

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/28/2025
NAME OF PROVIDER OR SUPPLIER ALL IN ONE ADULT DAY SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 115 WEST COURT STREET, UNIT B RUTHERFORDTON, NC 28139		
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V 000	<p>INITIAL COMMENTS</p> <p>A follow up and complaint survey was completed on 2/28/25. The complaint, intake #NC00225931, was substantiated. The complaint, intake #NC00226008 was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p> <p>This facility has a current census of 3. The survey sample consisted of an audit of 1 current client.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the North Carolina Health Care Personnel Registry (HCPR) was accessed prior to hire for 2 of 3 audited staff (Staff #1 and #2). The findings are:</p> <p>Review on 2/24/25 of Staff #1's employee file</p>	V 131		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 131	Continued From page 1 revealed: -date of hire 5/1/24. -HCPR check conducted 5/13/24. Review on 2/24/25 of Staff #2's employee file revealed: -date of hire 6/1/24. -HCPR check conducted 1/14/25. Interview on 2/27/25 with the Director/Qualified Professional revealed: -responsible to conduct the HCPR checks in a timely manner. -thought staff were hired after Hurricane Helene (9/27/24) and there were waivers for the HCPR checks to be late. -did not think the HCPR checks were "that late" after the hire date. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If	V 133		

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V 133	Continued From page 2 the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making 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	V 133		

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V 133	<p>Continued From page 3</p> <p>the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a 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.</p>	V 133			

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V 133	<p>Continued From page 4</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(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.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,</p>	V 133		

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V 133	Continued From page 5 False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related 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. (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. (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: (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. (2) The provider shall submit the request for a	V 133		

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V 133	Continued From page 6 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.) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a criminal history record check within five business days of making the conditional offer of employment for 2 of 3 audited staff (Staff #1 and #2). The findings are: Review on 2/24/25 of Staff #1's employee file revealed: -date of hire 5/1/24. -criminal history check conducted 2/2/25. Review on 2/24/25 of Staff #2's employee file revealed: -date of hire 6/1/24. -no evidence a criminal history check was conducted. Interview on 2/27/25 with the Director/Qualified Professional revealed: -responsible to conduct criminal history checks in a timely manner. -thought staff were hired after Hurricane Helene (9/27/24) and there were waivers for the criminal history checks to be late.	V 133		
V 283	27G .5401 Day Activity - Scope	V 283		

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V 283	<p>Continued From page 7</p> <p>10A NCAC 27G .5401 SCOPE</p> <p>(a) Day activity is a day/night facility that provides supervision and an organized program during a substantial part of the day in a group setting to individuals who are mentally ill, developmentally disabled or have substance abuse disorders.</p> <p>(b) Participation may be on a scheduled or drop-in basis.</p> <p>(c) The service is designed to support the individual's personal independence and promote social, physical and emotional well-being through activities such as social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to operate within the scope for which it is licensed by having individuals present who were not in the program. The findings are:</p> <p>Observation on 2/26/25 at 11:30 a.m. of the day activity program revealed:</p> <ul style="list-style-type: none"> -Client #1 present and sitting at a table with Individual #1 sitting to her left. -Individual #2 sitting at a table directly behind Client #1. -an unknown male arrived and walked to the back of the day program. -he then walked back to the front. -Staff #2 then prompted Individual #1 and Individual #2 to go with the unknown male to get a haircut. <p>Interview on 2/27/25 with the Director/Qualified</p>	V 283		

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V 283	Continued From page 8 Professional revealed: -Individual #1 and Individual #2 did not attend the day program. -the Individual's were meeting at that location to get a haircut and did this every Wednesday. -"...shouldn't have been in the building...should have been outside waiting on his ride..." -the unknown male did not work at the day program, he was there only to take the Individual's to get a haircut.	V 283		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in	V 366		

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V 366	<p>Continued From page 9</p> <p>Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p>	V 366		

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V 366	<p>Continued From page 10</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to issue written preliminary findings of facts within five working days of the incident to the LME. The findings are:</p>	V 366		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALL IN ONE ADULT DAY SERVICES

**115 WEST COURT STREET, UNIT B
RUTHERFORDTON, NC 28139**

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V 366	<p>Continued From page 11</p> <p>Review on 2/24/25 of Client #1's record revealed: -date of admission 10/20/23. -diagnoses of Severe Individual Developmental Disability, Major Depressive Disorder, Cerebral Palsy, Bipolar Disorder, Impulse disorder unspecified, Hypothyroidism, Epilepsy unspecified and Scoliosis.</p> <p>Review on 2/24/25 of a level I facility incident report dated 9/12/24 revealed: -"[Client #1] was very agitated when she arrived at the Day Program...tried to punched Staff in the stomach. Then went and hit the wall with her head...[Director/Qualified Professional] walked thru the door, as [Client #1] hit her head again on the wall, and was trying to hit her head again on the wall. [Director/Qualified Professional] put [Client #1] in a theraputic hold, to prevent her from hitting her head again. [Client #1] dropped down to the floor, and [Director/Qualified Professional] went down with her..."</p> <p>-the restrictive intervention portion and details of the restrictive intervention were incomplete. -LME notified of the incident by phone on "9/15/24." -no evidence preliminary findings of facts were determined and sent to the LME within five working days.</p> <p>Attempted interview on 2/21/25 with Client #1 revealed she could not recall the incident and was not interviewable.</p> <p>Interviews on 2/21/25 and 2/27/25 with the Director/Qualified Professional revealed: -put both of her hands on the tops of both Client #1's arms and guided her away from the wall. -Client #1 then buckled her legs and they both went down to the ground.</p>	V 366		

