|                          | OF DEFICIENCIES<br>F CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CO<br>A. BUILDING: |  |                                   | E SURVEY<br>PLETED      |
|--------------------------|--|---|----------------------------------|--|-----------------------------------|-------------------------|
|                          |  |   |                                  |  |                                   |                         |
|                          |  | MHL041-773  |                                  |  | 05                                | 5/31/2018               |
| NAME OF PF               | OVIDER OR SUPPLIER   |   | DDRESS, CITY, STATE              |  |                                   |                         |
| SERVANT'                 | S HEART  |   | W GARDEN ROAD<br>SBORO, NC 27455 |  |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>BY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 000                    | INITIAL COMMENTS   | 3   | V 000                            |  |                                   |                         |
|                          | An annual survey was completed on 5/31/2018.<br>Deficiencies were cited.   |   |                                  |  |                                   |                         |
|                          | category: 10A NCAC   | ed for the following service<br>27G .5600C Supervised<br>Developmental Disabilities.  |                                  |  |                                   |                         |
| V 536                    | 27E .0107 Client Rig<br>Int.   | hts - Training on Alt to Rest.  | V 536                            |  |                                   |                         |
|                          | to restrictive interven<br>(b) Prior to providing<br>disabilities, staff inclu<br>employees, students<br>demonstrate compet<br>completing training ir<br>other strategies for c<br>which the likelihood o<br>or injury to a person<br>property damage is p<br>(c) Provider agencie<br>based on state comp<br>compliance and dem<br>gathered.<br>(d) The training shall<br>include measurable I<br>measurable testing (<br>behavior) on those o<br>methods to determini-<br>course.<br>(e) Formal refresher | RESTRICTIVE<br>plement policies and<br>size the use of alternatives<br>tions.<br>services to people with<br>uding service providers,<br>or volunteers, shall<br>ence by successfully<br>n communication skills and<br>reating an environment in<br>of imminent danger of abuse<br>with disabilities or others or<br>orevented.<br>s shall establish training<br>etencies, monitor for internal<br>onstrate they acted on data<br>be competency-based, |                                  |  |                                   |                         |
|                          | (f) Content of the tra   | ining that the service  |                                  |  |                                   |                         |

|                          | OF DEFICIENCIES<br>F CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO                   |   |                                   | E SURVEY<br>PLETED       |
|--------------------------|--|--|------------------------------------|---|-----------------------------------|--------------------------|
|                          |  | A. BUILDING:           MHL041-773             B. WING  |                                    |   |                                   |                          |
|                          |  | MHL041-773   | B. WING                            |   | 05                                | 5/31/2018                |
| NAME OF PR               | OVIDER OR SUPPLIER   |  | ADDRESS, CITY, STATE,              |   |                                   |                          |
| SERVANT                  | S HEART  |  | W GARDEN ROAD  <br>SBORO, NC 27455 | K107  |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                | PROVIDER'S PLAN O<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETI<br>DATE |
| V 536                    | Continued From page  | a 1  | V 536                              | DEHOIEN   |                                   |                          |
