

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/18/2025
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NAME OF PROVIDER OR SUPPLIER CRESTVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 631 CRESTVIEW DRIVE BURLINGTON, NC 27217
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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 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey was completed on November 18, 2025. The complaint (intake #NC00234423) was substantiated. 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 currently has a census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118	<p>Tag V118</p> <p>Plan of Correction</p> <p>1. Corrective Actions Taken</p> <ul style="list-style-type: none"> • Staff #1 and Staff #2 were immediately removed from all medication preparation, administration, and documentation duties pending retraining and competency evaluation. • The Interim Coordinator was removed from any role in providing medication administration training. • Staff #1 received retraining on RTSA's Medication Administration and Medication Error policies, including: <ul style="list-style-type: none"> o Six Rights of medication administration; o Proper MAR documentation, including error notation and back-of-MAR explanations; o Immediate client assessment following an error; o Required notifications to the prescriber/pharmacy, Group Home Coordinator, and Clinical Director; o Completion of incident reports for all medication errors or near misses. • Physician orders and MARs for all Crestview clients were reviewed to verify: <ul style="list-style-type: none"> o Physician orders match MARs; o Medications are administered exactly as prescribed; o No additional undocumented errors existed. • The 9/19/25 incident was documented on the MAR and in the client record, and an incident report was filed and reviewed by the Clinical Director and Executive Director. 	1/2/2026

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director

(X6) DATE

12-15-25

RECEIVED

DEC 22 2025

DHSR-MH Licensure Sect

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility staff failed to (1) administer medication on written order authorized by a physician for 1 of 4 clients (#1); (2) demonstrate competency in administering medication for 1 of 4 clients (#1) and (3) ensure medications be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person to prepare and administer medication for 1 of 4 paraprofessional staff (#1). The findings are:</p> <p>Medication Error on 9/19/25 revealed: -Client #1 mistakenly took client #2's medication the evening of 9/19/25.</p> <p>Review on 11/12/25 of client #1's record revealed: -Admission date of 12/3/99. -Diagnoses of Alcohol Dependence, Remission; Schizophrenia; Gastroesophageal Reflux Disease; Diabetes Mellitus; Hypothyroid; Hyperlipidemia.</p> <p>Review on 11/12/25 of client #1's physician's order for evening medication dated 4/22/25 revealed:</p>	V 118	<p>2. System Changes to Prevent Recurrence Qualified Medication Training & Privileging</p> <ul style="list-style-type: none"> • Medication training will only be provided by a registered nurse, pharmacist, or other qualified professional as required under 27G .0209(c). • Staff may not handle, prepare, administer, or document medications until they: <ul style="list-style-type: none"> o Complete approved training; o Pass a written exam; o Successfully complete a return demonstration. • A Medication Privileges Roster will be maintained listing only staff who are authorized to administer medications and sign the MAR. Supervisors will use this roster when making schedules. <p>Standardized Medication Error Response For any medication error or suspected error, staff must:</p> <ul style="list-style-type: none"> • Immediately assess and monitor the client; • Notify the prescriber/on-call provider and pharmacy if needed; • Notify the on-call supervisor/Group Home Coordinator and Clinical Director; • Document the error on the MAR and back-of-MAR; • Complete an incident report before the end of the shift. <p>Failure to follow this protocol will result in corrective action.</p> <p>Safe Med Pass Workflow</p> <ul style="list-style-type: none"> • Only one client may be at the medication area at a time. • Only that client's medication cup and MAR may be present during administration. • Cups must be labeled/verified against the MAR immediately before administration. • Staff must verify client identity before giving medication. • MAR entries must be recorded immediately after administration. 	

