STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					R	
		MHL001-233	B. WING	<del></del>	09/1	2/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	E 914 DIXIE BURLING	STREET TON, NC 27	217		
(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 COMMENTS		V 000		ļ		
	completed on 9/12/ substantiated (intak Deficiencies were c This facility is licens category: 10A NCA	•				
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112			
	PLAN  (c) The plan shall to assessment, and in legally responsible of admission for clie receive services be  (d) The plan shall i  (1) client outcome( achieved by provision projected date of acception of acceptio	de developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. Include:  (a) that are anticipated to be on of the service and a chievement;  (b) the plan at least attion with the client or legally or both;  (a) attion or assessment of				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
	MHL001-233 B.		B. WING			R <b>12/2018</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
CADNE	R'S HOUSE OF GRAC	914 DIXIE	STREET			
GARNER	R 3 HOUSE OF GRAC	BURLING	TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 1	V 112			
	failed to develop an address the needs affecting one of thre findings are:  Review on 9/11/18 -Admission date of -Diagnoses of Mild Bipolar II DisorderPerson Centered F	view and interviews the facility d implement strategies to and behaviors of a client ee current clients (#1). The of client # 1's record revealed: 7/6/17.  Intellectual Disability and Plan dated 7/17/18 had no se elopement, suicidal				
	Review of facility re-Incident reports for information: (1). 9/6/18-"[Client a foot. Staff called [th file an incident and Officers responded to the home. Upon to harm staff, conur she had to stay at the hospital to have her have any beds avaifind an alternative swith [client #1] that the home and they the hospital. [Client became aggressive to allow staff to sea them in for the nigh went into her room Manager] and hit [c	cords on 9/12/18 revealed: client #1 had the following #1] eloped from the facility on e local police department] to have them search the area. and brought [client #1] back arrival [client #1] made claims mers (consumers) or herself if he home. Officers called the committed but they did not lable and asked the officers to colution. Officers discussed she needed to go back into had no reason to take her to #1] came into the home and e and destructive. She refused rch her belongings or turn t. When [the Home Manager] [client #1] kicked [the Home lient #1] and yelled that she he home and she was going				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		MHL001-233	B. WING			2/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GARNE	R'S HOUSE OF GRAC	E 914 DIXIE	STREET TON, NC 27	217		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
V 112	Continued From pa	ge 2	V 112			
V 112	to end up burning the local police deposition officers back out to calm [client #1], but the home and yelling that time [client #1] (2). 8/23/18- "[Client #1] (2). 8/23/18- "[Client #1] (2). 8/23/18- "[Client #1] (2). 8/23/18- "[Client #1] herself, had suicide homicidal ideation's Health Agency] state herself in the stomathe street and had a forehead. [Client #1] actions took place. unknown to group hincident; however a concerns with staff consumer cutting hevident scars and or regarding what the [Client #1] was take Agency] crisis center IVC'd (involuntarily Emergency Room. completed on [client from the hospital the has not expressed group home staff."  Review of records or revealed:  -A Discharge Summ 8/30/18 had the foll was admitted to the	ne house down. Staff called partment], who dispatched the home. Officers tried to a she was kicking the doors at a g and screaming at them. At	V 112			
	discharged on 8/30 Client #1 was not a	vailable for interview because				

Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	
		MHL001-233	B. WING			2/2018
		WITIE001-233			09/1	2/2010
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		_ 914 DIXIE	STREET			
GARNER	R'S HOUSE OF GRAC	E BURLING	TON, NC 27	217		
(V4) ID	SHIMMARY STA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 112	Continued From pa	ge 3	V 112			
	-					
	she was incarcerate	ed.				
		0 :11 1 55 1/4				
		8 with staff #1 revealed:				
		most recent incident with				
	client #1 and the Ho	t with the Home Manager				
	because she asked					
		the Home Manager and				
	kicked the Home M					
		returned to the group home				
	prior to that inciden	• .				
		ed earlier and the police				
	brought her back to					
		ce department again because				
		1 was getting out of control.				
	-Client #1 had threa	atened to "kill" everyone in the				
	group home at leas					
		nt #1 had no strategies to				
		, suicidal ideation's and				
	homicidal ideation's	S.				
		8 and 9/12/18 with the Home				
	Manager revealed:	and in side of with staff				
		cent incident with staff.				
		sted during that incident due to				
	assault and propert	her and kicked her lower				
	body.	THE AND RICKED HELLOWER				
		ed the back door at the group				
	home.	and sack accident the group				
		atened to harm everyone in				
	the group home du					
		police department to report				
	the incident.					
	-Client #1 had elope	ed from the group home				
	earlier that day.	-				
		ther back to the home.				
		the police a second time that				
	day.					
	-She thought client	#1 eloped from the group two				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDFLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:	<del></del>		
		MHL001-233	B. WING		R <b>09/12/2018</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	E 914 DIXIE				
		BURLING	TON, NC 27	217		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 112	Continued From pa	age 4	V 112			
V 112	or three timesEach time client # departmentShe thought client for suicidal and/or I -The first time she 2018 they did not k -During the second client #1 was in the -She confirmed clie address elopement homicidal ideation's Interview on 9/11/1 Professional revea -Client #1 had som	1 eloped staff called the police #1 went to the hospital twice nomicidal ideation's. went to the hospital in August eep her overnight. I hospital visit in August 2018 hospital for about a week. ent #1 had no strategies to t, suicidal ideation's and s.  8 with the Licensee/Qualified led: e recent issues with	V 112			
	-Client #1 had some recent issues with elopement, suicidal ideation's and homicidal ideation'sShe noticed client #1's behaviors were getting worst over the last monthShe felt like client #1's behaviors were getting worst because she was informed of a change in guardianshipClient #1 was informed she was possibly going					
	jailClient #1 was arre damageClient #1 assaulteClient #1 was upsoasked for her cell pStaff had to call th #1 was arrestedShe thought client about three timesStaff called the poclient #1 eloped.	recently arrested and was in sted for assault and property d the Home Manager. et because the Home Manager phone. e police department and client #1 eloped from the home lice department each time s would normally find client #1				

Division of Health Service Regulation

STATE FORM 6899 XT0811 If continuation sheet 5 of 23

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BUILDING.	7. BOILDING		2
	MHL001-233	B. WING			2/2018
ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
'S HOUSE OF GRACI		_	217		
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)	D BE	(X5) COMPLETE DATE
Continued From pa	ge 5	V 112			
for suicidal and/or h -The first time she want keep her overnig -During the second the hospital for almoshe thought client sonceIf client #1 was upseveryone in the group cocasionsShe confirmed clie address elopement homicidal ideation's  This deficiency consumed must be correct to a c	omicidal ideation's. vent to the hospital they did ght. hospital visit client #1 was in ost a week. #1 threatened to harm herself set she would threaten to harm up home. bal threats on several int #1 had no strategies to a suicidal ideation's and . stitutes a re-cited deficiency ted within 30 days. incy Plans and Supplies 07 EMERGENCY PLANS in for each facility and clan shall be developed and	V 114			
(b) The plan shall be and evacuation proc posted in the facility (c) Fire and disaste shall be held at leas repeated for each s under conditions that	cedures and routes shall be r. r drills in a 24-hour facility st quarterly and shall be hift. Drills shall be conducted at simulate fire emergencies.				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS)  Continued From paragram of the hospital for almost the hospital for almost everyone in the group casions.  She confirmed client once.  If client #1 was upseveryone in the group casions.  She confirmed client address elopement homicidal ideation's  This deficiency consand must be correct and must be correct and must be correct area.  AND SUPPLIES (a) A written fire plata area-wide disaster pshall be approved be authority.  (b) The plan shall be and evacuation protoposted in the facility (c) Fire and disaster shall be held at least repeated for each sunder conditions that (d) Each facility shall be ach facility shall be ached at facility shall be ac	ROVIDER OR SUPPLIER  SHOUSE OF GRACE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  -She thought client #1 went to the hospital twice for suicidal and/or homicidal ideation'sThe first time she went to the hospital they did not keep her overnightDuring the second hospital visit client #1 was in the hospital for almost a weekShe thought client #1 threatened to harm herself onceIf client #1 was upset she would threaten to harm everyone in the group homeClient #1 made verbal threats on several occasionsShe confirmed client #1 had no strategies to address elopement, suicidal ideation's and homicidal ideation's.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.  27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies	ROVIDER OR SUPPLIER  S HOUSE OF GRACE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  -She thought client #1 went to the hospital twice for suicidal and/or homicidal ideation'sThe first time she went to the hospital they did not keep her overnightDuring the second hospital visit client #1 was in the hospital for almost a weekShe thought client #1 threatened to harm herself onceIf client #1 was upset she would threaten to harm everyone in the group homeClient #1 made verbal threats on several occasionsShe confirmed client #1 had no strategies to address elopement, suicidal ideation's and homicidal ideation's.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.  27G .0207 Emergency Plans and Supplies  V 114  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  914 DIXIE STREET BURLINGTON, NC 27217  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  -She thought client #1 went to the hospital twice for suicidal and/or homicidal ideation'sThe first time she went to the hospital they did not keep her overnightDuring the second hospital visit client #1 was in the hospital for almost a weekShe thought client #1 threatened to harm herself onceIf client #1 was upset she would threaten to harm everyone in the group homeClient #1 made verbal threats on several occasionsShe confirmed client #1 had no strategies to address elopement, suicidal ideation's and homicidal ideation's.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.  27G .0207 Emergency Plans and Supplies  V 114  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall have basic first alid supplies	MHL001-233  MHL001-233  B. WING