| V 330                    | provider wishes to en<br>the Division of MH/DI<br>Paragraph (g) of this<br>(g) Staff shall demon<br>following core areas:<br>(1) knowledge<br>people being served;<br>(2) recognizing<br>behavior;<br>(3) recognizing<br>external stressors that<br>disabilities;<br>(4) strategies for<br>relationships with per<br>(5) recognizing<br>organizational factors<br>disabilities;<br>(6) recognizing<br>assisting in the perso<br>decisions about their<br>(7) skills in ass<br>escalating behavior;<br>(8) communica<br>and de-escalating por<br>and<br>(9) positive beh<br>means for people with<br>activities which direct<br>behaviors which are u<br>(h) Service providers<br>documentation of initi<br>at least three years.<br>(1) Documenta<br>(A) who particip<br>outcomes (pass/fail);<br>(B) when and w<br>(C) instructor's | nploy must be approved by<br>D/SAS pursuant to<br>Rule.<br>Instrate competence in the<br>and understanding of the<br>and interpreting human<br>the effect of internal and<br>at may affect people with<br>or building positive<br>sons with disabilities;<br>cultural, environmental and<br>the importance of and<br>n's involvement in making<br>life;<br>essing individual risk for<br>tion strategies for defusing<br>tentially dangerous behavior;<br>navioral supports (providing<br>h disabilities to choose<br>dy oppose or replace<br>unsafe).<br>is shall maintain<br>ial and refresher training for<br>tion shall include:<br>vated in the training and the<br>where they attended; and<br>name;<br>n of MH/DD/SAS may |                                    |   |                                   |                          |

| STATEMENT OF DEFICIENCIES (X1)<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO<br>A. BUILDING: | ONSTRUCTION   |                                      | E SURVEY<br>PLETED       |
|--|--|--|----------------------------------|---|--------------------------------------|--------------------------|
|  |  | MHL041-773   |                                  |   | 05                                   | 5/31/2018                |
| NAME OF P  | ROVIDER OR SUPPLIER  |  | ADDRESS, CITY, STATE             |   | [ 05                                 | 0/31/2016                |
|  |  |  | W GARDEN ROAD                    |   |                                      |                          |
| SERVANT  | 'S HEART   | GREENS   | SBORO, NC 27455                  |   |                                      |                          |
| (X4) ID<br>PREFIX<br>TAG                                 | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN (<br>(EACH CORRECTIVE A<br>CROSS-REFERENCED TO<br>DEFICIE | CTION SHOULD BE<br>O THE APPROPRIATE | (X5)<br>COMPLETI<br>DATE |
| V 536  | Continued From page  | e 2  | V 536                            |   |                                      |                          |
|  | by scoring 100% on t<br>aimed at preventing,<br>need for restrictive in<br>(2) Trainers sh<br>by scoring a passing<br>instructor training pro<br>(3) The training<br>competency-based, ii<br>objectives, measurable<br>observation of behav<br>measurable methods<br>failing the course.<br>(4) The conten<br>service provider plans<br>approved by the Divis<br>to Subparagraph (i)(5<br>(5) Acceptable<br>shall include but are of<br>(A) understandi<br>(B) methods for<br>course;<br>(C) methods for<br>performance; and<br>(D) documentat<br>(6) Trainers sh<br>teaching a training pr<br>reducing and eliminar<br>interventions at least<br>review by the coach.<br>(7) Trainers sh<br>aimed at preventing,<br>need for restrictive in<br>annually.<br>(8) Trainers sh | all demonstrate competence<br>lesting in a training program<br>reducing and eliminating the<br>terventions.<br>all demonstrate competence<br>grade on testing in an<br>ogram.<br>g shall be<br>nclude measurable learning<br>ble testing (written and by<br>ior) on those objectives and<br>to determine passing or<br>t of the instructor training the<br>s to employ shall be<br>sion of MH/DD/SAS pursuant<br>b) of this Rule.<br>instructor training programs<br>not limited to presentation of:<br>ng the adult learner;<br>r teaching content of the<br>or evaluating trainee<br>tion procedures.<br>all have coached experience<br>ogram aimed at preventing,<br>ting the need for restrictive<br>one time, with positive<br>all teach a training program<br>reducing and eliminating the<br>terventions at least once<br>all complete a refresher<br>east every two years. |                                  |   |                                      |                          |

| TATEMENT                 | of Health Service Regu<br>OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO<br>A. BUILDING: |   |                                   | E SURVEY<br>PLETED      |
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|                          |  | MHL041-773   |                                  |   | 0.5                               | 5/31/2018               |
| IAME OF PF               | ROVIDER OR SUPPLIER  | 1  | ADDRESS, CITY, STATE             |   | 05                                | 0/31/2018               |
|                          |  |  | W GARDEN ROAD                    |   |                                   |                         |
