PRINTED: 02/22/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	, ,	CONSTRUCTION	(X3) DATE S	
ANDILAN	or connection	BENTI IGATION NOMBER.	A. BUILDING: _	A. BUILDING:		LILD
		MHL082-041	B. WING		02/20/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GARLANI	GROUP HOME		RING AVENUE			
		GARLANI	D, NC 28441			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS	<b>;</b>	V 000			
	An annual survey was 2019. Deficiencies w	s completed on February 20, vere cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
V 536	V 536 27E .0107 Client Rights - Training on Alt to Rest. Int.		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 annually).					

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

(X6) DATE TITLE

DIVISION	n nealth Service Regu	iation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MUU 000 044	B. WING		00/00/	0040
MHL082-041		D. WC		02/20/2	2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
0451411		168 HERR	ING AVENUE			
GARLANL	GROUP HOME	GARLANI	), NC 28441			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
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				DEFICIENCY)		
V 536	Continued From page	<del>)</del> 1	V 536			
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		ploy must be approved by				
	the Division of MH/DE	-				
	Paragraph (g) of this					
		strate competence in the				
	following core areas:					
		and understanding of the				
	people being served;					
		and interpreting human				
	behavior;					
		the effect of internal and				
		t may affect people with				
	disabilities;					
		or building positive				
	relationships with per-					
		cultural, environmental and				
	•	that may affect people with				
	disabilities;					
		the importance of and				
		n's involvement in making				
	decisions about their					
		essing individual risk for				
	escalating behavior;					
	` '	tion strategies for defusing				
		entially dangerous behavior;				
	and					
		avioral supports (providing				
		n disabilities to choose				
	activities which direct					
	behaviors which are u					
	(h) Service providers					
		al and refresher training for				
	at least three years.					
	( )	tion shall include:				
		ated in the training and the				
	outcomes (pass/fail);					
	(B) when and w	here they attended; and				
	(C) instructor's	name;				
	(2) The Division	n of MH/DD/SAS may				
	review/request this do	ocumentation at any time	1			

Division of Health Service Regulation

STATE FORM 6899 OGSJ11 If continuation sheet 2 of 9

CASHING PROPRIETED   CASHING   CONSTRUCTION   CON	DIVISION OF Flearth Service Regulation		_				
MHL082-041  MHL082-041  STREET ADDRESS, CITY, STATE, ZIP CODE  168 HERRING AVENUE GARLAND GROUP HOME  168 HERRING AVENUE GARLAND, NC 28441  (ICACH DEPICIENCY MUST BE PRECEDED BY FULL REGISTER TAGE (ICACH DEPICIENCY MUST BE PRECEDED BY FULL REGISTER TAGE (ICACH DEPICIENCY MUST BE PRECEDED BY FULL REGISTER TAGE (I) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring a passing grade on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competence by scoring a passing grade on testing in an instructor training morphism objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(6) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (B) Trainers shall have coached experience teaching a training program and at preventing.			` '	(X2) MULTIPLE	CONSTRUCTION		
MHL082-041    MHL082-041   STREET ADDRESS, CITY, STATE, ZIP CODE	AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
MAKE OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  168 HERRING AVENUE GARLAND, NC 28441  [ACAI DE SUMMARY STATEMENT OF DEFICIENCIES  [ACAI DEFICIENCY MUST BE PRECEDED BY FULL TAG  [ACAI DEFICIENCY MIST BE PRECEDED BY FULL TAG  [ACAI DEFICIENCY]  V 536  [Instructor Qualifications and Training Requirements: [1] Instructor Qualifications and Training program aimed at preventing, reducing and eliminating the need for restrictive interventions. [2] Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. [3] The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.  (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/IDD/SAS pursuant to Subparagraph (i)(5) of this Rule. [5] Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures.  (E) Trainers shall have coached experience teaching a training program amid at preventing,					<u>—</u>	1	
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CARLAND GROUP HOME   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   PROFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   CROSS-REFERENCED TO THE APPROPRIATE   DATE      V 536   Continued From page 2   Ci) Instructor Qualifications and Training   Requirements: (1)   Trainers shall demonstrate competence   by scoring 100% on testing in a training program   aimed at preventing, reducing and eliminating the   need for restrictive interventions. (2)   Trainers shall demonstrate competence   by scoring a passing grade on testing in an instructor training program. (3)   The training shall be   competency-based, include measurable learning   objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or a failing the course. (4)   The content of the instructor training the service provider plans to employ shall be   approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(6) of this Rule. (5)   Acceptable instructor training programs   shall include but are not limited to presentation of: (A)   understanding the adult learner; (B)   methods for teaching content of the course; (C)   methods for evaluating trainee   performance; and (D)   documentation procedures. (6)   Trainers shall have coached experience   teaching a training program aimed at preventing,		-		, ,	•		
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teaching a training program aimed at preventing,							
reducing and eliminating the need for restrictive							
		•	_				
interventions at least one time, with positive			one time, with positive				
review by the coach.		review by the coach.					
(7) Trainers shall teach a training program		(7) Trainers sha	all teach a training program				
aimed at preventing, reducing and eliminating the		aimed at preventing, i	reducing and eliminating the				
need for restrictive interventions at least once							
annually.		annually.					
(8) Trainers shall complete a refresher			all complete a refresher				
instructor training at least every two years.							
(j) Service providers shall maintain							

