

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-620	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/10/2025
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NAME OF PROVIDER OR SUPPLIER DEDOVE HOMES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 814 RICON PLACE DURHAM, NC 27703
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on January 10, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

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

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited staff (#4) met the minimum level of education requirements. The findings are:</p> <p>Review 1/9/25 of Staff #4's personnel record revealed: -Hired date of 7/12/24. -She was hired as a Rehabilitation Technician. -There was no evidence of educational credentials in the personnel record.</p> <p>Interview on 1/10/25 with the Qualified Professional revealed: -She was aware that this deficiency had been</p>	V 107		

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V 107	Continued From page 2 cited before and for other staff. -She did not know why Staff #4's education was not in her personnel record. -She acknowledged Staff #4 did not have proof of education in her personnel record. Interview on 1/9/25 with the Administrator revealed: -She believed the documentation had been turned in and was at her office. -She was going to check her office for the document. This deficiency has been cited 4 times since the original cite on 9/6/23 and must be corrected within 30 days.	V 107		
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	V 112		

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V 112	<p>Continued From page 3</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have a treatment plan with written consent or agreement by the client or responsible party affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Review on 1/9/25 of client #1's record revealed: -Admission dated of 11/14/23. -Diagnoses of Sialorrhea; PICA of Infancy and Childhood; Schizoaffective Behavior; Major Depressive Disorder, Recurrent. Gastroesophageal Reflux Disease; Laryngopharyngeal Reflux; S/P Tonsillectomy and Adenoidectomy. -There was no signature or written consent from the guardian or responsible party on client #1's treatment plan.</p> <p>Review on 1/9/25 of client #2's record revealed: -Admission dated of 4/20/24. -Diagnoses of Bipolar Disorder; Panic Attack; Anxiety, Severe; Ureterostomy; Stage 4 Kidney Disease. -There was no signature or written consent from the guardian or responsible party on client #2's</p>	V 112		

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V 112	Continued From page 4 treatment plan. Review on 1/9/25 of client #3's record revealed: -Admission dated of 11/26/24. -Diagnoses of Unspecified Schizophrenia Spectrum Disorder; Joint Pain; High Cholesterol. -There was no signature or written consent from the guardian or responsible party on client #3's treatment plan. Interview on 1/10/25 the Qualified Professional revealed: -She had recently completed the treatment plans with updates, but had not had time to have the plans signed by the client's legal guardians. -She understood client's treatment plans needed to be signed by the responsible party. -She acknowledged clients #1, #2 and #3's treatment plan had not been signed by each of their legal guardians.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 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	V 114		

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V 114	<p>Continued From page 5</p> <p>simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on every shift at least quarterly. The findings are:</p> <p>Review on 1/9/25 of the facility's fire drills records revealed: -No fire drills were conducted for 1st shift for the 4th quarter of 2024. -No fire drills were conducted for 2nd shift for the 1st, 3rd and 4th quarter of 2024. -No fire drills were conducted for 3rd shift for the 1st, 2nd, 3rd and 4th quarter of 2024.</p> <p>Review on 1/9/25 of the facility's disaster drills records revealed: -No disaster drills were conducted for 1st shift for the 2nd, 3rd and 4th quarter of 2024. -No disaster drills were conducted for 2nd shift for the 1st, 2nd, 3rd and 4th quarter of 2024. -No disaster drills were conducted for 3rd shift for the 1st, 2nd, 3rd and 4th quarter of 2024.</p> <p>Interview on 1/9/25 with Staff #5 revealed: -She was considered a "live-in" staff. -She thought the facility only had one shift because she was a "live-in" staff. -She believed she had completed a fire and a disaster drill for each of her shifts.</p>	V 114		

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V 114	<p>Continued From page 6</p> <p>Interview on 1/10/25 with the Qualified Professional revealed: -Facility staff was a "live-in"; however, for the purpose of fire and disaster drills, there were 3 shifts assigned. -First shift was from 7am-3pm -Second shift was from 3pm-11pm. -Third shift was from 11pm-7am. -Staff were supposed to do a fire and a disaster drill for each shift and quarterly. -She confirmed the facility had not conducted fire and disaster drills on every shift and for each quarter.</p> <p>Interview on 1/9/25 with the Administrator revealed: -She considered the facility to be a one shift facility because staff was a "live-in" staff.</p>	V 114		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be</p>	V 116		