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V 118	<p>Continued From page 2</p> <p>-Omeprazole Delayed Released 20 milligram (mg) - take one capsule by mouth every night at bedtime (acid reflux).</p> <p>-Aspirin 81mg - take one tablet by mouth every night at bedtime (heart).</p> <p>-Quetiapine Fumarate 200mg - take one tablet by mouth twice a day (schizophrenia).</p> <p>-Simvastatin 40mg - one tablet by mouth every night at bedtime (cholesterol).</p> <p>Review on 11/12/25 of client #2's physician's order for evening medication dated 1/10/25 revealed:</p> <p>-Docusate Sodium 100mg - take one capsule by mouth twice a day (constipation).</p> <p>-Ferrous Sulfate 45mg - take one tablet by mouth every night at bedtime (Iron).</p> <p>-Senna Laxative 8.6 mg - take 2 tablets by mouth twice a day (constipation).</p> <p>-Gabapentin 300mg - take 2 capsules by mouth every night at bedtime (pain).</p> <p>-Melatonin 3mg - take one tablet by mouth every night at bedtime (sleep).</p> <p>-Review on 11/12/25 of client #1's MAR for September 19, 2025 evening medications revealed:</p> <p>-Staff #1 documented her initials for administering client #1's and client #2's evening medication on the MAR on 9/19/25.</p> <p>-Staff #1 did not indicate medication error or an explanation on the back of client #1 and client #2's MAR.</p> <p>-Staff #1 did not document on the MAR what she did with client #1's medication that she put in the cup.</p> <p>-Staff #1 did not document on the MAR that she had to administer client #2's medication a second time.</p>	V 118	<p>Clarification of Roles</p> <ul style="list-style-type: none"> • Interim or shift coordinators may not conduct medication training unless they meet all trainer qualifications under 27G .0209(c). • Only designated, qualified trainers may perform competency evaluations. <p>Refresher & Post-Incident Training</p> <ul style="list-style-type: none"> • All authorized medication staff will complete refresher training on 27G .0209(c), RTSA policy, medication error response, and the Five Rights. • Any staff involved in a medication error must receive targeted retraining and re-demonstrate competency before resuming medication duties. <p>3. Monitoring / Responsibility</p> <p>Weekly MAR & Medication Practice Audits</p> <p>For at least six (6) months, the Group Home Coordinator or designee will complete weekly documented audits verifying:</p> <ul style="list-style-type: none"> • Physician orders match MAR entries; • MAR documentation is complete and timely; • Errors and omissions are properly documented and linked to incident reports; • Only privileged/authorized staff are signing the MAR or handling medications. <p>Monthly Clinical Oversight & CQI</p> <p>The Clinical Director will review:</p> <ul style="list-style-type: none"> • Weekly audit findings • Medication errors • Medication training/competency status <p>Review will occur monthly and will be integrated into RTSA's Continuous Quality Improvement (CQI) process.</p> <p>Training & Privileging Tracking</p> <p>HR/Administration will maintain:</p> <ul style="list-style-type: none"> • A medication training and competency matrix • The Medication Privileges Roster <p>These will be reviewed monthly with the Group Home Coordinator to ensure that no staff with lapsed or missing competencies are scheduled to complete medication duties.</p>	
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V 118	<p>Continued From page 3</p> <p>Interview on 11/7/25 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -She worked 2nd shift on 9/19/25. -Client #2 came into the office to take his medication. -She handed client #2 his medication cup and he went to sit down to check his blood pressure. -Client #2 put his medication cup on the tray while she "probably" was not looking. -Client #1 came into the office and she put his medication in the cup and placed it on the tray. -Client #1 picked up the wrong cup. -She realized client #1 picked up the wrong cup because his medication was still in the cup. -She administered client #2 his medication. -Client #1 did not take his evening medication. -She re-pulled client #2's evening medication. -She put client #1's evening medication back in the bubble pack. -The cups had the clients' initials on them. -She observed client #1 the rest of the shift. -Client #1 did not need any medical attention. -She also worked 3rd shift. -She did not report the error to client #1's physician. -She did not know to notify the pharmacist of the medication error. -She did not notify management. -She did not document the medication error on an incident report. -This was the first time she had a medication error. -She did not know the protocol. -She did not remember if she documented medication error on client #1's and client #2's MAR. <p>Interview on 11/12/25 with client #1 revealed:</p> <ul style="list-style-type: none"> -He did not remember mistakenly taking client #2's medication on 9/19/25. -He reported that he took his medication every 	V 118		