Division of Health Service Regulation

STATE FORM 6899 OGSJ11 If continuation sheet 3 of 9

Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
MHL082-041		B. WING		02/20/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CARL AND	ODOUD HOME	168 HERRI	NG AVENUE		
GARLANL	GROUP HOME	GARLAND	, NC 28441		
240.45	CLIMMADY CT	ATEMENT OF DEFICIENCIES	<u> </u>	DDOVIDED'S DI AN OF CORDECTION	1 000
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
.,		,		DEFICIENCY)	
V 536	Continued From page	e 3	V 536		
		al and refresher instructor			
	training for at least the	ree years.			
	(1) Docume	entation shall include:			
		ated in the training and the			
	outcomes (pass/fail);	S .			
		where attended; and			
	\ <i>\</i>				
		n of MH/DD/SAS may			
	•	is documentation any time.			
	(k) Qualifications of 0				
	(1) Coaches sh	all meet all preparation			
	requirements as a tra	iner.			
	(2) Coaches sh	all teach at least three times			
	the course which is be				
		all demonstrate			
	` '				
	competence by comp				
	train-the-trainer instru				
		all 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 three of three audited staff					
	•	the Qualified Professional			
	(QP)) received annua				
		ive interventions. The			
		ive interventions. The			
	findings are:				
	Review on 02/19/19 of	of the staff #1's personnel			
	record revealed:				
	- Date of hire: 10/25/0	07.			
		n alternatives to restrictive			
	interventions.	S. S. Mario to roomotivo			
	IIIICI VCIIIIOIIO.		1	I .	I

Division of Health Service Regulation

STATE FORM 6899 OGSJ11 If continuation sheet 4 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
		MHL082-041	B. WING		02	/20/2019
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET AI			E, ZIP CODE		
GARLANI	O GROUP HOME		RRING AVENUE ND, NC 28441			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 536	Continued From page	e 4	V 536			
	record revealed: - Date of hire: 06/20/	of the staff #2's personnel 12. n alternatives to restrictive				
	revealed: - Date of hire: 10/15/	of the QP's personnel record  16.  In alternatives to restrictive				
	Interview on 02/19/19 the Executive Director/QP stated: -She is waiting on the agency trainer to recieve a training packet to train the staffShe would arrange for the training to be scheduled.					
V 537	27E .0108 Client Rigl	nts - Training in Sec Rest &	V 537			
	ISOLATION TIME-OU (a) Seclusion, physic time-out may be emp been trained and hav competence in the pr to these procedures. staff authorized to emprocedures are retraicompetence at least (b) Prior to providing disabilities whose treatments.	CAL RESTRAINT AND JT cal restraint and isolation loyed only by staff who have e demonstrated oper use of and alternatives Facilities shall ensure that apploy and terminate these ned and have demonstrated annually. direct care to people with atment/habilitation plan terventions, staff including				