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BOILBING.		F	₹
		MHL001-233	B. WING			2/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	E 914 DIXIE BURLING	STREET TON, NC 27	217		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 114	This Rule is not me Based on record refacility failed to con under conditions the least quarterly and findings are:  Record review on 9 log revealed the fol -9/17/18- 10:00 PM -8/19/18- 4:30 PM -8/16/18- 3:30 PM -7/24/18-9:15 AM -11/21/17-9:30 AM -11/21/17-9:30 AM -There were no fire and 2nd quarters on Record review on 9 drill log revealed the -9/6/18-8:30 AM -6/5/18- 8:00 PM -3/8/18-3:00 PM -11/12/17-10:00 AM -There was only onduring the 2nd quartere was only onduring the 1st quartere was only onduring the 2nd quartere was only onduring the 1st quartere was only onduring the 2nd quartere was only ondur	et as evidenced by: eviews and interviews, the duct fire and disaster drills eat simulate emergencies at repeated for each shift. The  2/12/18 of the facility's fire drill llowing: 1  e drills completed during the 1st f 2018.  2/12/18 of the facility's disaster e following:  // lee disaster drill completed rter of 2018.  lee disaster drill completed	V 114			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUI COMPLET				
		MHL001-233	B. WING			R <b>12/2018</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	914 DIXIE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 114	-The group home h -Group Home staff -She was not aware and disaster drills fo -She confirmed star	ad two separate shifts. worked two twelve hour shifts. e staff were not doing the fire	V 114			
V 500	10A NCAC 27D .01 RESTRICTIONS AI (a) The governing assures the implem G.S. 122C-65, and (b) The governing implement policy to (1) all instance abuse, neglect or ereported to the Couservices as specific G.S. 7A, Article 44; (2) procedure instituted in accordary practice when a merpresent serious risk Particular attention neuroleptic medical (c) In addition to the 10A NCAC 27E .01 each facility shall detentifies: (1) any restrict prohibited from use (2) in a 24-hounder which staff at the rights of a client (d) If the governing	body shall develop and assure that: ces of alleged or suspected exploitation of clients are inty Department of Social ed in G.S. 108A, Article 6 or and es and safeguards are ence with sound medical edication that is known to a to the client is prescribed. Is shall be given to the use of tions.  Ose procedures prohibited in 02(1), the governing body of evelop and implement policy extive intervention that is within the facility; and our facility, the circumstances are prohibited from restricting	V 500			