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V 118	<p>Continued From page 4</p> <p>day.</p> <p>-He denied receiving any medical attention on 9/19/25.</p> <p>Interview on 11/18/25 with the Executive Director revealed:</p> <p>-He was not aware of the medication error on 9/19/25 until he was informed by the Division of Health Service Regulation (DHSR) surveyor on 11/12/25.</p> <p>-Staff #1 was supposed to contact her supervisor or the Clinical Director.</p> <p>-Staff #1's supervisor and the Clinical Director would have provided support.</p> <p>-"An incident report should've been written up."</p> <p>2. The following medications were administered by non-trained staff #2 while being trained and signed by the Interim Coordinator.</p> <p>Review on 11/12/25 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> -Hired date of 10/15/25. -Completed medication administration training on 10/29/25. -No medication administration training before 10/29/25. <p>Review on 11/12/25 of the Interim Coordinator personnel record revealed:</p> <ul style="list-style-type: none"> -Hired date of 8/18/18 -Promoted on 9/29/25 as the Interim Coordinator. -Certified Alcohol and Drug Counselor. -Completed medication administration training 2018. -She did not have the qualifications to provide medication administration training to staff #2. <p>Review on 11/12/25 of client #1's physician's</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>order dated 4/22/25 revealed: -Omeprazole Delayed Released 20mg - take one capsule by mouth every night at bedtime (acid reflux). -Aspirin 81mg - take one tablet by mouth every night at bedtime (heart). -Quetiapine Fumarate 200mg - take one tablet by mouth twice a day (schizophrenia). -Simvastatin 40mg - one tablet by mouth every night at bedtime (cholesterol). -Timolol 0.5% - one drop in right eye twice a day (eye pressure). -Docusate Sodium 100mg - take one capsule by mouth twice a day (stool softener). -Latanoprost .005% - one drop in both eyes every night at bedtime (glaucoma).</p> <p>Review on 11/12/25 of client #1's MAR for October 2025 revealed staff #2 indicated a single dot after administering medication on the following dates: -Omeprazole Delayed Released 20 milligram (mg) - 10/16, 10/17 and 10/20 at 9p.m. -Aspirin 81mg - 10/16, 10/17 and 10/20 p.m. -Quetiapine Fumarate 200mg - 10/16, 10/17 and 10/20 at 9p.m. -Simvastatin 40mg - 10/16, 10/17 and 10/20 at 9p.m. -Timolol 0.5% - 11/17 and 11/20 p.m. -Docusate Sodium 100mg - 10/16, 10/17 and 10/20 at 9p.m. -Latanoprost .005% - 10/16, 10/17 and 10/20 at 9p.m.</p> <p>Review on 11/12/25 of client #2's record revealed: -Admission date of 9/25/24. -Diagnoses of Schizophrenia Disorder; Tardive Dyskinesia; Hyperlipidemia; Anemia; Osteoarthritis; Dysarthria.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Review on 11/12/25 of client #2's physician's order dated 1/10/25 revealed:</p> <ul style="list-style-type: none"> -Docusate Sodium 100mg - take one capsule by mouth twice a day (constipation). -Ferrous Sulfate 45mg - take one tablet by mouth (Iron). -Senna Laxative 8.6 mg - take two tablets by mouth twice a day (constipation). -Gabapentin 300mg - take two capsules by mouth every night at bedtime (pain). -Melatonin 3mg - take one tablet by mouth (sleep). -Mirtazapine 7.5mg - take one tablet by mouth every night at bedtime (anxiety). -Clozapine 100mg - take 3 ½ tablets by mouth every night at bedtime (antipsychotic). <p>Review on 11/12/25 of client #2's MAR for October 2025 revealed staff #2 indicated a single dot after administering medication on the following dates:</p> <ul style="list-style-type: none"> -Docusate Sodium 100mg - 10/16, 10/17 and 10/20 at 9p.m. -Ferrous Sulfate 45mg - 10/16 and 10/17 p.m. -Senna Laxative 8.6 mg - 10/16, 10/17 and 10/20 at 9p.m. -Gabapentin 300mg - 10/16, 10/17 and 10/20 at 9p.m. -Melatonin 3mg - 10/16, 10/17 and 10/20 at 9p.m. -Mirtazapine 7.5mg - 10/16, 10/17 and 10/20 at 9p.m. -Clozapine 100mg - 10/16, 10/17 and 10/20 at 9p.m. <p>Review on 11/12/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 4/29/10. -Diagnoses of Schizophrenia, Paranoid Type; Diabetes; Hypertension; Hyperlipidemia; Finger Amputation; History of Mild Developmental Disability. 	V 118		