Division of Health Service Regulation

STATE FORM 6899 OGSJ11 If continuation sheet 5 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL082-041		B. WING		02/2	0/2019
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GARLAND GROUP HOME		ING AVENUE ), NC 28441			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	) BE	(X5) COMPLETE DATE
seclusion, physical reand shall not use these training is completed demonstrated.  (c) A pre-requisite for demonstrating competraining in preventing, the need for restrictive (d) The training shall include measurable lemeasurable testing (vibehavior) on those obmethods to determine course.  (e) Formal refresher by each service provice annually).  (f) Content of the trait provider plans to empthe Division of MH/DE Paragraph (g) of thise (g) Acceptable training but are not limited to, (1) refresher into the use of restrictive in (2) guidelines of (understanding imminothers);  (3) emphasis of rights and dignity of a concepts of least restrictive interventions which in assessment and mon	olete training in the use of straint and isolation time-out se interventions until the and competence is a taking this training is etence by completion of reducing and eliminating e interventions. The competency-based, earning objectives, written and by observation of objectives and measurable e passing or failing the training must be completed der periodically (minimum ming that the service oloy must be approved by O/SAS pursuant to Rule.  The programs shall include, presentation of: formation on alternatives to interventions; on when to intervene ment danger to self and an intervention; or the safe implementation cions; mergency safety	V 537			

Division of Health Service Regulation

STATE FORM 6899 OGSJ11 If continuation sheet 6 of 9

(X3) DATE SURVEY COMPLETED	
20/2019	
20/2019	
-	
(X5) COMPLETE	
DATE	

Division of Health Service Regulation

STATE FORM 6899 OGSJ11 If continuation sheet 7 of 9

DIVISION	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		
MHL082-041		B. WING	<del></del>	02/20/2019			
NAME OF D	ROVIDER OR SUPPLIER	STDEET AF	DRESS, CITY, STA	TE ZID CODE			
NAME OF T	NOVIDEN ON 3011 LIEN			TE, ZII GODE			
GARLAND	GROUP HOME		RING AVENUE				
· · · · · · · · · · · · · · · · · · ·		GARLAN	D, NC 28441				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)		
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE		
				DEFICIENCY)			
V 537	Continued From page	7	V 537				
• 00.	Continued From page	. I	• • • •				
	(6) Acceptable	instructor training programs					
	shall include, but not	be limited to, presentation					
	of:	·					
		ng the adult learner;					
		r teaching content of the					
	course:	r todoming contont of the					
	,	of trainee performance; and					
		ion procedures.					
	• •	·					
	` '	all be retrained at least					
		strate competence in the use					
		restraint and isolation					
		in Paragraph (a) of this					
	Rule.						
	(8) Trainers sha	all be currently trained in					
	CPR.						
	(9) Trainers sha	all have coached experience					
	in teaching the use of	f restrictive interventions at					
	least two times with a	positive review by the					
	coach.	, , , , , , , , , , , , , , , , , , , ,					
	(10) Trainers sha	all teach a program on the					
	` '	ventions at least once					
	annually.						
	-	all 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.						
	_	-					
	` '	tion shall include:					
		ated in the training and the					
	outcome (pass/fail);						
		vhere they attended; and					
	(C) instructor's						
	(2) The Division	n of MH/DD/SAS may					
	review/request this do	ocumentation at any time.					
	(I) Qualifications of C	Coaches:					
	* *	nall meet all preparation					
	requirements as a tra						
	•	nall teach at least three					
	times, the course whi						

STATE FORM 6899 OGSJ11 If continuation sheet 8 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL082-041		B. WING		02/2	0/2019	
GARLAND GROUP HOME		DRESS, CITY, STA	TE, ZIP CODE			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	competence by comp train-the-trainer instru (m) Documentation s preparation as for trainable tra	all demonstrate letion of coaching or ction. hall be the same ners.  as evidenced by: ews and interviews, the extree of three audited staff the Qualified Professional I training updates in straint and isolation are:  of the staff #1's personnel  of the staff #2's personnel  canining updates in seclusion, isolation time-out.  of the QP's personnel record  of the QP's personnel record	V 537	DELIGITION ()		

Division of Health Service Regulation

STATE FORM 6899 OGSJ11 If continuation sheet 9 of 9