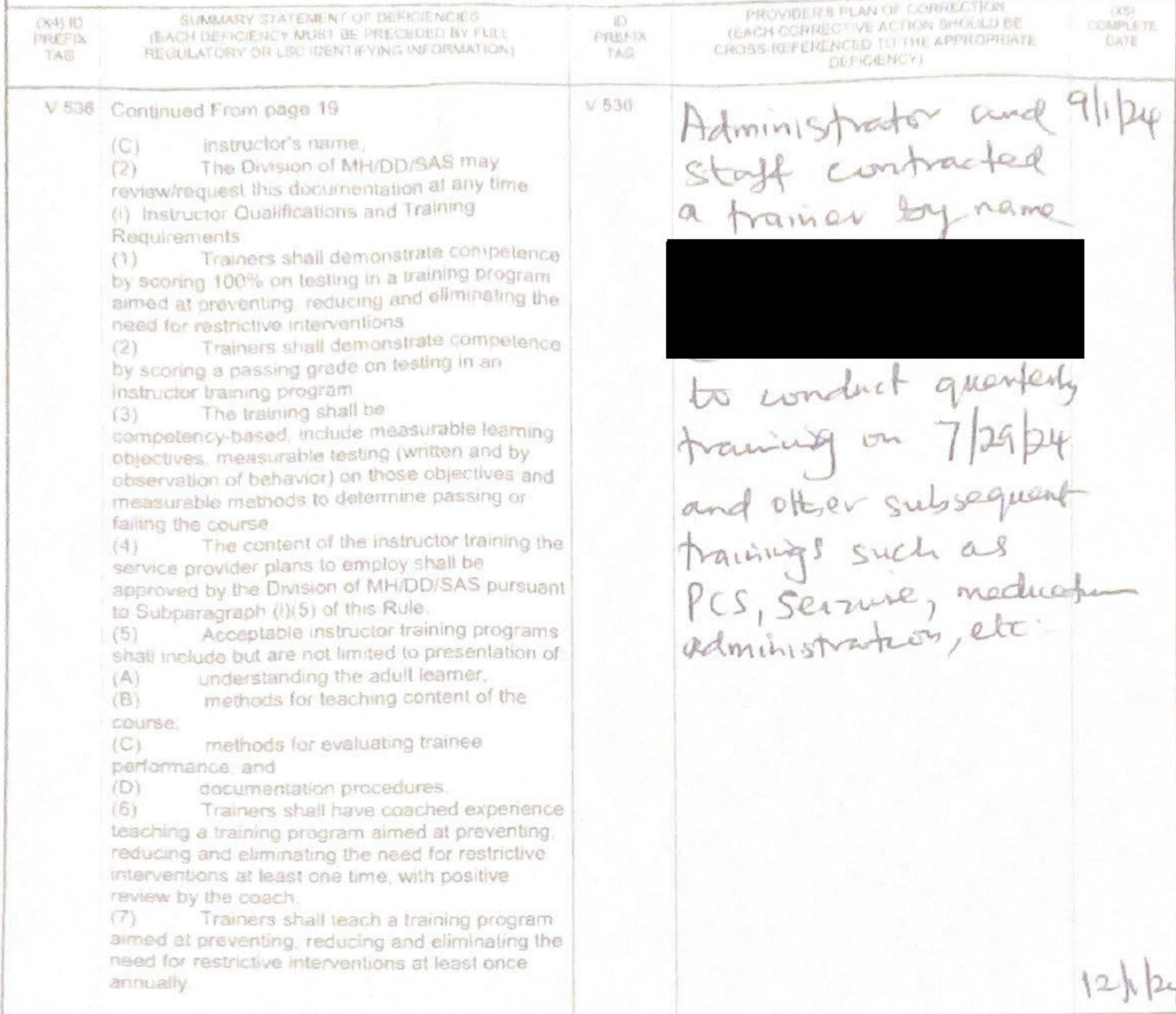
V 536	Continued From page 18 by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (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	V 536	- Administrator created a folder of all training by staff. - Qualification of Staff and trainers - Certificate obtained	9/1/24



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V 536	Continued From page 19 (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 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.	V 536	Administrator and staff contracted a trainer by name [redacted] to conduct quarterly training on 7/29/24 and other subsequent trainings such as PCS, Seizure, medication administration, etc.	9/1/24 12/1/24

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V 536	Continued From page 20 (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. (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: Based on record review and interview the facility failed to ensure 1 of 1 paraprofessional (#1) had refresher restrictive intervention training. The findings are: Review on 6/19/24 of staff #1's personnel record revealed: - hired 9/15/23	V 536	- Administrator contracted with ExpressCare Pharmacy to provide trainings for the group home every quarter every - Names of trainers:	9/1/24

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V 536	Continued From page 21 - the EBPI - prevention training (Evidenced Based Protective Intervention) expired 10/23 During interview on 6/19/24 the Licensee/Qualified Professional reported: - thought the EBPI training was good for 2 years - would ensure staff trainings were up to date	V 536	Administrator has consulted personnel who will train staff on EBPI	8/31/24
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 the facility & its grounds were not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 6/18/24 between 12:32pm - 1:05pm revealed the following: - grass and weeds grown high around the facility - front screen door would not close completely - the kitchen sink was pulled apart from the countertop - bottom portion of the black refrigerator was missing - missing tile from the kitchen ceiling - client #1 & #3 had a long drop cord across the floor - client #3 had missing slates from his blinds - client #2 & client #5's bedroom had an overflow of clothes from 2 baskets - wires hung from upstairs ceiling where a	V 736	Administrator had contracted [redacted] [redacted] an electrician and plumber who will fix the electrical out let and plumber issues	8/31/24

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V 736	Continued From page 22 smoke detector was Further observation on 6/19/24 at 2:53pm revealed: - several spiders and webs at the entrance of the basement - boxes and a walker prevented the entrance to the basement During interview on 6/18/24 & 6/19/24 staff #1 reported: - she was responsible for the cleanliness of the facility - was in the process of completion of chores prior to survey - wall socket issues in client #1 & #3's bedroom - clients do not use the basement - Licensee/Qualified Professional (L/QP) was aware of the needed repairs During interview on 6/19/24 the L/QP reported: - was aware of the needed repairs - had 2 handymen that assisted him with repairs - the handymen's "busy schedule" prevented them from completion of the repairs	V 736	- Staff and administrator have scheduled every Saturday (weekly) clean up with residents - Staff has cleaned the basement for hotwater heather	8/31/24