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V 118	<p>Continued From page 7</p> <p>Review on 11/12/25 of client #3's physician's order dated 1/8/25 revealed: -Aripiprazole 5mg - take one tablet by mouth every night at bedtime (schizophrenia). -Docusate Sodium 100mg - take two capsules by mouth every night at bedtime (stool softener). -Rosuvastatin 40mg - take one tablet by mouth every night at bedtime (cholesterol).</p> <p>Review on 11/12/25 of client #3's MAR for October 2025 revealed staff #2 indicated a single dot after administering medication on the following dates: -Aripiprazole 5mg - 10/16, 10/17 and 10/20 at 9 p.m. -Docusate Sodium 100mg - 10/16, 10/17 and 10/20 at 9 p.m. -Rosuvastatin 40mg - 10/16, 10/17 and 10/20 at 9 p.m.</p> <p>Review on 11/12/25 of client #4's record revealed: -Admission date of 12/3/99. -Diagnoses of Chronic Paranoid Schizophrenia; Personality Disorder; Diabetes Mellitus.</p> <p>Review on 11/12/25 of client #4's physician's order dated 2/21/25 revealed: -Bentropine Mesylate 2mg - take one tablet by mouth at bedtime (anticholinergic). -Quetiapine 100mg - take one tablet by mouth every night at bedtime (antipsychotic). -Mirtazapine 45mg - take one tablet by mouth every night at bedtime (antidepressant).</p> <p>Review on 11/12/25 of client #4's MAR for October 2025 revealed staff #2 indicated a single dot after administering medication on the following dates: -Bentropine Mesylate 2mg - 10/16, 10/17 and</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>10/20 at 9 p.m. -Quetiapine 100mg -10/16, 10/17 and 10/20 at 9p.m. -Mirtazapine 45mg - 10/16, 10/17 and 10/20 at 9p.m.</p> <p>Interview on 11/12/25 with Staff #2 revealed: -He was hired on 10/15/25. -He worked full-time on 2nd shift and other shifts. -He prepared clients medication and placed it in the cup on 2nd shift. -He did not administer medication without the Interim Coordinator being present. -He did not administer medication every day. -He did not know that he was not allowed to touch medication without being trained. -He was not trained in medication administration at the time. -He completed medication administration training on 10/29/25.</p> <p>Interview on 11/12/25 with the Interim Coordinator revealed: -She and staff #2 would pull the clients' medication -She would open the MAR book. -She watched staff #2 pull and verify the medication. -Staff #2 would place the medication in the cup per client. -Staff #2 would put dot on the MAR and she would initial it. -She tried to give new staff exposure to the medication process.</p> <p>Interview on 11/12/25 with the Executive Director revealed: -"We simply cannot allow staff to touch the medication until trained." -"No staff would be allowed to touch medication</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>until passing the medication administration training."</p> <p>Review on 11/18/25 of the Plan of Protection written by the Executive Director dated 11/18/25 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Residential Treatment Services of Alamance, Inc. (RTSA) (Licensee) will immediately review all medications at Crestview Group Homes to ensure proper labeling, storage, administration, and documentation. The medication room will be audited by supervisory staff, and a MAR review will be completed to correct documentation errors. Any discrepancies will be addressed immediately. Staff responsible for medication administration will be retrained on correcting medication errors.</p> <p>Describe your plans to make sure the above happens. Plan to Ensure Sustained Compliance: 1. Refresher Medication Training -All medication administration staff will complete refresher training, documentation requirements, and RTSA's medication policies, referred to in RTSA's Policy and Procedures Manual. 2. Weekly MAR and Medication Cart Audits -Supervisors will complete documented weekly audits to ensure accuracy in medication counts, MAR entries, and storage conditions. 3. Monthly Supervisor Oversight -The Clinical Director or Group Home Coordinator will conduct monthly medication audits and provide additional training as needed. 4. Competency Evaluations -Staff administering medications will complete annual and post-incident competency</p>	V 118		

