Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R MHL026-214 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **560 WILKES ROAD ASHTON W LILLY HOME FAYETTEVILLE. NC 28306** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY** V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on August 23, 2018. The complaint was unsubstantiated (intake #NC00140596). DHSR - Mental Health Deficiencies were cited. This facility is licensed for the following service SEP 272018 category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse. Lic. & Cert. Section V 108 27G .0202 (F-I) Personnel Requirements V 108 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan: and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, Division of Health Service Regulation

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

(X6) DATE

STATE FORM

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 R MHL026-214 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **560 WILKES ROAD ASHTON W LILLY HOME** FAYETTEVILLE, NC 28306 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY V 108 | Continued From page 1 V 108 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure First Aid and Cardiopulmonary Resuscitation (CPR) training for 2 of 3 audited staff (1st shift Group Home Manager and 2nd shift Group Home Manager (GHM)). The findings are: Review on 08/21/18 of the 1st shift GHM's personnel record revealed: Date of Hire on 06/18/16. - CPR and First Aid training expired on 06/30/18. - No documentation of current CPR and First Aid training. Interview on 08/21/18 the 1st shift GHM stated: -He worked alone on his shift and was unaware his CPR and First Aid training had expired. Review on 08/21/18 of the 2nd shift GHM's personnel record revealed: - Date of Hire on 06/21/18. - No documentation of current CPR and First Aid training. Interview on 08/21/18 the 2nd shift GHM stated: -He worked alone on his shift and was waiting to take CPR and First Aid training. Interview on 8/23/18 the Program Director stated: -She was in the process of arranging training for the staff.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R MHL026-214 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **560 WILKES ROAD ASHTON W LILLY HOME** FAYETTEVILLE, NC 28306 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 114 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 accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 8/22/18 of the facility fire drills documented from 8/1/17 - 7/30/18 revealed: - 3rd quarter (1/01/18- 3/31/18): There were no fire drills documented on the weekend shift. Review on 8/15/18 of the facility disaster drills documented from 8/1/17 - 7/30/18 revealed: - 1st quarter (7/01/17- 9/31/17): There were no disaster drills documented on the weekend shift. - 3rd quarter (01/01/18- 03/31/18): There were no disaster drills documented on the 1st shift (8am -4pm), or weekend shift. Interview on 8/22/18 House Manager stated:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R MHL026-214 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **560 WILKES ROAD ASHTON W LILLY HOME FAYETTEVILLE, NC 28306** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 114 Continued From page 3 V 114 - The facility shifts were as follows: -1st shift = 8 am - 4 pm Monday - Friday -2nd shift = 4 pm - 8 am Monday - Friday -3rd shift = 4pm (Friday) - 8am (Mon) - He stated he would ensure future completion of drills moving forward. - He had no additional questions or concerns during exit interview. V 536 27E .0107 Client Rights - Training on Alt to Rest. V 536 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum

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 R B. WING MHL026-214 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **560 WILKES ROAD ASHTON W LILLY HOME** FAYETTEVILLE, NC 28306 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 536 Continued From page 4 V 536 annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: knowledge and understanding of the (1) people being served: (2)recognizing and interpreting human behavior: (3)recognizing the effect of internal and external stressors that may affect people with disabilities: (4)strategies for building positive relationships with persons with disabilities; recognizing cultural, environmental and organizational factors that may affect people with disabilities: recognizing the importance of and assisting in the person's involvement in making decisions about their life: skills in assessing individual risk for escalating behavior: communication strategies for defusing and de-escalating potentially dangerous behavior; and (9)positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1)Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); when and where they attended; and (B) (C) instructor's name:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R MHL026-214 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 560 WILKES ROAD ASHTON W LILLY HOME **FAYETTEVILLE, NC 28306** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 536 Continued From page 5 V 536 The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: Trainers shall demonstrate competence (1) by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2)Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5)Acceptable instructor training programs shall include but are not limited to presentation of: understanding the adult learner; (A) (B) methods for teaching content of the course: (C) methods for evaluating trainee performance; and (D) documentation procedures. (6)Trainers shall have coached experience teaching a training program aimed at preventing. reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8)Trainers shall complete a refresher