Division of Health Service Regulation

STATE FORM 6899 XT0811 If continuation sheet 8 of 23

MML001-233  B. WING	STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
NAME OF PROVIDER OR SUPPLIER  GARNER'S HOUSE OF GRACE  SUMMARY STATEMENT OF DEPICIENCES BURLINGTON, NC 27217    (X4) ID   (PACT)   (PACT)							
CARNER'S HOUSE OF GRACE   SUMMARY STATEMENT OF DEFICIENCIES   DREET   CRACH DEFICIENCY MAY STATEMENT OF DEFICIENCIES   DREET   CRACH DEFICIENCY MAY BE PRECEDED BY FULL   TAG   CRACH DORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DREET   CROSS-REFERENCED TO THE APPROPRIATE   DATE   DREET   DREET   DATE   DREET   DREET   DREET   DREET   DREET   DREET   DATE   DREET   D			MHL001-233	B. WING		09/1	2/2018
CALL   DESCRIPTION   CONTINUE   CALL   DESCRIPTION   CALL   DESCRIPTIO	NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
QUID   SUMMARY STATEMENT OF DEFICIENCIES   PREVIDENCE   (EACH DEFICIENCY)   PREFIX   (EACH DEFICIENCY) MUST BE RESCRIBED BY PILL   PREFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX   REGULATORY OR LSC IDENTIFYIN	GARNER	R'S HOUSE OF GRAC	F		247		
V 500  Continued From page 8 the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:  (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E. 0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure client rights as specified in G.S. 122C-62(b) and (d) clients right to free access to personal belongings affecting two for the content of the conten	(VA) ID	STIMMADV STA		-		N.	(VE)
the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:  (1) the permitted restrictive interventions or allowed restrictions;  (2) the individual responsible for informing the client; and  (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.  (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:  (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);  (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and  (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure client rights as specified in G.S. 122C-62(b) and (d) clients' right to free access to personal belongings affecting two of	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
identify:  (1) the permitted restrictive interventions or allowed restrictions;  (2) the individual responsible for informing the client; and  (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.  (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:  (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);  (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and  (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure client rights as specified in G.S. 122C-62(b) and (d) clients' right to free access to personal belongings affecting two of	V 500	Continued From pa	ge 8	V 500			
	V 500	the restrictions of c 122C-62(b) and (d) identify:  (1) the permi allowed restrictions (2) the individence the client; and (3) the due prinvoluntary client where the client; and (3) the due prinvoluntary client where the compliance with substitution of the client; and the compliance with Substitution of the compliance with Substitution of the compliance with Substitution of the competence to use provide written authorized the competence to use provide written authorized with the competence with the co	lient rights specified in G.S. are allowed, the policy shall tted restrictive interventions or dual responsible for informing rocess procedures for an ho refuses the use of ions.  Erventions are allowed for use the governing body shall ment policy that assures the use of ions.  Erventions are allowed for use the governing body shall ment policy that assures the chapter 27E, Section .0100, and who has demonstrated restrictive interventions, to norization for the use of ions when the original order is a total of 24 hours in the time limits specified in 10A ()(10)(E); that on the use of restrictive the use of restrictive lishment of a process for a tution of any disagreement are of a restrictive intervention.	V 500			
Review on 9/12/18 of General Statue 122C-62			,				

Division of Health Service Regulation STATE FORM

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A. BUILDING:		
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MHL001-233 B. WING 09/12/2018	18	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
GARNER'S HOUSE OF GRACE  914 DIXIE STREET  BURLINGTON, NC 27217		
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	(X5) MPLETE DATE	
revealed "A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's records."  a. Review on 911/18 of client #2's record revealed:Admission date of 1/24/14Diagnoses of Mental Retardation, Depression, Galactosemia, Allergic Rhinitis and HeadachesThere was no evidence of a written statement for client #2 detailing restrictions of personal possessions or evidence of an evaluation of each restriction reviewed at least every seven days.  b. Review on 9/11/18 of client #4's record revealed:Admission date of 9/19/16Diagnoses of Mild Mental Retardation, Schizoaffective Disorder, Onychomycosis and Impacted CerumenThere was no evidence of a written statement for client #4 detailing restrictions of personal possessions or evidence of an evaluation of each restriction reviewed at least every seven days.  Interview on 9/11/18 with client #4 PMStaff hab been taking those items since she moved into the home.  Interview on 9/11/18 with client #4 revealed:		