|                          | 'S HEART   | GREEN  | SBORO, NC 27455                  |   |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN O<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 536                    | Continued From page  | e 3  | V 536                            |   |                                   |                         |
|                          | training for at least th<br>(1) Docume<br>(A) who particip<br>outcomes (pass/fail);<br>(B) when and w<br>(C) instructor's<br>(2) The Division<br>request and review th<br>(k) Qualifications of (<br>(1) Coaches sh<br>requirements as a trai<br>(2) Coaches sh<br>the course which is b<br>(3) Coaches sh<br>competence by comp<br>train-the-trainer instru | entation shall include:<br>aated in the training and the<br>where attended; and<br>name.<br>n of MH/DD/SAS may<br>his documentation any time.<br>Coaches:<br>hall meet all preparation<br>hiner.<br>hall teach at least three times<br>eing coached.<br>hall demonstrate<br>bletion of coaching or |                                  |   |                                   |                         |
|                          | facility failed to ensur<br>alternatives to restrict<br>providing services to<br>surveyed staff (#1).<br>Review on 5/29/2018<br>revealed:<br>- Hire date: 4/26/2018  | ews and interviews, the<br>e staff received training on<br>tive interventions prior to<br>clients, affecting 1 of 3<br>The findings are:<br>of staff #1's employee file<br>3;<br>of training on alternatives to  |                                  |   |                                   |                         |
|                          |  | 8 with staff #1 revealed:<br>Interventions) was the  |                                  |   |                                   |                         |

STATE FORM

| STATEMEN                 | of Health Service Regun<br>FOF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CO<br>A. BUILDING: |  |                                   | E SURVEY<br>PLETED       |
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|                          |  |   | B. WING                          |  |                                   |                          |
|                          | ROVIDER OR SUPPLIER  | MHL041-773  | DDRESS, CITY, STATE              |  | 05                                | 5/31/2018                |
|                          |  |   | W GARDEN ROAD                    |  |                                   |                          |
| SERVANT                  | 'S HEART   | GREENS  | BORO, NC 27455                   |  |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETI<br>DATE |
| V 536                    | Continued From page  | e 4   | V 536                            |  |                                   |                          |
|                          | alternatives to restric<br>- She was scheduled<br>the next two weeks.<br>- She had not had NO<br>Interview on 5/29/20<br>Professional revealed<br>- She thought that the<br>window following hire<br>received NCI training<br>- Staff #1 was already<br>training on Saturday,<br>Interview on 5/29/20<br>- She had discussed<br>facility staff to receive<br>restrictive intervention<br>- She and the Trainer | to have NCI training within<br>CI training before.<br>18 with the Qualified<br>d:<br>e facility had a 30 day<br>e to ensure facility staff<br>y scheduled to attend NCI<br>6/2/2018.<br>18 with the Director revealed:<br>the required time frame for<br>e training on alternatives to<br>ns with the NCI Trainer.<br>thought that there was a 30<br>the hire date for facility staff |                                  |  |                                   |                          |
| V 537                    | ITO<br>10A NCAC 27E .0103<br>SECLUSION, PHYSI<br>ISOLATION TIME-OU<br>(a) Seclusion, physic<br>time-out may be emp<br>been trained and hav<br>competence in the pr<br>to these procedures.<br>staff authorized to em<br>procedures are retrai<br>competence at least<br>(b) Prior to providing<br>disabilities whose tre   | CAL RESTRAINT AND<br>JT<br>cal restraint and isolation<br>loyed only by staff who have<br>re demonstrated<br>oper use of and alternatives<br>Facilities shall ensure that<br>nploy and terminate these<br>ned and have demonstrated   | V 537                            |  |                                   |                          |

|                          | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO<br>A. BUILDING:         |   |                                      | E SURVEY<br>PLETED       |
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|                          |  |  |  |   |                                      |                          |
|                          |  | MHL041-773   | B. WING                                  |   | 05                                   | 5/31/2018                |
