

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/28/2026
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NAME OF PROVIDER OR SUPPLIER DAVIDSON #3	STREET ADDRESS, CITY, STATE, ZIP CODE 700 HUNTERS WAY LEXINGTON, NC 27292
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 4/28/2026. The complaints were substantiated (intake #NC000236543 and NC00236647). 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 6 and has a current census of 5. 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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <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,</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>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interviews, the facility failed to ensure that 1 of 2 audited staff (Executive Director (ED)) completed required training in general organizational orientation, client rights, confidentiality, or infectious diseases and bloodborne pathogens. The findings are:</p> <p>Review on 4/23/26 of ED's personnel record revealed: -Hire date 6/11/25; -Job description of ED; -No documentation of any training in general organizational orientation, client rights, confidentiality, or infectious diseases and bloodborne pathogens.</p> <p>Observation on 4/23/26 at approximately 1:45pm revealed: -The ED was observed searching the drawers of the vertical filing cabinet located in the Human Resource (HR) office, saying that her training record "should be in here."</p> <p>Interview on 4/23/26 and 4/28/26 with ED</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Her personnel and training record was located in the HR office. -She was "unable to find" her training record; -She had completed required training upon hire but the record "must have magically disappeared;" -She did not have any copies of training certificates to verify that general organizational orientation, client rights and confidentiality, or infectious diseases and bloodborne pathogens had been completed. -ED was unable to provide documentation of required training prior to the survey exit. <p>Interview on 4/23/26 with the HR revealed:</p> <ul style="list-style-type: none"> -HR is responsible for maintaining personnel and training records. -He "was hired approximately 2 weeks ago" and was "in the process of auditing employee records" and has found that "they (the personnel and training records) are a mess;" -The personnel record and training record are kept separately. He was able to locate the ED's personnel record but "could not locate the training record for the ED." 	V 108		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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 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 record review and interviews, the facility failed to coordinate services affecting 1 of 2 clients (#3).</p> <p>Review on 4/20/26 of client #3's record revealed: -Admission date: 3/15/19; -Diagnoses: Mild Intellectual and Developmental Disability (IDD), Major Depressive Affective Disorder, Intermittent Explosive Disorder, Prenatal Brain Morphogenesis, Sleep Apnea, Obesity, Hyperlipidemia, Allergic Rhinitis, recurrent episode mild, and Essential Hypertension.</p> <p>Interview with the Qualified Professional (QP) on</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>4/20/26 revealed: -She is responsible for coordinating annual ISP meetings for the clients, including all providers of service; -She understood that all clients "have a choice of where they want to receive services."</p> <p>Interview with the former staff #3 on 4/23/26 revealed: -She "did not contact [client #3's current day program provider] to invite them" to ISP meetings. -She was new to the QP role and was still in training. She did not know that all providers of service needed to attend ISP meetings.</p> <p>Interview with client #3's legal guardian/mother revealed: -Her son (client #3) lived at Davidson #3; -She was "not notified at all by [Licensee] that the contract between the two programs (client #3's current day program and the Licensee) would be ending on 4/30/26;" -The Assistant Director (AD) from client #3's current day program notified her (unknown date) of the contract ending; -The Executive Director (ED) told the legal guardian/mother that the contract with client #3's current day program was ending. -She asked the ED "if [client #3] does not change over if he would still be able to live there (Davidson #3);" -The ED told her that "[client #3] would not be able to live at Davidson #3 if he did not change to [Licensee's day program];" -She (legal guardian/mother) told the ED "it's unfair and it's his right to work at [current day program] and I as a guardian would prefer him to stay at [current day program];" -She did not have any knowledge about what an</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>individual contract was. "[Licensee] never mentioned" to her the option of an individual contract for client #3 to remain at his current day program;</p> <p>- "I've been racking my brain about what I am going to do (about having to move client #3 to a different residential facility). I have been told that housing is full in [current county];"</p> <p>- She spoke to the Residential Program Director who said that if client #3 remained at his current day program, it would have to be paid for "out of his own pocket" due to the contract ending on 4/30/26;</p> <p>- There were no other options given to the legal guardian/mother in order to assist in coordinating care for client #3. She was unaware of an individual contract option that would allow for client #3 to continue receiving services at his current day program.</p> <p>Interview with client #3's day program AD on 4/21/26 revealed:</p> <p>- "There was never a conversation between the two agencies (current day program and the Licensee)" to plan for the transition of day programs;</p> <p>- "There is no plan to have individual contracts for any of the clients;"</p> <p>- The Licensee had not been inviting her agency to attend any ISP meetings;</p> <p>- The Licensee's QP (unidentified staff) told the AD that it was "not their job to notify them (client #3's current day program) of meetings," and that "the [LME/MCO] (Local Management Entity/Managed Care Organization) was "responsible for doing that."</p> <p>Interview with the Director of Quality Compliance (DQC) on 4/21/26 revealed:</p> <p>- She provides supervision over all QPs, and they</p>	V 291		

