	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMP	SURVEY PLETED
		MHL080-173	B. WING		08/01/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CE PRO	GRAM		ILDREN'S CIRCLE ELL, NC 28138			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	An annual survey wa Deficiencies were ci	as completed on 8/1/19. ted.				
		ed for the following service C 27G .1300 Residential cents and Children.				
V 118	27G .0209 (C) Medie	cation Requirements	V 118			
	 only be administered order of a person audrugs. (2) Medications shall clients only when auclient's physician. (3) Medications, incl administered only by unlicensed persons pharmacist or other privileged to prepare medications. (4) A Medication Adriall drugs administered kept current. Medicat recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for a medications for a medications. 	on-prescription drugs shall d to a client on the written thorized by law to prescribe I be self-administered by thorized in writing by the uding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer ministration Record (MAR) of ed to each client must be tions administered shall be ly after administration. The e following: and quantity of the drug; idministering the drug;				
	(E) name or initials of drug.(5) Client requests for a second second	e drug is administered; and of person administering the or medication changes or orded and kept with the MAR				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		NUL 000 470		B. WING		00/04/0040	
	ROVIDER OR SUPPLIER	MHL080-173	ADDRESS, CITY, STATE,		08	8/01/2019	
			IILDREN'S CIRCLE	, 0002			
ACE PRO	GRAM	ROCKW	/ELL, NC 28138				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pag	e 1	V 118				
	file followed up by ap with a physician.	ppointment or consultation					
	This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure the MARS were kept accurate and current affecting 1 of 3 clients (#3). The findings are:						
	-admission date of 4/ Oppositional Defiant Hyperactivity Disorder Processing Disorder Health Services for F Child Abuse;	and Encounter for Mental Perpetrator of Nonparent ted 7/2/19 for Adderall 20mg					
		/19 at 2:17pm of client #3's revealed Adderall 20mg one					
	5/1/19-7/31/19 revea -facility used weekly -on client #3's MARs 5/6-5/12, 5/13-5/19, medication Adderall instructions: 200mg of	Ū.					
	Interview on 8/1/19 v Professional reveale						

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL080-173	B. WING		30	8/01/2019	
IAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
ACE PROC	GRAM		IILDREN'S CIRCLE /ELL, NC 28138				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
V 118	Continued From page	e 2	V 118				
	-not aware of the error client #3; -documentation error -will ensure issue add	-					
V 120	27G .0209 (E) Medic	ation Requirements	V 120				
	well-lighted, ventilate and 86 degrees Fahr (B) in a refrigerator, it degrees and 46 degr refrigerator is used for shall be kept in a sep or container; (C) separately for eac (D) separately for eac (E) in a secure mann physician for a client (2) Each facility that r controlled substances registered under the	ge: all be stored: ed cabinet in a clean, d room between 59 degrees renheit; f required, between 36 ees Fahrenheit. If the or food items, medications parate, locked compartment ch client; rernal and internal use; er if approved by a to self-medicate. maintains stocks of s shall be currently North Carolina Controlled . 90, Article 5, including any					
	interviews, the facility medications were sto	view, observations and					
	Review on 7/31/19 of	f client #3's record revealed:					