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V 366	Continued From page 12 -"...just kind of did what ever her (Client #1's) behavior plan said to do."	V 366			
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 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	V 367			

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V 367	Continued From page 13 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). (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	V 367		

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V 367	<p>Continued From page 14</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a level II incident to the LME responsible within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 2/24/25 of Client #1's record revealed: -date of admission 10/20/23. -diagnoses of Severe Individual Developmental Disability, Major Depressive Disorder, Cerebral Palsy, Bipolar Disorder, Impulse disorder unspecified, Hypothyroidism, Epilepsy unspecified and Scoliosis.</p> <p>Review on 2/21/25 of the North Carolina Incident Response Improvement System (IRIS) reports revealed there were no IRIS reports regarding Client #1.</p> <p>Review on 2/24/25 of a level I facility incident report dated 9/12/24 revealed: -"[Client #1] was very agitated when she arrived at the Day Program...tried to punched Staff in the stomach. Then went and hit the wall with her head...[Director/Qualified Professional] walked thru the door, as [Client #1] hit her head again on</p>	V 367			

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V 367	<p>Continued From page 15</p> <p>the wall, and was trying to hit her head again on the wall. [Director/Qualified Professional] put [Client #1] in a theraputic hold, to prevent her from hitting her head again. [Client #1] dropped down to the floor, and [Director/Qualified Professional] went down with her..."</p> <p>-the restrictive intervention portion and details of the restrictive intervention were incomplete.</p> <p>-attached to the report was "DHHS (Department of Health and Human Services) Criteria for Determining Level of Response to incidents," under "Consumer act" level 1 was circled "Any aggressive or destructive act that does not involve a report to law enforcement or complaint to an oversight agency."</p> <p>Attempted interview on 2/21/25 with Client #1 revealed she could not recall the incident and was not interviewable.</p> <p>Interviews on 2/21/25 and 2/27/25 with the Director/Qualified Professional revealed:</p> <p>-put both of her hands on the tops of both Client #1's arms and guided her away from the wall.</p> <p>-Client #1 then buckled her legs and they both went down to the ground.</p> <p>-"...just kind of did what ever her (Client #1's) behavior plan said to do."</p> <p>-she made a report to the IRIS system.</p> <p>A copy of the said IRIS report was requested on 2/21/25 and 2/24/25 and was not received prior to the survey exit.</p>	V 367		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE</p>	V 536		

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V 536	Continued From page 16 INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service 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;	V 536		

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V 536	Continued From page 17 (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 (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	V 536		

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V 536	<p>Continued From page 18</p> <p>observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain 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>	V 536		

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V 536	<p>Continued From page 19</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 2 current staff (Staff #1 and the Director/Qualified Professional) and 1 former staff (FS #3) received initial and annual approved competency based training in alternatives to restrictive interventions prior to the provision of services. The findings are:</p> <p>Review on 2/24/25 of a level I facility incident report dated 9/12/24 revealed: -"[Client #1] was very agitated when she arrived at the Day Program...tried to punched Staff in the stomach. Then went and hit the wall with her head...[Director/Qualified Professional] walked thru the door, as [Client #1] hit her head again on the wall, and was trying to hit her head again on the wall. [Director/Qualified Professional] put [Client #1] in a theraputic hold, to prevent her from hitting her head again. [Client #1] dropped down to the floor, and [Director/Qualified Professional] went down with her..." -other staff present during the incident were Staff #1 and FS #3.</p>	V 536		

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V 536	<p>Continued From page 20</p> <p>Review on 2/24/25 of Staff #1's employee file revealed: -date of hire - 5/1/24. -approved restrictive interventions training dated 2/2/25 (after incident on 9/12/24).</p> <p>Review on 2/24/25 of the Director/Qualified Professional's employee file revealed: -date of hire - 4/3/04. -approved restrictive interventions training date 2/2/25.</p> <p>Review on 2/28/25 of FS #3's employee file revealed: -no date of hire. -no approved restrictive interventions training.</p> <p>Interview on 2/28/25 with the Director/Qualified Professional revealed: -thought there were waivers in place for outdated trainings due to Hurricane Helene (9/27/24). (Incident occurred prior to Hurricane Helene.) -requested additional restrictive interventions trainings for the above staff.</p> <p>Review on 2/28/25 of additional employee restrictive interventions training received via text by the Director/Qualified Professional revealed: -NCI (North Carolina Interventions) -Core Training - Parts A and B for the Director/Qualified Professional completed 7/7/24. -no other trainings were received for Staff #1 or FS #3 prior to exit.</p> <p>Review on 2/28/25 of email correspondence from the NCI Human Resources Officer revealed: -the approved NCI training was entitled "NCI +." -the trainer who signed the Director/Qualified Professional's certificate was not a certified NCI</p>	V 536			

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