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V 291	Continued From page 6 were responsible for coordinating ISP meetings, "The QP would reach out to [client #3's current day program] individually;" -She had identified a trend during an internal review that "the QPs have not been reaching out to [client #3's current day program];" -She had addressed this with the all the QPs and identified it as "the disconnect between the Licensee and [client #3's current day program];" -She had reminded all the QPs that this responsibility was "part of their job description."	V 291		
V 511	27D .0303 Client Rights - Informed Consent 10A NCAC 27D .0303 INFORMED CONSENT (a) Each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about: (1) the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and (2) the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for a consent for the planned use of a restrictive intervention shall not exceed six months. (b) A consent required in accordance with G.S. 122C-57(f) or for planned interventions specified by the rules in Subchapter 27E, Section .0100, shall be obtained in writing. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs: (1) Antabuse; and (2) Depo-Provera when used for non-FDA approved uses. (c) Each voluntary client or legally responsible	V 511		

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V 511	<p>Continued From page 7</p> <p>person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility.</p> <p>(d) Documentation of informed consent shall be placed in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure each client or legally responsible person had the right to consent or refuse services without threat of termination of service affecting 1 of 2 clients (#3). The findings are:</p> <p>Review on 4/20/26 of client #3's record revealed: -Admission date: 3/15/19; -Diagnoses: Mild Intellectual and Developmental Disability (IDD), Major Depressive Affective Disorder, Intermittent Explosive Disorder, Prenatal Brain Morphogenesis, Sleep Apnea, Obesity, Hyperlipidemia, Allergic Rhinitis, recurrent episode mild, and Essential Hypertension.</p> <p>Review on 4/24/26 of the signed contract between Licensee and client #3's current day program revealed: -The contract was signed by the Licensee's Executive Director (ED) and client #3's current day program on 12/16/25 for the term of 1/1/26-12/31/26; -"The contract may be terminated at the request</p>	V 511		

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V 511	<p>Continued From page 8</p> <p>of either involved party with 30 days written notice;"</p> <p>Review on 4/24/26 of Director of Quality Compliance (DQC's) internal notes dated 1/15/26 revealed:</p> <ul style="list-style-type: none"> -Discussion held with the ED and Residential Program Director (RPD) to identify individuals currently residing in the residential program who may be appropriate for the Licensee's Day program; -Client #3's name was identified on this list with next steps identified as contacting the guardian to determine interest in changing day programs. <p>Review on 4/24/26 of internal email sent on 1/26/26 from the ED to the DQC and all Qualified Professionals (QPs) revealed:</p> <p>"Ladies, I'm not sure who is doing this but the individuals at [Client #3's current day program] have agreed to come to [Licensee day program]. We need a meeting set up with the Guardians and I'm gussing the TCM (Targeted Case Manager with Local Management Entity/Managed Care Organization (LME/MCO)). Please get this completed asap (as soon as possible). I want to be part of the meetings. Please have these scheduled no later than next Monday (2/2/26)."</p> <p>Review on 4/24/26 of DQC's internal notes dated 3/12/26 revealed:</p> <ul style="list-style-type: none"> -A meeting was held on 3/12/26 at client #3's current day program "to discuss service options, including participation in [Licensee's day program] and continued involvement in current services ..."; -Licensee staff and current day program staff were in attendance at this meeting; -"Meeting became elevated early in discussion with strong disagreement expressed by [client #3's current day program] staff regarding 	V 511		