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 R MHL026-214 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **560 WILKES ROAD** ASHTON W LILLY HOME FAYETTEVILLE, NC 28306 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 536 Continued From page 6 V 536 instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail): when and where attended; and (B) (C) instructor's name. (2)The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1)Coaches shall meet all preparation requirements as a trainer. Coaches shall teach at least three times the course which is being coached. Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 of 3 audited staff (2nd shift Group Home Manager) received annual training in alternatives to restrictive interventions. The findings are: Review on 08/21/18 of 2nd shift Group Home Manager's personnel record revealed: - Date of Hire/application on 06/21/18. - No documentation of training in alternatives to restrictive interventions.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED R MHL026-214 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 560 WILKES ROAD ASHTON W LILLY HOME FAYETTEVILLE, NC 28306 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 536 | Continued From page 7 V 536 Interview on 08/23/18 the Program Director stated: -She was in the process of arranging training for the staff. V 537 27E .0108 Client Rights - Training in Sec Rest & V 537 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based. include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the (e) Formal refresher training must be completed

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R MHL026-214 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 560 WILKES ROAD ASHTON W LILLY HOME **FAYETTEVILLE, NC 28306** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 537 Continued From page 8 V 537 by each service provider periodically (minimum (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: refresher information on alternatives to (1) the use of restrictive interventions; guidelines on when to intervene (understanding imminent danger to self and others): emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); strategies for the safe implementation of restrictive interventions: the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention: (6)prohibited procedures; (7)debriefing strategies, including their importance and purpose; and documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail): when and where they attended; and (B) (C) instructor's name. The Division of MH/DD/SAS may (2)review/request this documentation at any time.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R MHL026-214 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 560 WILKES ROAD ASHTON W LILLY HOME **FAYETTEVILLE, NC 28306** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 537 Continued From page 9 V 537 (i) Instructor Qualification and Training Requirements: (1)Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2)Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3)Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. Acceptable instructor training programs (6)shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course: (C) evaluation of trainee performance; and (D) documentation procedures. Trainers shall be retrained at least (7)annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8)Trainers shall be currently trained in CPR. (9)Trainers shall have coached experience

FORM APPROVED 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 B. WING MHL026-214 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **560 WILKES ROAD ASHTON W LILLY HOME** FAYETTEVILLE, NC 28306 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 537 Continued From page 10 V 537 in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10)Trainers shall teach a program on the use of restrictive interventions at least once annually. (11)Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. Documentation shall include: (1)(A) who participated in the training and the outcome (pass/fail): (B) when and where they attended; and (C) instructor's name. The Division of MH/DD/SAS may (2)review/request this documentation at any time. (I) Qualifications of Coaches: Coaches shall meet all preparation (1) requirements as a trainer. Coaches shall teach at least three times, the course which is being coached. Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by:

Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff received training in seclusion, physical restraint and isolation time-out (2nd shift Group Home

Manager). The findings are:

PRINTED: 09/06/2018 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R MHL026-214 B. WING_ 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **560 WILKES ROAD ASHTON W LILLY HOME FAYETTEVILLE, NC 28306** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 537 Continued From page 11 V 537 Review on 08/21/18 of 2nd shift Group Home Manager's personnel record revealed: - Date of Hire/application on 06/21/18. - No documentation of training in seclusion, physical restraint and isolation time-out. Interview on 08/23/18 the Program Director -She was in the process of arranging training for the staff.