| NAME OF PF               | ROVIDER OR SUPPLIER  |  | ADDRESS, CITY, STATE,<br>W GARDEN ROAD I |   |                                      |                          |
| SERVANT'                 | S HEART  |  | SBORO, NC 27455                          |   |                                      |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN C<br>(EACH CORRECTIVE A<br>CROSS-REFERENCED TO<br>DEFICIE | CTION SHOULD BE<br>O THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| V 537                    | Continued From page  | e 5  | V 537                                    |   |                                      |                          |
|                          | seclusion, physical re-<br>and shall not use the<br>training is completed<br>demonstrated.<br>(c) A pre-requisite for<br>demonstrating compe-<br>training in preventing<br>the need for restrictive<br>(d) The training shall<br>include measurable for<br>measurable testing (w<br>behavior) on those of<br>methods to determine<br>course.<br>(e) Formal refresher<br>by each service provi<br>annually).<br>(f) Content of the trai<br>provider plans to emp<br>the Division of MH/DI<br>Paragraph (g) of this<br>(g) Acceptable training<br>but are not limited to,<br>(1) refresher in<br>the use of restrictive<br>(2) guidelines of<br>(3) emphasis of<br>rights and dignity of a<br>concepts of least rest<br>incremental steps in a<br>(4) strategies for<br>of restrictive intervent<br>(5) the use of e | blete training in the use of<br>estraint and isolation time-out<br>se interventions until the<br>and competence is<br>r taking this training is<br>etence by completion of<br>, reducing and eliminating<br>e interventions.<br>be competency-based,<br>earning objectives,<br>written and by observation of<br>objectives and measurable<br>e passing or failing the<br>training must be completed<br>der periodically (minimum<br>ining that the service<br>oloy must be approved by<br>D/SAS pursuant to<br>Rule.<br>ng programs shall include,<br>presentation of:<br>formation on alternatives to<br>interventions;<br>on when to intervene<br>hent danger to self and<br>in safety and respect for the<br>all persons involved (using<br>trictive interventions and<br>an intervention);<br>or the safe implementation<br>tions;<br>emergency safety |  |   |                                      |                          |

|                          | T OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO<br>A. BUILDING: |   |                                      | E SURVEY<br>PLETED      |
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|                          |  | NUL 044 770  | B. WING                          |   |                                      |                         |
|                          | ROVIDER OR SUPPLIER  | MHL041-773   | DDRESS, CITY, STATE              |   | 05                                   | 5/31/2018               |
| NAME OF F                | ROVIDER OR SUFFLIER  |  | W GARDEN ROAD                    |   |                                      |                         |
| SERVANT                  | 'S HEART   |  | BORO, NC 27455                   |   |                                      |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN (<br>(EACH CORRECTIVE A<br>CROSS-REFERENCED TO<br>DEFICIE | CTION SHOULD BE<br>O THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 537                    | Continued From page  | e 6  | V 537                            |   |                                      |                         |
|                          | use of restraint throug<br>restrictive intervention<br>(6) prohibited p<br>(7) debriefing s<br>importance and purpo<br>(8) documentation<br>(h) Service providers<br>documentation of initia<br>at least three years.<br>(1) Documenta<br>(A) who particip<br>outcomes (pass/fail);<br>(B) when and w<br>(C) instructor's<br>(2) The Division<br>review/request this do<br>(i) Instructor Qualifica<br>Requirements:<br>(1) Trainers sha<br>by scoring 100% on t<br>aimed at preventing,<br>need for restrictive in<br>(2) Trainers sha<br>by scoring 100% on t<br>teaching the use of se<br>and isolation time-out<br>(3) Trainers sha<br>by scoring a passing<br>instructor training pro<br>(4) The training<br>competency-based, in<br>objectives, measurable<br>observation of behav<br>measurable methods<br>failing the course.<br>(5) The conten- | Arrocedures;<br>trategies, including their<br>ose; and<br>tion methods/procedures.<br>shall maintain<br>al and refresher training for<br>tion shall include:<br>ated in the training and the<br>where they attended; and<br>name.<br>n of MH/DD/SAS may<br>ocumentation at any time.<br>ation and Training<br>all demonstrate competence<br>esting in a training program<br>reducing and eliminating the<br>terventions.<br>all demonstrate competence<br>esting in a training program<br>eclusion, physical restraint<br>t.<br>all demonstrate competence<br>grade on testing in an<br>gram.<br>g shall be<br>nclude measurable learning<br>le testing (written and by<br>ior) on those objectives and<br>to determine passing or<br>t of the instructor training the |                                  |   |                                      |                         |

