STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
						2
		MHL041-777	B. WING		04/0	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TANGLE	DRIVE GROUP HOMI	e 602 TANG	LE DRIVE			
JAMEST			OWN, NC 27	282		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	ΓS	V 000			
	completed on 4/9/1/ substantiated (intak Deficiencies were controlled). This facility is licens					
		h Developmental Disabilities.				
V 536	27E .0107 Client Ri Int.	ghts - Training on Alt to Rest.	V 536			
	practices that emph to restrictive interversity (b) Prior to providing disabilities, staff incompletes, student demonstrate competed completing training other strategies for which the likelihood or injury to a persor property damage is (c) Provider agence based on state composed on state composed on the training shate include measurable measurable testing behavior) on those methods to determicourse. (e) Formal refreshers	mplement policies and nasize the use of alternatives entions. In services to people with eluding service providers, as or volunteers, shall etence by successfully in communication skills and creating an environment in of imminent danger of abuse in with disabilities or others or				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL041-777			F 04/0	
	WHL041-777			04/0	9/2018
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TANGLE DRIVE GROUP HOM	-	LE DRIVE			
		OWN, NC 27			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 536 Continued From pa	ge 1	V 536			
annually). (f) Content of the treprovider wishes to eathe Division of MH// Paragraph (g) of this (g) Staff shall demfollowing core areas (1) knowledge people being serve (2) recognizing behavior; (3) recognizing external stressors to disabilities; (4) strategies relationships with personal stressors to disabilities; (4) strategies relationships with personal stressors to disabilities; (6) recognizing assisting in the personal stressors about the (7) skills in assescalating behavior (8) communicated de-escalating personal (9) positive behaviors which are (h) Service provided documentation of in at least three years (1) Documen (A) who particoutcomes (pass/fai	raining that the service employ must be approved by DD/SAS pursuant to is Rule. constrate competence in the s: e and understanding of the d; ng and interpreting human and the effect of internal and hat may affect people with effor building positive ersons with disabilities; ng cultural, environmental and ors that may affect people with and the importance of and son's involvement in making sir life; essessing individual risk for essessing individual risk for entire in the service of the service o				

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DIVISION	Of Fleatin Service IN		ı		ı	1
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	
			D WING	D. MINIO		
	MHL041-777		B. WING		04/0	9/2018
NAME OF F		CTDEET AD	DDECC CITY (STATE ZID CODE		
NAIVIE OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TANGLE DRIVE GROUP HOME		LE DRIVE				
IANOLL	DIVIVE ONOO! HOM!	JAMESTO	WN, NC 27	282		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
	<u> </u>	_				
V 536	Continued From pa	ge 2	V 536			
	(2) The Divisi	ion of MH/DD/SAS may				
		documentation at any time.				
		ications and Training				
	Requirements:					
	(1) Trainers s	shall demonstrate competence				
	by scoring 100% or	testing in a training program				
		g, reducing and eliminating the				
	need for restrictive					
		shall demonstrate competence				
		g grade on testing in an				
	instructor training p					
		ng shall be				
		, include measurable learning				
		able testing (written and by				
	observation of beha	avior) on those objectives and				
	measurable method	ds to determine passing or				
	failing the course.	· -				
		ent of the instructor training the				
		ins to employ shall be				
		vision of MH/DD/SAS pursuant				
	to Subparagraph (i)					
		le instructor training programs				
		e not limited to presentation of:				
		•				
		ding the adult learner;				
	` '	for teaching content of the				
	course;	for a confirmation of the				
		for evaluating trainee				
	performance; and					
	` '	ation procedures.				
	(6) Trainers s	shall have coached experience				
	teaching a training	program aimed at preventing,				
		ating the need for restrictive				
		st one time, with positive				
	review by the coach					
		shall teach a training program				
		g, reducing and eliminating the				
		interventions at least once				
	annually.					
	(8) Trainers s	shall complete a refresher				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
	MHL041-777		B. WING		F 04/0	R 9/2018
	PROVIDER OR SUPPLIER DRIVE GROUP HOM	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536	(j) Service provided documentation of intraining for at least (1) Documentation (A) who particular outcomes (pass/fai (B) when and (C) instructor (2) The Division request and review (k) Qualifications of (1) Coaches requirements as a formal (2) Coaches the course which is (3) Coaches competence by contrain-the-trainer instructions of the course which is (3) Coaches competence by contrain-the-trainer instructions of the course which is (3) Coaches competence by contrain-the-trainer instructions of the course which is (3) Coaches competence by contrain-the-trainer instructions of the course which is (3) Coaches competence by contrain-the-trainer instructions of the course which is (3) Coaches competence by contrain-the-trainer instructions of the course which is (3) Coaches competence by contrain-the-trainer instructions of the course which is (3) Coaches competence by contrain-the-trainer instructions of the course which is (4) Coaches competence by contrain-the-trainer instructions of the course which is (4) Coaches competence by contrain-the-trainer instructions of the course which is (4) Coaches competence by contrain-the-trainer instructions of the course which is (4) Coaches competence which	t least every two years. s shall maintain nitial and refresher instructor three years. mentation shall include: sipated in the training and the l); I where attended; and s's name. ion of MH/DD/SAS may this documentation any time. f Coaches: shall meet all preparation trainer. shall teach at least three times being coached. shall demonstrate inpletion of coaching or	V 536			
	failed to ensure statement training in alternative	view and interview, the facility ff completed annual refresher res to restrictive interventions ited staff (#1, #2 and the				
	A hire date of 2Staff #1's traininginterventions expiredNo documentation	ng in alternatives to restrictive				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
			7 5		F	₹
		MHL041-777	B. WING		04/0	9/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TANGLE	DRIVE GROUP HOM	-	ILE DRIVE DWN, NC 27	282		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 4	V 536			
	restrictive intervent	ions				
	 A hire date of 1 Staff #2's training interventions expired No documentation 	ng in alternatives to restrictive ed on 3/31/18 tion staff #2 had completed her aining in alternatives to				
	revealed: - A hire date of 1 - The Owner/Dire to restrictive interversions No documentation	ector's training in alternatives ention expired on 12/31/17 tion the Owner/Director had ual refresher training in				
	Professional reveal - She believed st Owner/Director had training during a rec certificates had yet which oversaw facil	taff #1, #2 and the I completed their annual cent class; however, the to be mailed to the agency lity operations ck with staff at the agency to				
	revealed: - Although she concertificates for the second	with agency personnel ould not provide the staff; she would get the roster ovide it to the surveyor by				
	revealed: - She could not p	with agency personnel provide the roster as the staff eir annual refresher training in				