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL001-233	B. WING		09/1	2/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GARNER	'S HOUSE OF GRAC	E 914 DIXIE		247		
0/0.15	CHMMADV CTA	TEMENT OF DEFICIENCIES	TON, NC 27		ON.	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MEMENT 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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 500	Continued From pa	ge 10	V 500			
	-They were required and electronicsShe had a radio an night at 8:00 PMStaff never told he radio each night.  Interview with staff -The clients are reciphones and electroEach client had to and/or electronics are she had been empthe homeThat was always a their cell phones and linterview with the Frevealed: -Staff were required and/or electronicsStaff would normal phones and/or electronicsStaff would normal phones and/or electronics for several electronics for several electronics due to perform the clients were rephones and/or electronics for several electronics due to perform the was also a control they wanted to visit she did not realized.	d to give staff their cell phones and had to give it to staff every r why she had to give them her #1 on 9/11/18 revealed: puired to give staff their cell nics at night. give staff their cell phone at 8:00 PM. bloyed for about a year with rule for clients to give staff and electronics.  Home Manager on 9/12/18 d to take client's cell phones fly collect the client's cell tronics daily. equired to turn in their cell tronics at 8:00 PM sing client's cell phones and/or eral years. cing client's cell phones and/or east incidents. client called 911 with their cell client making calls to a person				
\	restriction.		V 505			
V 536	27E .0107 Client Ri Int.	ghts - Training on Alt to Rest.	V 536			

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	of Fleatill Service IN				1	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		MHL001-233	B. WING		09/12/2018	
		WITTEOUT-233			09/1	2/2010
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		_ 914 DIXIE	STREET			
GARNER	R'S HOUSE OF GRAC	E BURLING	TON, NC 27	217		
(V4) ID	QLIMMADV QTA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	)NI	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
V 536	Continued From pa	go 11	V 536			
V 330	Continued From pa	ge 11	V 330			
	10A NCAC 27E .01	07 TRAINING ON				
	ALTERNATIVES TO	O RESTRICTIVE				
	INTERVENTIONS					
	(a) Facilities shall i	mplement policies and				
		nasize the use of alternatives				
	to restrictive interve					
	(b) Prior to providing	ng services to people with				
		luding service providers,				
		ts or volunteers, shall				
		etence by successfully				
		in communication skills and				
		creating an environment in				
		of imminent danger of abuse				
		n with disabilities or others or				
	property damage is					
		ies shall establish training				
		petencies, monitor for internal				
		monstrate they acted on data				
	gathered.	II ha commetency based				
		all be competency-based,				
		e learning objectives,				
		(written and by observation of				
		objectives and measurable				
		ine passing or failing the				
	course.					
		er training must be completed				
		ovider periodically (minimum				
	annually).	animin or the at the anamais a				
		raining that the service				
		employ must be approved by				
		DD/SAS pursuant to				
	Paragraph (g) of thi					
		onstrate competence in the				
	following core areas					
		e and understanding of the				
	people being served					
		ng and interpreting human				
	behavior;					

Division of Health Service Regulation STATE FORM

DIVIDION	Of Fleatur Service IN	guiation	ī		Т	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		MHL001-233	B. WING		09/1	2/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		_ 914 DIXIE		,		
GARNER	R'S HOUSE OF GRAC		_	2017		
		BURLING	TON, NC 27	211		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
TAG	REGOL/HORT OR E	oo Bentii Tino ini Oniwation,	TAG	DEFICIENCY)	140/11	
V 536	Continued From pa	ge 12	V 536			
	(0)	and the angle of the Containing I amend				
		ng the effect of internal and				
		hat may affect people with				
	disabilities;					
		for building positive				
		ersons with disabilities;				
		ng cultural, environmental and				
		ors that may affect people with				
	disabilities;					
		ng the importance of and				
		son's involvement in making				
	decisions about the	ir life;				
	(7) skills in as	ssessing individual risk for				
	escalating behavior	,				
	(8) communic	cation strategies for defusing				
		otentially dangerous behavior;				
	and	,				
	(9) positive b	ehavioral supports (providing				
		vith disabilities to choose				
		ctly oppose or replace				
	behaviors which are					
	(h) Service provide					
		nitial and refresher training for				
	at least three years					
		tation shall include:				
	\ <i>\</i>	sipated in the training and the				
	outcomes (pass/fail					
		where they attended; and				
	(C) instructor	•				
		ion of MH/DD/SAS may				
		documentation at any time.				
	•	ications and Training				
	Requirements:	iodiono dila mailing				
		shall demonstrate competence				
		testing in a training program				
		a, reducing and eliminating the				
						<b>]</b>
	need for restrictive					
		shall demonstrate competence				
		g grade on testing in an				
	instructor training p	rogram.				