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V 116	<p>Continued From page 7</p> <p>supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure medication dispensing was restricted to registered pharmacists, physicians, or other health care providers licensed to prescribe affecting 3 of 3 audited clients. The findings are:</p> <p>Review on 1/9/25 of client #1's record revealed: -Admission dated of 11/14/23. -Diagnoses of Sialorrhea; Pica of Infancy and Childhood; Schizoaffective Behavior; Major Depressive Disorder, Recurrent. Gastroesophageal Reflux Disease; Laryngopharyngeal Reflux; S/P Tonsillectomy and Adenoidectomy. -Physician orders dated: -2/13/24:</p>	V 116		

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V 116	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Metformin 500 milligrams (mg) -Take two tablets daily with dinner. -5/22/24: <ul style="list-style-type: none"> -Ferrous Sulfate 324 mg- Take one tablet daily. -6/11/24: <ul style="list-style-type: none"> -Vitamin D3 1000 international units (iu)- Take one tablet daily. -8/9/24: <ul style="list-style-type: none"> -Docusate Sodium 100 mg- Take one capsule twice daily. -8/22/24: <ul style="list-style-type: none"> -Clozapine 100 mg- Take one tablet daily at bedtime. -Trazodone 100 mg- Take one tablet daily at bedtime. -Topiramate 100 mg- Take one tablet twice daily. -Sertraline 50 mg- Take one and ½ tablets daily. -1/7/25: <ul style="list-style-type: none"> -Amlodipine Besylate 10 mg- Take one tablet daily. -Atenolol 25 mg- Take 1/2 tablet daily. <p>Review on 1/9/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission dated of 4/20/24. -Diagnoses of Bipolar Disorder; Panic Attack; Anxiety, Severe; Ureterostomy; Stage 4 Kidney Disease. -Physician orders dated: <ul style="list-style-type: none"> -12/8/23: <ul style="list-style-type: none"> -Vitamin D3 2000 iu- Take one capsule daily. -4/6/24: <ul style="list-style-type: none"> -Ferrous Sulfate 325 mg- Take one tablet daily in the mornings with breakfast. -Zolpidem Tartrate 10 mg- Take one tablet daily at bedtime. -7/1/24: <ul style="list-style-type: none"> -Lamotrigine 150 mg- Take one tablet at 	V 116		

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V 116	<p>Continued From page 9</p> <p>bedtime.</p> <p>-Ingrezza 80 mg- Take one capsule daily.</p> <p>-7/29/24:</p> <p>-Ropinitrole Hcl 6 mg- Take one tablet daily.</p> <p>-Vraylar 4.5 mg- Take one capsule daily.</p> <p>-Quetiapine Fumarate 300 mg- Take two tablets daily at bedtime.</p> <p>-Benztropine 1 mg- Take one tablet at 8am and 5pm.</p> <p>-Ondansetron 4 mg- Take one tablet every 12 hours.</p> <p>-7/37/24:</p> <p>-Methocarbamol 750 mg- Take one tablet every other day when not taking oxycodone- As needed.</p> <p>-8/26/24:</p> <p>-Atomoxetine 40 mg- Take two capsules daily in the morning.</p> <p>-Buspirone 10 mm- Take two tablets twice daily.</p> <p>-9/16/24:</p> <p>-Rosuvastatin Calcium 5 mg- Take one tablet daily.</p> <p>-11/19/24:</p> <p>-Esomeprazole 40 mg- Take one capsule twice daily.</p> <p>-12/18/24:</p> <p>-Valacyclovir 500 mg- Take one tablet daily.</p> <p>Review on 1/9/25 of client #3's record revealed:</p> <p>-Admission dated of 11/26/24.</p> <p>-Diagnoses of Unspecified Schizophrenia Spectrum Disorder; Joint Pain; High Cholesterol.</p> <p>-Physician orders dated 12/18/24:</p> <p>-Amlodipine Besylate 10 mg- Take one tablet daily.</p> <p>-Losartan Potassium 25 mg- Take one tablet daily.</p> <p>-Trazodone 100 mg- Take one tablet daily in the evening.</p>	V 116		

