

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/11/2024
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NAME OF PROVIDER OR SUPPLIER OPEN ARMS FAMILY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1649 HARPER STREET ROCKY MOUNT, NC 27801
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 10/11/24. The complaint was substantiated (Intake # 00220928). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 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. <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</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>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure one of one staff was trained prior to working with the clients. The findings are:</p> <p>Record Review on 10/1/24 of staff #1's record at 11:00 AM revealed: -Hire date-9/13/24 -Cardiopulmonary resuscitation (CPR) and First Aid training dated 10/1/24 with "white out" where the name and date was located with writing over it. -No training present for General Orientation, Client Rights, Client Specific and Bloodborne Pathogens.</p> <p>Interview on 10/1/24 at 9:30 AM staff #1 stated: -Started working a few weeks ago in the facility. -Had not completed any trainings since starting his employment. -Had CPR/FA from working in another facility that was still current. -Was not aware of what the clients diagnoses were. -The Licensee/Qualified Professional (QP) showed him how to give the clients their medications.</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Interview on 10/1/24 at 11:00 AM the Licensee/QP stated: -Staff #1 started working a few weeks ago. -He had trainings from his "trainer." -Staff at his office put together the training record and the not sure why the date on the CPR/FA card was today. -Staff #1 had not received CPR/FA training today. -Staff #1 the other trainings.</p> <p>Interview on 10/1/24 with Trainer (who's name was on training certificates) -Had not completed any trainings for the Licensee/QP in over a year. -Had issues with the Licensee/QP being "up front" about things when he worked for him, so he chose to no longer train or work for him. -If the Licensee/QP is using training documents with his name on them, that would be "fraud."</p> <p>The Licensee/QP was unable to answer or provide other trainings to show staff #1 had been trained.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p>	V 109		

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V 109	<p>Continued From page 3</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of one Qualified Professional (QP) (Licensee/QP) demonstrated competency. The findings are:</p> <p> </p> <p>Review on 10/1/24 of the Licensee/QP's record revealed: -Hire date 11/15/19.</p> <p> </p> <p>A. Refer to V108 for failure to meet personnel</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>requirements.</p> <p>-Staff #1 was not trained prior to working with clients.</p> <p>-Staff #1 had "false" CPR/FA card for training.</p> <p>B. Refer to V111 for failure to complete Admission Assessment</p> <p>-Client #2 was admitted on 9/9/24 and had not admission assessment present.</p> <p>C. Refer to V133 for failure to complete Criminal History Check</p> <p>-Staff #1 did not have a Criminal Record check prior to working with clients.</p> <p>D. Refer to V291 for failure to coordinate services with legal guardian.</p> <p>-Client #1's legal guardian was unable to make contact with the facility and Licensee/QP with no return calls.</p> <p>-The Licensee/QP sent information to her with client's wrong information on different occasions.</p> <p>E. Refer to V536 for failure to train staff in Alternative to Restrictive Interventions</p> <p>-Staff #1 did not have training in Alternative to Restrictive Interventions</p> <p>-The personnel record contained a training certificate with "white out" and staff #1's name and date written in.</p> <p>F. Refer to V 762 for failure to ensure client bedrooms met size requirements.</p> <p>-Client #1 and #2 shared a bedroom that was too small and only met the size of one client occupancy.</p> <p>-The DHSR construction section informed the QP/Licensee of the bedroom requirements.</p> <p>During interview on 10/1/24 the Licensee/QP</p>	V 109		

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V 109	Continued From page 5 stated: -He was the QP for the facility. -Was responsible for completing all paperwork including treatment plans and Admission Assessments for clients. -Hired staff and ensure they were trained before working with clients. -Staff #1 had been trained prior to working with clients. -Had no answer as to why the certificates had white out on them and who did that. -Construction section told him he could not have a bed in the living area for staff, so he moved that. -Did not remember the construction section tell him he could not combine rooms for clients.	V 109		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and	V 111		