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V 118	Continued From page 10 evaluations. 5. CQI (Continuous Quality Improvement) Monitoring -Medication error trends will be tracked and reviewed during monthly CQI meetings with corrective action taken immediately if needed." This facility served clients with diagnoses including Schizophrenia, Personality Disorder, History of Mild Developmental Disability, Alcohol Dependence, In Remission, Gastroesophageal Reflux Disease, Diabetes Mellitus, Hypothyroid, Hyperlipidemia, Tardive Dyskinesia, Anemia, Osteoarthritis, Dysarthria, Hypertension and Finger Amputation. On 9/19/25 staff #1 had a medication error on 2nd shift, when during medication administration client #1 picked up and had taken client #2's medication. Staff #1 did not seek out medical attention for client #1, document the medication error on the MAR, complete an incident report, report the error to facility management or to the pharmacist or physician for client #1. From October 16-20, 2025 staff #2, who was not trained in medication administration prepared and administered medication to clients #1, #2, #3 and #4 while under the guidance and training of the Interim Coordinator who did not meet the qualifications to train facility staff in medication administration. 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 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/18/2025
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V 536	<p>Continued From page 11</p> <p>ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, 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> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with</p>	V 536	<p>Tag V536</p> <p>Plan of Correction</p> <p>1. Corrective Actions Taken</p> <ul style="list-style-type: none"> • The affected staff member was removed from independent shifts and all crisis-response responsibilities until NCI training was completed. • The staff member completed NCI on 11/19/25 using a Division-approved curriculum and passed both written and observed competency testing; documentation was filed in the personnel record. • All Crestview personnel files were audited. Staff lacking current NCI documentation were scheduled for the next available training and were not permitted to work independently until training and competency requirements were met. <p>2. System Changes to Prevent Recurrence</p> <ul style="list-style-type: none"> • Training Required Before Providing Services No staff (including new hires, temporary staff, students, or volunteers) may work independently, supervise clients, or respond to crises until they: <ul style="list-style-type: none"> o Complete NCI/alternatives-to-restrictive-interventions training; and o Pass written and observed competency assessments in accordance with 27E .0107(b-d). • Annual NCI Refresher Requirement All direct-care staff must complete annual NCI refresher training. Staff who fail to complete or pass refresher training will be removed from client-care duties until retraining and reassessment are completed. • Division-Approved Curriculum and Qualified Instructors Only Division-approved curricula and instructors meeting the requirements of 27E .0107(i) will be used. 	11/19/2025

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V 536	Continued From page 12 disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (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	V 536	Instructor documentation—including qualifications, refresher training, and coaching verification—will be retained for a minimum of three years. • Documentation and Retention RTSA will maintain NCI training records for at least three years, including: o Staff name; o Date, time, and location of training; o Instructor name; o Training type (initial or refresher); o Written and observed test outcomes (pass/fail). • Centralized Training Matrix and Orientation Controls HR will maintain an electronic training matrix with training dates, pass/fail status, instructor names, and automated 60-day renewal alerts. Orientation procedures require verification of current NCI training before any new hire may work directly with clients or in crisis-prone areas. • Scheduling Safeguards The Manager will ensure at least one NCI-trained staff member is present on every shift. All schedules will be cross-checked against the centralized training matrix to prevent untrained or expired staff from working independently. 3. Monitoring / Responsibility • The Manager and Administrative Assistant will review the NCI training matrix monthly to verify ongoing compliance. • The Clinical Director will review NCI training status, documentation, and any crisis-related incidents quarterly through RTSA's CQI process. • Any lapse in training or competency will result in: o Immediate removal from client-care duties; o Immediate rescheduling for NCI training; o Documented corrective action.		

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V 536	Continued From page 13 objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation	V 536			

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V 536	<p>Continued From page 14</p> <p>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>(1) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (#2) had current training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 11/12/25 of staff #2's personnel record revealed: -Hired date of 10/15/25. -No documentation of training in alternative to restrictive interventions.</p> <p>Interview on 11/12/25 with the Executive Director revealed: -The Administrative Assistant was responsible for scheduling training. -They used Non-violent Crisis Intervention (NCI) training for restrictive intervention. -Staff #2 is scheduled for NCI training on 11/19/25.</p>	V 536		