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V 511	<p>Continued From page 9</p> <p>[Licensee's day program] program involvement..."</p> <p>Review on 4/24/26 of an email sent on 3/12/26 at 12:02 pm from the Licensee's ED to the ED of client #3's current day program revealed: -"Hello [ED], As outlined in our contract with [client #3's current day program], this email serves as formal 30-day written notice to terminate our agreement. Per the contract terms: 'The effective date of this agreement is January 1, 2025, and the termination date is December 31, 2026. This contract may be terminated at the request of either involved party with 30 days written notice.' Accordingly, The ARC of Davidson County (Licensee) is providing notice that it will terminate its contact with [Client #3's current day program], effective April 30, 2026. Please contact me if you have any questions regarding this notice. A formal copy of this letter will also be sent via USPS (United States Postal Service)."</p> <p>Review on 4/25/26 of an email sent on 3/27/26 by the Licensee's President of the Board of Directors (PBD) to client #3's current day program ED revealed: -"The decision to cancel the contract is financial and to support The ARC of Davidson County's sustainability...We are not against contracts per individual in the future- this is not a door closed forever;" -The ED of client #3's current day program responded back on 3/27/26 asking how to "pursue individual contracts" with the Licensee and was told by the PBD that he would "find out about" the individual contracts between the two agencies.</p> <p>Review on 4/23/26 of a letter sent through USPS from Licensee to client #3's legal guardian/mother revealed:</p>	V 511		

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V 511	<p>Continued From page 10</p> <p>-3/27/26: "Dear Guardian, We are writing to inform you that [Licensee] will be ending its contractual relationship with [client #3's current day program], effective April 30, 2026. As a result of this change, we would like to meet with you and the care manager (LME/MCO) assigned to your loved one to discuss the available options and next steps for your adult child while they continue to reside with [Licensee]. Our goal is to ensure a smooth transition and to continue providing the highest level of support and care. Please contact our office at your earliest convenience to schedule a time to meet. We value your partnership and want to ensure that you are fully informed and involved in all decisions moving forward. If you have any immediate questions or concerns, please do not hesitate to reach out to our Qualified Professionals [QP #1 and QP #3] at [phone number]."</p> <p>Interview on 4/21/26 with client #3 revealed: -He had not spoken to anyone about changing his day programs; -He wanted to move to the day program managed by the Licensee but his mother "doesn't want him to attend the same day program as my girlfriend"; -He is aware that it is "my right" to attend the Licensee's managed day program if he wants to; -"[Residential Supervisor] told me that they (Licensee) want all clients to attend [Licensee's managed day program]. [Residential Supervisor] told me that everyone in the group home is going to [Licensee's managed day program]"; -"I don't like coming out here (current day program)" because one of the clients in the program "yells a lot and gets on my nerves"; -"I want to go out in the community more" and he can "do that at [Licensee's managed day program]."</p>	V 511		

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V 511	<p>Continued From page 11</p> <p>Interview on 4/22/26 with client #3's legal guardian/mother revealed: -She was "not notified at all" by the Licensee that the contract between the two day programs would be ending on 4/30/26. The Assistant Director (AD) from client #3's current day program notified her (unknown date) of the contract ending; -When the legal guardian/mother found out about the contract ending, she went to the Licensee's office (unknown date); -The ED confirmed they were cancelling the contract with client #3's current day program. The legal guardian/mother asked if "[client #3] did not change over if he would still be able to live there (Licensee's group home);" -The ED told her that client #3 would not be able to live at Davidson #3 if he did not change to the Licensee's day program. The legal guardian/mother said that it was "unfair and it's his right to work at [current day program] and I as a guardian (legal guardian/mother) would prefer him to stay at [current day program];" -Licensee did not discuss with her the option of having an individual contract with client #3's current day program; -Legal guardian/mother began "racking my brain about what I am going to do. I have been told that housing is full in [current county];" -She spoke to the Residential Program Director who said that if client #3 remained at his current day program, it would have to be paid for "out of his own pocket."</p> <p>Interview on 4/22/26 with client #3's current day program ED revealed: -There were "ongoing issues" with Licensee; -A meeting was held on 3/12/26 at client #3's current day program to discuss not being invited to attend meetings;</p>	V 511		