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V 111	<p>Continued From page 6</p> <p>vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and observation the facility failed to ensure an admission assessment was completed for one of two audited clients (#2). The findings are:</p> <p>Review on 10/1/24 of client #2's record revealed: -Admission date of 9/9/24 -Diagnoses of Schizophrenia and Type 2 Diabetes. -No Admission Assessment present.</p> <p>Interview on 10/1/24 staff #1 stated: -Not sure what an Admission Assessment was. -Not sure what goals or strategies he was working with client #2 on. -Gave his medications, fixed his food and did his laundry. -No current behaviors with client #2. -Not sure if client #2 had unsupervised time, but he had not been out unsupervised.</p>	V 111		

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V 111	Continued From page 7 Interview on 10/1/24 the Licensee/Qualified Professional (QP) stated: -He admitted client #2 from the Hospital. -Had his Admission Assessment on his computer and had not brought it to the facility. -Staff #1 had been told on what to work with client #2 on. -Staff #1 has a communication barrier, but the clients understand him. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 111		
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	V 133		

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V 133	<p>Continued From page 8</p> <p>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 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.</p>	V 133		

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

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

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

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V 133	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Criminal Record Check was requested prior to employment for one of one staff (#1). The findings are:</p> <p>Review on 10/1/24 of staff #1's record revealed: -Hire date-9/13/24 -No Criminal Record check present.</p> <p>Interview on 10/1/24 the Qualified Professional/Licensee stated: -Not sure if the criminal record check was completed. -Staff at his office completed those. -Will get a criminal record check completed.</p>	V 133		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>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 means as visits to the facility and visits outside the facility. Reports shall be submitted at least</p>	V 291		

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V 291	<p>Continued From page 13</p> <p>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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview the facility failed to coordinate services for one of one clients (#1). The findings are:</p> <p>Review on 10/1/24 of client #1's record revealed: -Admission date of 1/20/24 -Diagnoses of Schizoaffective Disorder and Major Neuro Cognitive Disorder</p> <p>Interview on 10/2/24 Client #1's legal guardian stated: -Was a representative of the County Department of Social Services. -Had been having issues with contacting the Qualified Professional (QP)/Licensee. -The QP/Licensee would not answer his phone or return her calls. -Had to physically visit her client monthly to check on him due to not being able to make contact with him. -Once during a visit, she asked to see client #1's record and was told she could not see them and only take pictures of the medications.</p>	V 291		

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V 291	<p>Continued From page 14</p> <ul style="list-style-type: none"> -Visited the home on 9/11/24 and staff #1 was laying on the couch and was unable to tell her any information regarding the client's location or issues with him. -On another occasion was supposed to meet the QP/Licensee and he never showed up for the meeting. -Had asked the QP/Licensee about sending her client #1's psychiatric evaluation and he sent her one with another clients information. -The second time the QP/Licensee sent her a psychiatric evaluation that stated that client #1 had been "pan handling, using prostitutes and had a job." -Had never known client #1 to have those behaviors or have a job while at the facility. -Communication with the QP/Licensee and his staff is difficult as they do not answer the phone or call her back. <p>Interview on 10/9/24 the QP/Licensee stated:</p> <ul style="list-style-type: none"> -He always spoke with client #1's guardian and sent her the information she needed. -Was not aware of staff #1 not allowing the guardian to see the record. -Not aware the legal guardian was contacting him or the facility more than he had spoken to her. 	V 291		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers,</p>	V 536		

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V 536	<p>Continued From page 15</p> <p>employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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 	V 536		

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V 536	<p>Continued From page 16</p> <p>assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an 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</p>	V 536		

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V 536	<p>Continued From page 17</p> <p>to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may 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</p>	V 536		