|                          | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO<br>A. BUILDING: |   |                                      | E SURVEY<br>PLETED      |
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|                          |  |  | B. WING                          |   |                                      |                         |
|                          |  | MHL041-773   |                                  |   | 05                                   | 5/31/2018               |
| NAME OF PI               | ROVIDER OR SUPPLIER  |  | DDRESS, CITY, STATE              |   |                                      |                         |
| SERVANT                  | 'S HEART   |  | W GARDEN ROAD<br>SBORO, NC 27455 |   |                                      |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN (<br>(EACH CORRECTIVE A<br>CROSS-REFERENCED TO<br>DEFICIE | CTION SHOULD BE<br>O THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 537                    | Continued From page  | e 7  | V 537                            |   |                                      |                         |
|                          | shall include, but not<br>of:<br>(A) understandi<br>(B) methods fo<br>course;<br>(C) evaluation<br>(D) documentat<br>(7) Trainers sha<br>annually and demons<br>of seclusion, physical<br>time-out, as specified<br>Rule.<br>(8) Trainers sha<br>core courses the<br>in teaching the use of<br>least two times with a<br>coach.<br>(10) Trainers sha<br>use of restrictive inter<br>annually.<br>(11) Trainers sha<br>use of restrictive inter<br>annually.<br>(11) Trainers sha<br>instructor training at least<br>(k) Service providers<br>documentation of initi<br>training for at least th<br>(1) Documenta<br>(A) who particip<br>outcome (pass/fail);<br>(B) when and w<br>(C) instructor's | instructor training programs<br>be limited to, presentation<br>ng the adult learner;<br>r teaching content of the<br>of trainee performance; and<br>ion procedures.<br>all be retrained at least<br>strate competence in the use<br>restraint and isolation<br>I in Paragraph (a) of this<br>all be currently trained in<br>all have coached experience<br>f restrictive interventions at<br>a positive review by the<br>all teach a program on the<br>rventions at least once<br>all complete a refresher<br>east every two years.<br>a shall maintain<br>ial and refresher instructor<br>ree years.<br>tion shall include:<br>where they attended; and |                                  |   |                                      |                         |
|                          | <ul> <li>(I) Qualifications of C</li> <li>(1) Coaches sh</li> <li>requirements as a tra</li> </ul>   | nall meet all preparation  |                                  |   |                                      |                         |

| MHL041-773     B. WING     05/31/20       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     1921 NEW GARDEN ROAD K107       GREENSBORO, NC 27455       (X4) ID     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION   | STATEMEN  | of Health Service Regi<br>T OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE C     |   |                                | E SURVEY<br>PLETED      |
|--|-----------|--|---|---------------------|---|--------------------------------|-------------------------|
| Wee of PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       SERVANTS HEART     1321 NEW GARDEN ROAD K107<br>GREENSBORO, NC 27455       (M) ID<br>PREFIX<br>TAG     SUMMARY STATEMENT OF DEFIDIENCE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR US DENTIFYING INFORMATION)     IP<br>PREFIX<br>TAG     PROVIDER'S PLAN OF CORRECTION<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR US DENTIFYING INFORMATION)     IP<br>PREFIX<br>TAG     PROVIDER'S PLAN OF CORRECTION<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR US DENTIFYING INFORMATION)     IP<br>PREFIX<br>TAG       V537     Continued From page 8     V 537       V537     Continued From page 8     V 537       This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the<br>facility failed to ensure staff received training in<br>seclusion, physical restraint and isolation time out<br>prior to providing services to clients, affecting 1 of<br>3 surveyed staff (#1). The findings are:<br>Review on 5/29/2018 of staff #1's employee file<br>revealed:<br>- NCI (North Carolina Interventions) was the<br>name of the curriculum used training in seclusion,<br>physical restraint and isolation time out<br>- She was scheduled to have NCI training within<br>the next two weeks.<br>- She had not had NCI training before.<br>Interview on 5/29/2018 with the Qualified<br>Professional revealed:<br>- She thought that the facility had a 30 day<br>window following hire to ensure facility staff<br>received NCI training<br>- Staff H1 was already scheduled to attend NCI  |           |  |   | A. BUILDING:        |   |                                |                         |