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STATE FORM 6899 NRHK11 If continuation sheet 5 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			SURVEY LETED	
		MHL041-777	B. WING		04/0	≷ 9/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TANGLE	DRIVE GROUP HOM	=	LE DRIVE WN, NC 27:	282		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 5	V 536			
	believed - Staff #1, #2 and	ictive interventions as she had d the Owner/Director were scheduled for 4/14/18 to g.				
V 537	27E .0108 Client Ri ITO	ghts - Training in Sec Rest &	V 537			
	ISOLATION TIME-(a) Seclusion, physitime-out may be embeen trained and has competence in the to these procedures staff authorized to eprocedures are retrompetence at leas (b) Prior to providing disabilities whose traincludes restrictive service providers, evolunteers shall conseclusion, physical and shall not use the training is completed demonstrated. (c) A pre-requisite demonstrating comparating in preventing the need for restrict (d) The training shall include measurable measurable testing behavior) on those	SICAL RESTRAINT AND DUT sical restraint and isolation aployed only by staff who have ave demonstrated proper use of and alternatives as. Facilities shall ensure that employ and terminate these ained and have demonstrated at annually. It is generally and the eatment and interventions, staff including employees, students or emplete training in the use of restraint and isolation time-out less interventions until the d and competence is for taking this training is petence by completion of leg, reducing and eliminating				

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RM 6899 NRHK11 If continuation sheet 6 of 11

DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MUI 044 777	B. WING		F 04/0	
		MHL041-777	D. W		04/0	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TANGLE DRIVE GROUP HOME 602 TANG			LE DRIVE			
IANGLE	DRIVE GROUP HOW	JAMESTO	OWN, NC 27	282		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 6	V 537			
	by each service proannually). (f) Content of the transport of the Division of MH// Paragraph (g) of this (g) Acceptable train but are not limited to (1) refresher the use of restrictive (2) guidelines (understanding immothers); (3) emphasis rights and dignity of concepts of least reincremental steps in (4) strategies of restrictive interversions which assessment and many psychological well-buse of restrictive interventions which assessment and many psychological well-buse of restraint throasessment and many psychological well-buse of restrictive interventions (6) prohibited (7) debriefing importance and pure (8) document (6) provided documentation of in at least three years (1) Document (A) who particulation outcomes (pass/fai (B) when and (C) instructor	ning programs shall include, o, presentation of: information on alternatives to e interventions; son when to intervene ninent danger to self and son safety and respect for the fall persons involved (using estrictive interventions and n an intervention); for the safe implementation entions; femergency safety include continuous onitoring of the physical and being of the client and the safe oughout the duration of the ion; I procedures; gestrategies, including their rose; and tation methods/procedures. It is shall maintain nitial and refresher training for that it is shall include: cipated in the training and the li); I where they attended; and				