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V 536	<p>Continued From page 18 as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of one staff (#1) was trained in Alternatives to Restrictive Interventions. The findings are:</p> <p>Review on 10/1/24 of staff #1's record at 11:00 AM revealed: -Hire date-9/13/24 -A certificate was present for Alternatives to Restrictive Interventions dated 9/13/24 with "white out" over the name and date area with staff #1's name written in over the "white out."</p> <p>Interview on 10/1/24 at 9:15 AM staff #1 stated: -Had not had any training since starting work at the facility. -Had trainings from working in other facilities, but not trained at this facility. -The QP/Licensee had just come by and showed him how to do things.</p> <p>Interview on 10/1/24 at 11:00 AM the Licensee/QP stated: -Staff #1 started working a few weeks ago. -He had trainings from his "trainer." -Staff at his office put together the training record and not sure who did the "white out." -Staff #1 the other trainings.</p>	V 536		

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V 536	<p>Continued From page 19</p> <p>Interview on 10/1/24 with Trainer (who's name was on training certificates)</p> <ul style="list-style-type: none"> -Had not completed any trainings for the Licensee/QP in over a year. -Had issues with the Licensee/QP being "up front" about things when he worked for him, so he chose to no longer train or work for him. -If the Licensee/QP is using training documents with his name on them, that would be "fraud." <p>The Licensee/QP was unable to answer or provide other trainings to show staff #1 had been trained.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Baaed on observation and interview the facility failed to ensure the home was maintained in a safe, clean, attractive manner, free from odor. The findings are:</p> <p>Observation on 10/1/24 at 9:25 AM</p> <ul style="list-style-type: none"> -Over grown grass in the front yard, at least a foot high. -The home was warm and damp with no air circulating. -Front door was open with plastic used to tie the 	V 736		

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V 736	<p>Continued From page 20</p> <p>door know to porch rails. -Strong smell of body odor. -Kitchen countertop had food crumbs and dirty dishes. -Client #1's mattresses's were sitting on the floor with no bed frame. -No sheets present on all three client beds. -Floors throughout had dirt on them. -Client's bathroom had black substance in the tub and around the base of the floor.</p> <p>Interview on 10/1/24 Staff #1 stated: -He did the cleaning of the home. -The home did not seem warm to him, and he would open the front door for air. -Confirmed there was an air conditioning unit that worked, but did not turn it on. -Not sure why client #1's bed was on the floor. -Client's had sheets, not sure why they were not on the beds.</p> <p>Interview on 10/1/24 the Qualified Professional (QP)/Licensee stated: -Not sure why staff #1 did not have the air conditioner on, he should not leave the front door open. -Staff #1 should be cleaning the home. -Clients had sheets, "they don't like to use them." -Client #1 took his bed frame down and wanted his mattress on the floor. -Not sure if staff was working with him on that behavior. -Had done repairs since last survey. -Visited the home weekly.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

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V 762	Continued From page 21	V 762		
V 762	<p>27G .0304(d)(1) Client Bedrooms</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (1) Client bedrooms shall have at least 100 square feet for single occupancy and 160 square feet when two clients occupy the bedroom.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the client bedroom meet the requirements of at least 100 square feet for single occupancy. The findings are:</p> <p>Observation on 10/1/24 at 9:25 AM revealed: -Client #1 and client #2 shared the back left bedroom. -Two single beds were placed in the bedroom.</p> <p>Interview on 10/9/24 Team Leader from the DHSR construction section stated: -Had been to the home a year ago and found they had two client sleeping in a bedroom that was only big enough for single occupancy. -The rooms were too small to have two clients. -The requirement for double occupancy is 160 square feet. -All three bedrooms in the home were under the 160 requirement. -They reduced his capacity from four to three due to this spacing requirement. -The QP/Licensee was told each client was to</p>	V 762		

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V 762	<p>Continued From page 22</p> <p>have their own room based on the measurements.</p> <p>-The QP/Licensee was allowing the staff to sleep in one bedroom and doubled up the other bedroom.</p> <p>Interview on 10/10/24 the Qualified Professional (QP)/Licensee stated:</p> <p>-Construction came out last year and told him the staff could not sleep in the living area.</p> <p>-Did not recall them saying he could not have two clients in one room.</p> <p>-Needed to have the home licensed for three and could not reduce his capacity for staff to have a bedroom.</p> <p>-"Where will staff sleep?"</p> <p>-Not sure what he will do as he bought the home to have a three bed capacity.</p>	V 762		