Division of Health Service Regulation

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Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL001-233	B. WING		F 09/1	? 2/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDECC CITY O	STATE, ZIP CODE	.•	
NAIVIE OF I	PROVIDER OR SUPPLIER	_ 914 DIXIE		STATE, ZIF GODE		
GARNER	R'S HOUSE OF GRAC		TON, NC 27	217		
(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 536	Continued From pa	ge 13	V 536			
	competency-based objectives, measurable method failing the course.  (4) The contestive provider plate approved by the Divito Subparagraph (i) (5) Acceptable shall include but are (A) understand (B) methods course;  (C) methods performance; and (D) document (6) Trainers steaching a training reducing and eliming interventions at least review by the coach (7) Trainers steaching at preventing need for restrictive annually.  (8) Trainers steamed at preventing need for restrictive annually.  (8) Trainers steamed at preventing and (j) Service provided documentation of intraining for at least (1) Document (A) who particulation of the provided document (B) when and (C) instructor (C) The Division (C) Th	le instructor training programs e not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee ation procedures. Shall have coached experience program aimed at preventing, lating the need for restrictive st one time, with positive in. Shall teach a training program and, reducing and eliminating the interventions at least once shall complete a refresher teast every two years. It least e				
	need for restrictive annually.  (8) Trainers sinstructor training a  (j) Service provided documentation of intraining for at least  (1) Documentation of intraining for at least  (2) The Division of instruction o	interventions at least once shall complete a refresher 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 name.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		R	
		MHL001-233	B. WING	· · · · · · · · · · · · · · · · · · ·		2/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	E 914 DIXIE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536	(k) Qualifications of (1) Coaches requirements as a (2) Coaches the course which is (3) Coaches competence by cortrain-the-trainer ins	of Coaches: shall meet all preparation trainer. shall teach at least three times being coached. shall demonstrate npletion of coaching or	V 536			
	facility failed to ens (staff #2) had training restrictive intervent and failed to ensure (staff #1, the Home Licensee/Qualified training on the use interventions. The following is expected.	views and interview, the ure one of four audited staffing on the use of alternatives to ions prior to providing services three of four audited staffing Manager and Professional) had current of alternatives to restrictive indings are:				
	have training on the restrictive intervent services.  Review on 9/12/18 revealed: -Staff #2 had a hire -Staff #2 was hired -There was no door	e use of alternatives to ions prior to providing of the facility's personnel files				