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V 511	<p>Continued From page 12</p> <ul style="list-style-type: none"> - "Tension was high" at this meeting; - She believed that the Licensee was "poaching clients from our program"; - After the 3/12/26 meeting between the two providers, "within 30 minutes" she received an email from the Licensee's ED stating that the contract would be cancelled effective 4/30/26; - On 3/16/26, the ED of client #3's current day program contacted the Licensee's PBD via email to file a grievance due to behavior that she felt was "unethical"; - She asked the PBD about establishing individual contracts for the clients that did not want to change day programs; - She has not received information from the Licensee to initiate the individual contracts. <p>Interview on 4/22/26 and 4/24/26 with the Licensee's PBD revealed:</p> <ul style="list-style-type: none"> - "[Licensee's ED] would know more about the processes than me, about setting up the individual contracts;" - He received an email (unknown date) from the ED of client #3's current day program regarding the termination of the contract - He agreed that the Licensee should terminate the contract because "it did not make sense to pay money to [client #3's current day program]..." - "[Licensee ED] terminated the contract prior to consulting with the Board of Directors." - The Board of Directors agreed with the decision to terminate the "blanket" contract but still offer individual contracts with client #3's current day program for clients who do not want to attend the Licensee's day program; - He believed that client #3's current day program should be responsible for initiating the individual contracts and "someone needs to make it happen;" - He does "not know why" client #3's current day 	V 511		

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NAME OF PROVIDER OR SUPPLIER DAVIDSON #3	STREET ADDRESS, CITY, STATE, ZIP CODE 700 HUNTERS WAY LEXINGTON, NC 27292
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V 511	<p>Continued From page 13</p> <p>program "had not initiated individual contracts. [ED] would know the problem better than me;"</p> <p>-He is "going to reach out to [client #3's current day program] Board of Directors to follow-up;"</p> <p>- "I know nothing about guardians being told that if they don't switch service from [client #3's current day program] to [Licensee's day program] their housing is in jeopardy;"</p> <p>-As of 4/24/26, PBD had not spoken with client #3's current day program Board of Directors to follow-up with the individual contracts;</p> <p>-As of 4/28/26, an individual contract had not been initiated for client #3.</p> <p>Interview on 4/20/26 with the QP revealed:</p> <p>-All clients "have a choice of where they want to receive services;"</p> <p>-A meeting was held on 3/12/26 between the Licensee's management and client #3's current day program provider that resulted in the day program contract being terminated effective 4/30/26;</p> <p>-She was not present during the meeting on 3/12/26 but "something happened in the meeting and words were said on both sides. The next thing I knew, the contract was terminated."</p> <p>Interviews on 4/20/26 and 4/25/26 with the Licensee ED revealed:</p> <p>-The LME/MCO pays the Licensee for Long-Term Community Support services;</p> <p>-The Licensee "subcontracts with [client #3's current day program]" and has been doing this since before she was hired;</p> <p>-The invoices received from the client #3's current day program were "very expensive;"</p> <p>-It was in the Licensee's "best interest" to terminate the contract in order to "keep this money in house;"</p> <p>-She did not think the issue for client #3's current</p>	V 511		

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V 511	<p>Continued From page 14</p> <p>day program was a "client rights issue", but that "they would be losing \$15,000 each quarter;"</p> <p>-Legal Guardians and "some" LME/MCO were contacted after initiating the termination of the contract with client #3's current day program;</p> <p>-"[Client #3] guardian (legal guardian/mother) wants him to continue with [client #3's current day program], if the individual contract can be worked out;"</p> <p>-She was told by the Licensee's PBD that he would "be open to individual contracts but not a blanket contract for everyone;"</p> <p>-She denied that the termination of the contract was in retaliation to a meeting that was held on 3/12/26 with client #3's current day program;</p> <p>-She denied telling the legal guardian/mother that if client #3 did not attend the Licensee's day program that client #3 would have to move from Davidson #3;</p> <p>-"...never in jeopardy of losing their housing;"</p> <p>Review on 4/28/26 of the Plan of Protection signed and dated 4/28/26 by the Licensee revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? The agency is initiating immediate actions to ensure the safety of all individuals served. Individual supervision requirements are reviewed and verified, and all direct care staff are being informed of person-specific restrictions to ensure appropriate supervision. Required staff training has been identified and is being scheduled to address identified gaps. Director-level documentation, including job description and training file, is being completed and verified. Documentation is being reviewed and corrected to ensure the use of approved signature methods, limited to wet signature and [electronic signature service]. Guardian notifications related</p>	V 511		