SEPTEMBER 2018 Ashton Lily FIRE DRILL

2 3 4 5 5 6 7 7 Drill 2nd shift 13 14 Fire drill 3rd shift 17 18 19 20 23 24 25 26 27 28 Drill 2nd shift 25 26 27 Bisaster 25 26 27 Fire drill 3rd shift 3rd shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10 11 12 13 15 16 10 11 12 15 13 17 18 19 20 21 21 21 21 21 21 21						=	1 Disaster drill 1st shift
10 11 12 13 3rd shift	ผ	ಣ	4	5 Disaster Drill 2nd shift	9		∞
17 18 19 20	6	10 Fire drill 3rd shift		12 DisasterDrill Exachation Drill	13	14	15
24 25 26 27 Disaster Drill 3rd shift	16 Fire drill 2nd shift	17	18	19	20	21	22
30	23	24	25 Disaster Drill 3rd shift		27 Fire drill 1st shift	28	29
	30						

OCTOBER 2018 Ashton Lily FIRE DRILL

Saturday	9	r 13	20	727		
Friday	ro	Disaster Drill 2nd shift	19	56		
Thursday	4 Disaster drill 1st shift	11	18	25		
Wednesday	ಣ	10	17 Fire drill 3rd shift	24	31	
Tuesday	2	6	16	23	30 Fire drill 2nd shift	
Monday	1	∞	15	22	29	
Sunday		7 Fire drill 1St shift	14	21	28 Disaster Drill 3rd shift	

Ashton kily NOVEMBER 2018 Ashton kily FIRE DRILL

Saturday	3 Fire drill 2nd shift	10	17	24		
Friday	ત	6	16	23	30	
Thursday	1	8 Fire drill 1st shift	15	22	29	
Wednesday		7	14	21 Fire drill 3rd shift	28	
Tuesday		9	13	20	27 Disaster Drill 2nd shift	
Monday		5 Disaster Drill 3rd shift	12	19	26	
Sunday		4	Disaster drill 1st shift	18	25	

Ashton LIL

DECEMBER 2018 Ashtav Lily FIRE DRILL

Wednesday Thursday Friday Saturday	1 1	6 7 8 Disaster drill 1st shift	13 14 15 Fire drill 3rd shift	20 21 22	27 28 29 Disaster Drill 2nd shift	
Tuesday Wed		4 Fire drill 1st shift	11 12	18 19 Disaster Drill	25 26	
Monday		က	10	17	24	
Sunday		c)	6	16	23	30 Fire drill 2nd shift

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Ashton Lily

	Saturday		12 Fire drill 2nd shift				
	Sai	rv	12 Fire drill 2nd	19	56		
	Friday	4	11	18 Fire drill 1st shift	25		
רר	Thursday	ಣ	10	17	24	31	
TIME DIVILL	Wednesday Thursday	ત	9 Disaster Drill 2nd shift	16	23	30	
	Tuesday	1 Disaster drill 3rd shift	∞	15	22	29 Fire Drill 3rd shift	
	Monday		7	14	21	28	
	Sunday		9	13	20 Disaster drill 1st shift	27	

FEBRUARY 2019 FIRE DRILL

Ashton Lily

Saturday	a	6	16 Disaster drill	23		
Friday	1	∞	15	22		
Thursday		7 Fire drill 1St shift	14	21	28	
Wednesday		9	13	20 Fire drill 3rd shift	27	
Tuesday		S	12 Disaster drill 1st shift	19	26 Disaster drill 2ndshift	
Monday		4	11	18	25	
Sunday		3 Fire drill 2nd shift	10	17	24	

MARCH 2019 FIRE DRILL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2 Disaster drill
ಣ	4	5 Fire drill 1St shift	9	7	∞	9
10	11	12	13 Fire drill 3rd shift	14	15	16
17	18	19	20	21 Disaster drill 3rdshift	22	23
24	25	26	27 Disaster drill 1st shift	88	29	30
31 Fire drill 2nd shift						

	Ashton Lily		April 2019 FIRE DRILL	LL LL	Ashton Lily	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Ħ	2 Fire Drill 1st shift	ಣ	4	ro	9
	∞	6	10 Disaster Drill 3rd shift	11	12	13
14	15	16 Fire Drill 3rd shift	17	18	19	20 Disaster Drill
21 Fire drill 2nd shift	22	23	24	25	26	27
28	29	30 Disaster Drill 2nd shift				