Division of Health Service Regulation STATE FORM

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.	A. BOILDING.		2
		MHL001-233	B. WING	· · · · · · · · · · · · · · · · · · ·		2/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	E 914 DIXIE	STREET TON, NC 27	247		
(V4) ID	SLIMMA DV STA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	)N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 15	V 536			
	ensure staff had cu alternatives to restr a. Review on 9/12/					
	<ul> <li>a. Review on 9/12/18 of the facility's personnel files revealed:</li> <li>Staff #1 had a hire date of 10/9/17.</li> <li>Staff #1 was hired as a Paraprofessional.</li> <li>Staff #1 had North Carolina Intervention training that expired 4/27/18.</li> <li>There was no documentation that staff #1 had current training on the use of alternatives to restrictive interventions.</li> </ul>					
	files revealed: -The Home ManagThe Home Manag- Intervention training -There was no doct	18 of the facility's personnel er had a hire date of 8/1/13. er had North Carolina g that expired 6/27/18. umentation that the Home nt training on the use of ictive interventions.				
	files revealed: -The Licensee/Quadate of 8/1/13The Licensee/Qua	Is of the facility's personnel lified Professional had a hire lified Professional had a				
	expired 6/27/18There was no docu Licensee/Qualified	urolina Interventions that umentation that the Professional had current of alternatives to restrictive				
	revealed: -The agency uses i	North Carolina Interventions of alternative to restrictive				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
					F	₹
		MHL001-233	B. WING		09/1	2/2018
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	E 914 DIXIE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 536	-She did not realize North Carolina Inter-She was aware that Carolina Intervention -They were all sche Interventions trainir -The North Carolina canceled the classShe confirmed statuse of alternatives to providing service -She confirmed stat Licensee/Qualified training on the use interventions.	e staff #2 had no training in reventions prior to hire. The other staff North ons training had expired. The duled to do the North Carolina and last week. The last week is a Interventions trainer on the to restrictive interventions prior and the Professional had no current of alternatives to restrictive in training on the start of alternatives to restrictive in the professional had no current of alternatives to restrictive in the professional had no current training in the professional had no current t	V 536			
V 537	10A NCAC 27E .01 SECLUSION, PHYSISOLATION TIME-(a) Seclusion, physime-out may be enbeen trained and hacompetence in the to these procedures staff authorized to eprocedures are retricompetence at least (b) Prior to providin disabilities whose traincludes restrictive service providers, evolunteers shall con	SICAL RESTRAINT AND OUT sical restraint and isolation apployed only by staff who have ave demonstrated proper use of and alternatives s. Facilities shall ensure that employ and terminate these ained and have demonstrated	V 537			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL001-233	B. WING		09/1	2/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	E 914 DIXIE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 537	training is completed demonstrated.  (c) A pre-requisite demonstrating comtraining in preventing the need for restriction of the training shall include measurable measurable measurable testing behavior) on those methods to determ course.  (e) Formal refreshed by each service proannually).  (f) Content of the training shall include measurable testing behavior) on those methods to determ course.  (e) Formal refreshed by each service proannually).  (f) Content of the training training to entire Division of MH/Paragraph (g) of the Uprovider plans to entire the Uprovider plans to entire the use of restrictive (2) guidelines (understanding immothers);  (3) emphasis rights and dignity of concepts of least resincremental steps in (4) strategies of restrictive interversions which assessment and mpsychological well-life demonstrations which assessment and mpsychological well-life demonstrations.	nese interventions until the ed and competence is  for taking this training is petence by completion of any, reducing and eliminating tive interventions.  All be competency-based, a learning objectives, (written and by observation of objectives and measurable ine passing or failing the er training must be completed ovider periodically (minimum raining that the service apploy must be approved by DD/SAS pursuant to is Rule.  Ining programs shall include, and, presentation of:  Information on alternatives to be interventions;  Is on when to intervene animent danger to self and  Is on safety and respect for the fall persons involved (using estrictive interventions and an an intervention);  Is for the safe implementation entions;  If emergency safety include continuous onitoring of the physical and obeing of the client and the safe oughout the duration of the	V 537			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		F	,
		MHL001-233	B. WING			2/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GARNE	R'S HOUSE OF GRAC	E 914 DIXIE BURLING	STREET TON, NC 27	217		
(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 APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CORRECTION (CROSS-REFERENCE)	.D BE	(X5) COMPLETE DATE
V 537	(7) debriefing importance and pur (8) document (1) Service provided documentation of ir at least three years (1) Document (A) who particulated outcomes (pass/fai (B) when and (C) instructor (2) The Divising review/request this (i) Instructor Qualification Requirements: (1) Trainers is by scoring 100% or aimed at preventing need for restrictive (2) Trainers is by scoring 100% or teaching the use of and isolation time-composition (3) Trainers is by scoring a passing instructor training pure (4) The trainicompetency-based objectives, measurable method failing the course. (5) The contest of service provider plata approved by the Direct to Subparagraph (j) (6) Acceptable (1) Acceptable (1) The trainicompetency (1) The contest of the course (1) The contest of the course (2) The contest of the course (3) The contest of the course (3) The contest of the course (3) The contest of the course (4) The contest of the course (5) The contest of the course (6) The course (6) The course (7) The cou	I procedures; g strategies, including their rpose; and tation methods/procedures. It is shall maintain nitial and refresher training for that it is shall include: sipated in the training and the li); d where they attended; and it's name. It is in a training and the lib; documentation at any time. It is in a training program g, reducing and eliminating the interventions. It is all demonstrate competence in testing in a training program is seclusion, physical restraint but. It is hall demonstrate competence in testing in a training program is seclusion, physical restraint but. It is hall demonstrate competence in grade on testing in an	V 537	DEFICIENCY		