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V 511	<p>Continued From page 15</p> <p>to medication changes are being initiated and will be documented. Identified concerns are being evaluated and will be documented in accordance with incident reporting requirements to ensure appropriate follow-up.</p> <p>Targeted staff training will be completed within 30 days based on job responsibilities and will include, but is not limited to:</p> <ul style="list-style-type: none"> Client Rights Coordination of Care Case Management <p>Documentation requirements, including crisis documentation, medical appointments, and communication with guardians</p> <p>The agency will explore coordination with [client #3's current day program] to review individual service arrangements and ensure services are clearly defined and appropriately documented.</p> <p>Describe your plans to make sure the above happens.</p> <p>The agency will implement structured corrective actions to ensure sustained compliance. This includes staff training on supervision requirements, documentation standards, incident reporting criteria, and guardian notification procedures. Further training will be sought regarding the investigation procedure and proper completion of documentation of investigations. Standardized processes will be implemented to ensure consistent documentation and communication across all locations. A system-wide audit will be conducted to verify compliance, and supervisory oversight and routine monitoring will be implemented to ensure continued adherence to regulatory requirements."</p> <p>Client #3 is an adult with Intellectual and Developmental Disabilities who has resided in the Licensee's group home since 2019 and has</p>	V 511		

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V 511	Continued From page 16 continuously attended the same day program. On 3/12/26, the Licensee unilaterally terminated the day program contract agreement effective 4/30/26. The Licensee informed the legal guardian/mother that client #3 would no longer be allowed to attend his chosen day program after that date. His legal guardian/mother did not agree to any change in service providers prior to the termination of this subcontract. The Licensee failed to notify and consult the client's legal guardian/mother regarding available day program options. The Licensee proceeded to initiate a change in client #3's day program without obtaining consent. This action disregards the client's right to refuse services without threat of termination of service and violated the guardian's legal authority to make informed decisions. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	V 511		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse	V 536		

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V 536	<p>Continued From page 17</p> <p>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 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 	V 536		

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V 536	<p>Continued From page 18</p> <p>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 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</p>	V 536		

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V 536	<p>Continued From page 19</p> <p>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 as for trainers.</p>	V 536		

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V 536	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interviews, the facility failed to ensure that 1 of 2 audited staff (Executive Director (ED)) completed required training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 4/21/26 of ED's personnel record revealed: -Hire date 6/11/25; -Job description of ED; -No documentation of training in alternatives to restrictive interventions.</p> <p>Observation on 4/23/26 at approximately 1:45pm revealed: -The ED was observed searching the drawers of the vertical filing cabinet located in the Human Resource (HR) office, saying that her training record "should be in here."</p> <p>Interview on 4/23/26 and 4/28/26 with ED revealed: -Her personnel and training record was located in the HR office. -She was "unable to find" her training record; -She had completed required training upon hire but the record "must have magically disappeared;" -She did not have any copies of training certificates to verify that alternatives to restrictive interventions had been completed. -ED was unable to provide documentation of required training prior to the survey exit.</p>	V 536		

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V 536	Continued From page 21 Interview on 4/23/26 with the HR revealed: -HR is responsible for maintaining personnel and training records. -He "was hired approximately 2 weeks ago" and was "in the process of auditing employee records" and has found that "they (the personnel and training records) are a mess;" -The personnel record and training record are kept separately. He was able to locate the ED's personnel record but "could not locate the training record for the ED."	V 536		