| BERKINT SHEAR         1921 NEW GREEN BOLD KIT<br>GREEN BOLD KIT STATEMENT OF DEFICIENCY NUTS TE PRECEDED BY FULL<br>(#CACH DEFICIENCY MUST BE PRECEDED BY FULL)<br>(#CACH DEFICIENCY OR US.D. IDENTIFYING INFORMATION)         IP         PROVIDER'S FLAN OF CORRECTION<br>(#CACH OORGCT KY OR US.D. IDENTIFYING INFORMATION)         IP           V537         Continued From page 8         V 537         Continued From page 8.         V 537           V537         Continued From page 8.         V 537         Immediate and the course which is being coached.         Continued From page 8.         V 537           V537         This Rule is not met as evidenced by:<br>(m) Documentation shall be the same<br>preparation as for trainers.         Immediate and the same staff received training in<br>seclusion, physical restraint and isolation time out<br>prior to providing services to clients, affecting 1 of<br>3 surveyed staff (#1). The findings are:<br>No documentation of training in seclusion,<br>physical restraint and isolation time out<br>provide the 4:24/20108;<br>No documentation of training in seclusion,<br>physical restraint and isolation time out<br>. She was scheduled to have NCI training within<br>the next two weeks.<br>. She had not tan NCI training before.<br>. Interview on 5/29/2918 with the Qualified<br>Professional revealed:<br>. Not (North Caroling before.<br>. Interview on 5/29/2918 with the Qualified<br>Professional revealed:<br>. Not (North Caroling before.<br>. Interview on 5/29/2918 with the Qualified<br>Professional revealed:<br>. She had not tan NCI training before.<br>. Interview on 5/29/2918 with the Qualified<br>Professional revealed:<br>. She diver the Circliny had a 30 day<br>window following hite to ensure facility staff<br>receiver 0.012 training.<br>. She throught that the scaling staffif<br>receiver 0.012 training.         Im |           |  | MHL041-773  | B. WING             |   | 05                             | 6/31/2018               |
| GREENSBORO, NC 27455       (X4) ID<br>PRETX<br>TAG     SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCIES IN THE<br>REGULATORY OR LSC IDENTIFYING INFORMATION)     ID<br>PRETX<br>TAG     ID<br>PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCE TO THE MEMOPRATE<br>DEFICIENT OF LSC IDENTIFYING INFORMATION)     ID<br>PRETX<br>TAG       V 537     Continued From page 8<br>times, the course which is being coached.<br>(3)     V 537     V 537       This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the<br>facility failed to ensure staff received training in<br>seclusion, physical restraint and isolation time out<br>prior to providing services to clients, affecting 1 of<br>3 surveyed staff (#1). The findings are:<br>Review on 5/29/2018 of staff #1's employee file<br>revealed:<br>- Not documentation of training in seclusion,<br>physical restraint and isolation time out.<br>Interview on 5/29/2018 with staff #1 revealed:<br>- NCI (North Carolina Interventions) was the<br>name of the curriculum used training in seclusion,<br>physical restraint and isolation time out.       Interview on 5/29/2018 with staff #1 revealed:<br>- NCI (North Carolina Interventions) was the<br>name of the curriculum used training in seclusion,<br>physical restraint and isolation time out.       Interview on 5/29/2018 with the Qualified<br>Professional revealed:<br>- She was scheduled to have NCI training within<br>the next two weeks.<br>- She had not had NCI training before.       Interview on 5/29/2018 with the Qualified<br>Professional revealed:<br>- Other through that the facility staff<br>received NCI training.<br>- Staff #1 was already scheduled to attend NCI   | NAME OF P | ROVIDER OR SUPPLIER  | STREETA   | DDRESS, CITY, STATE | , ZIP CODE                                      |                                |                         |