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL001-233	B. WING		09/1	2/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	F 914 DIXIE				
		BURLING	TON, NC 27	217		
(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 APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 19	V 537			
V 337	of: (A) understan (B) methods course; (C) evaluatio (D) document (7) Trainers s annually and demo of seclusion, physic time-out, as specific Rule. (8) Trainers s in teaching the use least two times with coach. (10) Trainers s in teaching the use least two times with coach. (10) Trainers s instructor training a (k) Service provide documentation of ir training for at least (1) Documen (A) who partic outcome (pass/fail) (B) when and (C) instructor (2) The Divis review/request this (I) Qualifications of (1) Coaches requirements as a t (2) Coaches times, the course w (3) Coaches	ding the adult learner; for teaching content of the n of trainee performance; and ration procedures. Shall be retrained at least instrate competence in the use restraint and isolation red in Paragraph (a) of this shall be currently trained in shall have coached experience of restrictive interventions at a positive review by the shall teach a program on the retreventions at least once shall complete a refresher to least every two years. The shall maintain initial and refresher instructor three years. The teach in the training and the program of the training and the properties of MH/DD/SAS may documentation at any time. To Coaches: Shall meet all preparation				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		MHL001-233	B. WING			R <b>12/2018</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
GARNER	R'S HOUSE OF GRAC	<b>F</b>	STREET			
	I	BURLING	STON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 20	V 537			
	train-the-trainer insi (m) Documentation preparation as for to	truction. In shall be the same				
	facility failed to ensitive (staff #2) had training physical restraints a hire and the facility audited staff (staff # Licensee/Qualified training in the use of	et as evidenced by: views and interview, the ure one of four audited staff ng in the use of seclusion, and isolation time-out prior to failed to ensure three of four \$1, the Home Manager and Professional) had current of seclusion, physical restraints out. The findings are:				
	have training in the	evidence the facility failed to use of seclusion, physical tion time-out prior to hire.				
	revealed: -Staff #2 had a hire -Staff #2 was hired -There was no docu	as a Paraprofessional. umentation that staff #2 had of seclusion, physical restraints				
	ensure staff had cu	evidence the facility failed to rrent training in the use of restraints and isolation				
	files revealed: -Staff #1 had a hire -Staff #1 was hired	18 of the facility's personnel date of 10/9/17. as a Paraprofessional. Carolina Intervention training				

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DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL001-233	B. WING		R <b>09/12/201</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		914 DIXIE				
GARNER	R'S HOUSE OF GRAC	BURLING	TON, NC 27	217		
(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 21	V 537			
	current training in the restraints and isolated	umentation that staff #1 had ne use of seclusion, physical tion time-out.				
	files revealed: -The Home Manage -The Home Manage	8 of the facility's personnel er had a hire date of 8/1/13. er had North Carolina that expired 6/27/18.				
	Manager had curre	umentation that the Home nt training in the use of restraints and isolation				
	files revealed:	8 of the facility's personnel lified Professional had a hire				
	-The Licensee/Qua training in North Ca expired 6/27/18.	lified Professional had a rolina Interventions that				
		Professional had current f seclusion, physical restraints				
	revealed:	lome Manager on 9/12/18  North Carolina Interventions				
	training in the use of and isolation time-of	of seclusion, physical restraints				
	North Carolina Inter	ventions prior to hire. at other staff North Carolina				
	-They were all sche Interventions trainir	duled to do the North Carolina				

Division of Health Service Regulation

canceled the class.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.	<del></del>	F	,
		MHL001-233	B. WING			2/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
GARNE	R'S HOUSE OF GRAC	E 914 DIXIE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST 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)	D BE	(X5) COMPLETE DATE
V 537	-She confirmed sta of seclusion, physic time-out prior to pro -She confirmed sta Licensee/Qualified training in the use of and isolation time-of-she also confirmed	ff #2 had no training in the use cal restraints and isolation oviding services.  ff #1 and the Professional had no current of seclusion, physical restraints	V 537			

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