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Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	,
	MIII 044 777		R WING		F	
		MHL041-777	D. WING		04/0	9/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY. S	STATE, ZIP CODE		
		LE DRIVE	,			
TANGLE DRIVE GROUP HOME			202			
		JAIVIESTO	WN, NC 27	202		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAG	ALOGE HORT OR E		IAG	DEFICIENCY)	140/412	
						1
V 537	Continued From pa	ge 7	V 537			
	roviow/roquest this	documentation at any time.				
		ication and Training				
		ication and Training				
	Requirements:	shall damanatrata aamnatanaa				
		shall demonstrate competence				
		testing in a training program				
		g, reducing and eliminating the				
	need for restrictive					
		shall demonstrate competence				
		testing in a training program				
		seclusion, physical restraint				
	and isolation time-o					
		shall demonstrate competence				
		g grade on testing in an				
	instructor training p					
		ng shall be				
		, include measurable learning				
		able testing (written and by				
	observation of beha	avior) on those objectives and				
	measurable method	ds to determine passing or				
	failing the course.					
	(5) The conte	ent of the instructor training the				
		ins to employ shall be				
		vision of MH/DD/SAS pursuant				
	to Subparagraph (j)	(6) of this Rule.				
		le instructor training programs				
	•	ot be limited to, presentation				
	of:	• •				
		ding the adult learner;				
		for teaching content of the				
	course;	Č				
	•	n of trainee performance; and				
		ation procedures.				
		shall be retrained at least				
	()	nstrate competence in the use				
		al restraint and isolation				
		ed in Paragraph (a) of this				
	Rule.	ca iii i aragrapii (a) oi iiiis				
		shall be currently trained in				
	CPR.	man be curreinly trailled in				
	OF IX.		I			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		SURVEY PLETED	
						R
		MHL041-777	B. WING		04/0	09/2018
NAME OF PROVIDER OR SUPPLIER STREET AL			DRESS, CITY, S	STATE, ZIP CODE		
TANGLE	DRIVE GROUP HOM	F	LE DRIVE WN, NC 27	282		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 537	in teaching the use least two times with coach. (10) Trainers a use of restrictive in annually. (11) Trainers a instructor training a (k) Service provided documentation of intraining for at least (1) Documer (A) who particulation outcome (pass/fail) (B) when and (C) instructor (2) The Division review/request this (I) Qualifications of (1) Coaches requirements as a (2) Coaches times, the course we (3) Coaches competence by contrain-the-trainer instructions.	shall have coached experience of restrictive interventions at a positive review by the shall teach a program on the terventions at least once shall complete a refresher at least every two years. East shall maintain nitial and refresher instructor three years. Intation shall include: Cipated in the training and the light where they attended; and refresher instructor three years. Intation of MH/DD/SAS may documentation at any time. If Coaches: Shall meet all preparation trainer. In shall teach at least three which is being coached. Shall demonstrate mpletion of coaching or truction. In shall be the same	V 537			
	Based on record re failed to ensure sta training in seclusion isolation time-out a	et as evidenced by: eview and interview, the facility off completed annual refresher n, physical restraint and ffecting 3 of 3 audited staff oner/Director). The findings				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		E SURVEY PLETED	
	MHL041-777					R 09/2018
	PROVIDER OR SUPPLIER DRIVE GROUP HOM	602 TANG	DRESS, CITY, S GLE DRIVE DWN, NC 272	ETATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 537	- A hire date of 2 - Staff #1's training restraint and isolation - No documentate annual refresher trainestraint and isolation - A hire date of 1 - Staff #2's training restraint and isolation - No documentate annual refresher trainestraint and isolation - No documentate annual refresher trainestraint and isolation - A hire date of 1 - The Owner/Direphysical restraint and on 12/31/17 - No documentate completed her annus seclusion, physical Interview on 4/5/18 Professional (QP) romaining during a receptificates had yet which oversaw facilum - She would check determine the status Interview on 4/6/18 revealed:	f staff #1's record revealed: /12/13 ng in seclusion, physical on time-out expired on 4/1/18 ion staff #1 had completed her aining in seclusion, physical on time-out f staff #2's record revealed: 1/1/12 ng in seclusion, physical on time-out expired on 3/31/18 ion staff #2 had completed her aining in seclusion, physical on time-out expired on side in time-out f the Owner/Director's record 2/30/06 ector's training in seclusion, and isolation time-out expired ion the Owner/Director had ual refresher training in restraint and isolation time-out with the facility's Qualified evealed: caff #1, #2 and the I completed their annual cent class; however, the to be mailed to the agency ity operations ck with staff at the agency to	V 537			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
		MHL041-777	B. WING			R 09/2018
	NAME OF PROVIDER OR SUPPLIER TANGLE DRIVE GROUP HOME STREET AL 602 TANG JAMESTO			STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 537	certificates for the s roster and provide i Interview on 4/9/18 revealed: - She could not p had not received th seclusion, physical as she had believed - Staff #1, #2 and	staff; she would get the class to the surveyor by 4/9/18. with agency personnel provide the roster as the staff eir annual refresher training in restraint and isolation time-out do the Owner/Director were scheduled for 4/14/18 to	V 537			

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