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V 116	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Haloperidol 5 mg- Take one tablet in the morning and 2 tablets in the evening. -Metformin 500 mg- Take one tablet twice daily. <p>Observation on 1/9/25 at 8:40 am of client's medication administration by Staff #5 revealed:</p> <ul style="list-style-type: none"> -There was a rectangular plastic basket containing five round plastic containers measuring about 2 inches wide and 1 inch tall with white plastic lids and client's initials written on each lid. -Each container had been pre-packed with each client's medications. -Client would line up in the hallway and walk into the staff's room when their names were called. -Staff #5 would open each container and hand out the client's medications in their hands. -Staff #5 would observe each client swallow their medications. -Staff #5 would then log each client's medication administration record. <p>Observation on 1/9/25 at 12:00 pm of Clients #1, #2 and #3's medications revealed:</p> <ul style="list-style-type: none"> -All medications were available in the form of bubble packs and/or pharmacy provided plastic medication bottles. <p>Interviews on 1/9/25 with Clients #1, #2 and #3 revealed:</p> <ul style="list-style-type: none"> -They all received their medications daily. -It was normal to receive their medications from the plastic containers. -They had no concerns about this practice. <p>Interview on 1/9/25 with Staff #5 revealed:</p> <ul style="list-style-type: none"> -She pre-packed each container daily in the mornings prior to giving clients their medications. -This practice was started a few months ago after 	V 116		

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V 116	<p>Continued From page 11</p> <p>one of the clients became paranoid from taking medications straight from the bubble packs. -She remembered her medication administration training and that this practice was not supposed to be done. -She would resume to give each client's medications directly from their bubble packs and/or medication bottles.</p> <p>Interview on 1/9/25 with the Administrator revealed: -She was not aware that they were not supposed to be dispensing each client's medications into the plastic containers. -They recently had an issue with one of the clients that become paranoid with her medications and they had to make changes in the way they handed client's medications. That client was no longer at the facility. -Facility continued with this practice even though the client was no longer there. -Staff would resume to give client's medications directly from their bubble packs and/or medication bottles. -She acknowledged staff dispensed each client's medications into a container prior to handing them out to them.</p>	V 116		
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 (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,</p>	V 536		

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V 536	<p>Continued From page 12</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-620	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/10/2025
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NAME OF PROVIDER OR SUPPLIER DEDOVE HOMES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 814 RICON PLACE DURHAM, NC 27703
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	<p>Continued From page 13</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-620	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/10/2025
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V 536	<p>Continued From page 14</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 15 as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (#4) received initial training in alternatives to restrictive interventions prior to the provision of services. The findings are:</p> <p>Review on 1/9/25 of Staff #4's personnel record revealed: -Date of hire was 7/12/24. -An invalid certificate from Evidence Based Protective Interventions (EBPI) was provided with Staff #4's name manually written on it and with an old certificate number, -No documentation of training in alternatives to restrictive interventions.</p> <p>Interview on 1/10/25 with the EBPI Instructor listed on Staff #4's certificate revealed: -Certificate was invalid because he did not instruct Staff #4. -He was not aware who Staff #4 was. -He acknowledged that it was his name on the certificate, but he did not write the certificate. -On all of his EBPI certificates, the staff names were computer generated and printed on the certificates. Never manually. -He was going to follow up with the provider about not forging his name on certificates.</p>	V 536		

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V 536	<p>Continued From page 16</p> <p>Interview on 1/20/25 with the Qualified Professional revealed: -She was not aware that the Administrator had provided an invalid EBPI certificate for Staff #4. -She was aware and would discuss with the Administrator that it was wrong to submit wrong/altered documentation. -She confirmed staff #4 did not have documentation on completing training on alternatives to restrictive interventions.</p> <p>Interview on 1/9/25 and 1/10/25 with the Administrator revealed: 1/9/25: -She believed Staff #4's training on alternatives to restrictive intervention was at her office and she was to email the information to the surveyor. 1/10/25: -She was unaware that the EBPI certificate for Staff #4 had been altered and was not valid. -She would review the documentation with Staff #4.</p>	V 536		