| Prefry<br>TAG       CEACH CORRECTWE ACTION SHOULD BE<br>REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX<br>TAG       CEACH CORRECTWE ACTION SHOULD BE<br>CROSS-REFERENCED To THE APPROPRIATE<br>DEFICIENCY)       C         V 537       Continued From page 8<br>times, the course which is being coached.<br>(3) Coaches shall demonstrate<br>competence by completion of coaching or<br>train-the-trainer instruction.<br>(m) Documentation shall be the same<br>preparation as for trainers.       V 537       V 537         This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the<br>facility failed to ensure staff received training in<br>seclusion, physical restraint and isolation time out<br>prior to providing services to clients, affecting 1 of<br>3 surveyed staff (#1). The findings are:<br>Review on 5/29/2018 of staff #1's employee file<br>revealed:<br>- Hire date: 4/26/2018;<br>- No documentation of training in seclusion,<br>physical restraint and isolation time out.<br>Interview on 5/25/2018 with staff #1 revealed:<br>- NCI (North Carolina Interventions) was the<br>name of the curriculum used training in seclusion,<br>physical restraint and isolation time out.<br>- She was scheduled to have NCI training within<br>the name of the curriculum used training in seclusion,<br>physical restraint the facility had a 30 day<br>window following hire to ensure facility staff<br>received NCI training.<br>- Staff #1 was anteady scheduled to attend NCI   | SERVANT   | 'S HEART   |   |                     | K107  |                                |                         |
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| Professional revealed:<br>- She thought that the facility had a 30 day<br>window following hire to ensure facility staff<br>received NCI training.<br>- Staff #1 was already scheduled to attend NCI   |           | Interview on 5/25/20<br>- NCI (North Carolina<br>name of the curriculu<br>physical restraint and<br>- She was scheduled<br>the next two weeks. | 18 with staff #1 revealed:<br>a Interventions) was the<br>um used training in seclusion,<br>d isolation time out<br>d to have NCI training within |                     |   |                                |                         |
|  |           | Professional reveale<br>- She thought that th<br>window following hire<br>received NCI training<br>- Staff #1 was alread                       | d:<br>e facility had a 30 day<br>e to ensure facility staff<br>g.<br>ly scheduled to attend NCI   |                     |   |                                |                         |
| Interview on 5/29/2018 with the Director revealed:   |           | Interview on 5/29/20   | 18 with the Director revealed:  |                     |   |                                |                         |

| DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |   |   |  | E SURVEY<br>PLETED   |
|--|---|---|---|--|--|
|  | MUI 044 772   |   |   |  | 124/2049   |
| VIDER OR SUPPLIER  | 4   | •   |   | 05   | 6/31/2018  |
| HEART  | 1921 NE   | W GARDEN ROAD   |   |  |  |
| (EACH DEFICIENC  | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL   | ID<br>PREFIX<br>TAG   | (EACH CORRECTIVE A<br>CROSS-REFERENCED T  | CTION SHOULD BE<br>O THE APPROPRIATE                       | (X5)<br>COMPLET<br>DATE                                    |
| She had discussed<br>acility staff to receive<br>hysical restraint and<br>ICI Trainer.<br>She and the Trainel<br>ay window following | the required time frame for<br>e training in seclusion,<br>d isolation time out with the<br>r thought that there was a 30<br>g the hire date for facility staff   | V 537   | DEFICIE   |  |  |
|  | VIDER OR SUPPLIER<br>HEART<br>SUMMARY ST<br>(EACH DEFICIENC<br>REGULATORY OR<br>Continued From pag<br>She had discussed<br>acility staff to receive<br>hysical restraint and<br>ICI Trainer.<br>She and the Traine<br>ay window following | CORRECTION       IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:       MHL041-773         VIDER OR SUPPLIER       STREET A         HEART       1921 NE         SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 9         She had discussed the required time frame for<br>acility staff to receive training in seclusion,<br>hysical restraint and isolation time out with the | CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL041-773       B. WING         WIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE,         HEART       1921 NEW GARDEN ROAD         GREENSBORO, NC 27455       ID         SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         PREFIX<br>REGULATORY OR LSC IDENTIFYING INFORMATION)       V 537         Sontinued From page 9       V 537         She had discussed the required time frame for<br>acility staff to receive training in seclusion,<br>hysical restraint and isolation time out with the<br>ICI Trainer.       V 537         She and the Trainer thought that there was a 30<br>ay window following the hire date for facility staff       30 | CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING: | CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING: |