Ashton Lily

MAY 2019 FIRE DRILL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				2 Fire drill 1st shift	က	4
က	9	7 Disaster Drill 1st shift	∞	6	10	11
12	13	14	15 Fire Drill 3nd shift	16	17	18 Disaster Drill
19	20	21		23	24 Fire Drill 2rd	25
26	27 Disaster Drill 3rd shift	28	29	30	31	

JUNE 2019 FIRE DRILL

Ashton Lily

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
						1	
	ಣ	4 Disaster Drill 2nd shift	ro	9	7	8 Fire drill 2nd shift	
	10	11	12	13	14 Fire drill 3rd shift	15	
	17	18	19 Disaster Drill	50	21	22	
	24	25	26	27	28 Fire drill 1st shift	29	
30 Disaster drill 1st shift							

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2 Fire drill 3rd shift	ಣ	4	ıo	6 Disaster drill
	∞	6	10 Disaster drill 1stshift	11	12	13
14 Fire drill 2nd shift	15	16	17	18	19	20
	22	23	24	25 Fire drill 1st shift	26	27
	29	30 Disaster drill 3rdshift	30			

AUGUST 2019 FIRE DRILL

Ashton Lily	
019	_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				Ħ	c)	ಣ
4	5 Fire drill 2nd shift	9		∞	6	10
11	12	13	14 Disaster Drill 3rd shift	15	16	17
18	19 Fire drill 1st shift	20	21	22	23	24 Disaster Drill 1st shift
25 Fire drill 3rd shift	26	27	28	29 Disaster Drill 2nd shift	30	31

STATE PLAN OF CORRECTION							
Agency Name	MyRover Reese Fellowship Homes, Inc. (Ashton Lilly Home)						
STREET ADDRESS, CITY, ZIP:	560 Wilkes Rd. Fayetteville, NC 28306						
Provider Number	mhl026-214	Exit Date					
PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERRENCED TO THE APPROPRIATE DEFICIENCY)							
Tag The Administrator signing and dating the first page of the STATE FORM is indicating their approval of the plan of correction being submitted							
				Anno Comments	on this form.		COMPLETION
V114	initiated a synchronized system to init a monthly calendar basis. Myrover Re document all fire and disaster drills. A	s, Inc. (Ashton Lilly) residential houses have iate fire drills and disaster drills for all shifts on ese Fellowship Homes staff will implement and copy of each months fire and disaster drill has Reese. Director Myrover Reese Fellowship feach scheduled fire and disaster drill	9/1/18				

throughout the calendar year. V108 Personnel requirements: 8/25/18 All Myrover Reese Fellowship Homes, Inc. House Managers and Administrative Staff V536 have taken the required First Aid and CPR class. Yearly required NCI Interventions V537 and Alternatives classes have also been completed by each individual House Manager as well as Administrative staff member. All certifications have been housed in each individual staff member's employee jacket. All required classes will be complete throughout the calendar year as scheduled by the Director of Myrover Reese Fellowship Homes. All newly employed staff members will have required classes at the time of hire or scheduled to complete classes. Classes instructed by Gary Fisher— Business License Number--27935

Moriea Mullina Director

ON-TIMETRAINING, LLC

INVOICE FOR SERVICES

Service type: NCI (RECERT) X 12 @ \$30 ea and FA/CPR (RECERT) X 4 @

\$25 ea. Participant

Dates of service: March 25, 2018

Service provided to: Myrover-Reese Fellowship Homes.ORG

Fee for service: \$ 460

Service provided by: Gary M. Fisher

1421 Valmead Ct Fayetteville, NC 28312 910-797-3118

gveestar113@peoplepc.com

Business License Number: 27935

Expiration Date: 8/25/2019