STATEMENT	of Health Service Regu r of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MUI 090 472			00/01/0010		
NAME OF P	ROVIDER OR SUPPLIER	MHL080-173		B. WING 08/01/2019 DDRESS, CITY, STATE, ZIP CODE 08/01/2019			
ACE PRO		1155 CH	ILDREN'S CIRCLE	,			
			ELL, NC 28138				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 120	Continued From page	e 3	V 120				
	Oppositional Defiant Hyperactivity Disorder Processing Disorder Health Services for F Child Abuse; -physician's order da 2% ointment apply th Observation on 7/31/ medications on site r ointment apply three plastic bag with client Interview on 8/1/19 w Professional revealed -not aware of improp ointment;	and Encounter for Mental Perpetrator of Nonparent ted 7/20/19 for Mupirocin tree times daily. (19 at 2:17pm of client #3's evealed Mupirocin 2% times dailystored in a t #3's internal medications.					
V 364	Facilities § 122C-62. Additional Facilities. (a) In addition to the 122C-51 through G.S. who is receiving treat 24-hour facility keeps (1) Send and receiv access to writing mat assistance when nec (2) Contact and com and at no cost to the private physicians, and developmental disab professionals of his com	e rights enumerated in G.S. 5. 122C-61, each adult client tment or habilitation in a s the right to: e sealed mail and have terial, postage, and staff ressary; sult with, at his own expense facility, legal counsel, nd private mental health, ilities, or substance abuse choice; and sult with a client advocate if	V 364				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080-173	B. WING		30	8/01/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ACE PRO	GRAM		IILDREN'S CIRCLE /ELL, NC 28138			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 364	Continued From page	e 4	V 364			
	be restricted by the famay exercise these retimes. (b) Except as provide (h) of this section, eare receiving treatment of facility at all times kee (1) Make and received calls. All long distance the client at the time collect to the receiving (2) Receive visitors a.m. and 9:00 p.m. for hours daily, two hours 6:00 p.m.; however ver precedence over the (3) Communicate and supervision with indiver upon the consent of the (4) Make visits outs unless: a. Commitment pro- the result of the cliener violent crime, including assault with a deadlyr respondent was fourner insanity or incapable b. The client was ver commitment to a correlision of Adult Correlision of Adult Correlision Public Safety; or c. The client is being capacity to proceed parts A court order may extended.	ve confidential telephone be calls shall be paid for by of making the call or made ing party; between the hours of 8:00 or a period of at least six is of which shall be after risiting shall not take rapies; ind meet under appropriate viduals of his own choice the individuals; ide the custody of the facility beceedings were initiated as t's being charged with a ing a crime involving an inveapon, and the ind not guilty by reason of of proceeding; oluntarily admitted or lity while under order of rectional facility of the rection of the Department of ing held to determine bursuant to G.S. 15A-1002; pressly authorize visits by the existence of the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL080-173	B. WING		08	8/01/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
ACE PRO	GRAM		IILDREN'S CIRCLE /ELL, NC 28138			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN O (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AC REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO DEFICIENCY DEFICIENCY DEFICIENCY		CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 364	Continued From page	e 5	V 364			
	several times a week (6) Except as prohib personal clothing and client is being held to proceed pursuant to o (7) Participate in reli (8) Keep and spend own money; (9) Retain a driver's prohibited by Chapter and (10) Have access to it his private use. (c) In addition to the 122C-51 through G.S 122C-59 through G.S client who is receiving a 24-hour facility has proper adult supervis recognition of the mir individual, the minor opportunities to enab emotionally, intellectu vocationally. In view of and intellectual imma 24-hour facility shall structure, supervision the rights given to the Part. The facility shall make reasonable effor minor client receives separate from adult of needs of the minor client who habilitation from a 24 to: (1) Communicate ar	bited by law, keep and use d possessions, unless the o determine capacity to G.S. 15A-1002; igious worship; a reasonable sum of his license, unless otherwise r 20 of the General Statutes; individual storage space for e rights enumerated in G.S. 5. 122C-57 and G.S. 6. 122C-61, each minor g treatment or habilitation in the right to have access to ion and guidance. In nor's status as a developing shall be provided le him to mature physically, ually, socially, and of the physical, emotional, iturity of the minor, the provide appropriate n and control consistent with e minor pursuant to this I also, where practical, ports to ensure that each				

	of Health Service Regun TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		MHL080-173	B. WING		30	3/01/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
ACE PRO	GRAM		ILDREN'S CIRCLE ELL, NC 28138			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE A REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED T		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From page	e 6	V 364			
	or that of his legally r cost to the facility, leg physicians, private m disabilities, or substa his or his legally resp and (3) Contact and con- there is a client advo The rights specified i be restricted by the fa- may exercise these r times. (d) Except as provid (h) of this section, ea- receiving treatment of facility has the right to (1) Make and receiv distance calls shall b time of making the ca- receiving party; (2) Send and receiv writing materials, pos- when necessary; (3) Under appropria- visitors between the p.m. for a period of a hours of which shall l visiting shall not take therapies; (4) Receive special training in accordance (5) Be out of doors of recreation, and physi- basis in accordance	eental health, developmental ince abuse professionals, of consible person's choice; asult with a client advocate, if cate. In this subsection may not acility and each minor client ights at all reasonable ded in subsections (e) and ich minor client who is or habilitation in a 24-hour o: re telephone calls. All long e paid for by the client at the all or made collect to the e mail and have access to stage, and staff assistance te supervision, receive hours of 8:00 a.m. and 9:00 t least six hours daily, two be after 6:00 p.m.; however precedence over school or education and vocational e with federal and State law; daily and participate in play, ical exercise on a regular with his needs; bited by law, keep and use d possessions under				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		08/01/2019	
		MHL080-173				
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ACE PRO	GRAM		ILDREN'S CIRCLE ELL, NC 28138			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
V 364	Continued From page	e 7	V 364			
	being held to determi	ine capacity to proceed				
	pursuant to G.S. 15A	-1002;				
	(7) Participate in rel	igious worship;				
	(8) Have access to	individual storage space for				
	the safekeeping of pe					
		and spend a reasonable sum				
	of his own money; and (10) Retain a driver's license, unless otherwise					
		r 20 of the General Statutes.				
		ated in subsections (b) or (d)				
	•	e limited or restricted except				
	formulation of the clie	•				
		ritten statement shall be				
	-	record that indicates the				
	•	ne restriction. The restriction				
	shall be reasonable a	and related to the client's				
	treatment or habilitati	ion needs. A restriction is				
	effective for a period	not to exceed 30 days. An				
	evaluation of each re	striction shall be conducted				
		ssional at least every seven				
	days, at which time the	-				
		ation of a restriction shall				
		e client's record. Restrictions				
	U	ewed only by a written				
		the qualified professional that states the reason for				
		striction. In the case of an				
	adult client who has i					
	incompetent, in each	-				
	-	l of a restriction of rights, an				
		by the client shall, upon the				
	•	be notified of the restriction				
	and of the reason for	it. In the case of a minor				
	client or an incompet	ent adult client, the legally				
		hall be notified of each				
		restriction or renewal of a				
	-	nd of the reason for it.				
	Notification of the dea		1			1

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED	
			A. BUILDING:				
		MHL080-173	B. WING		08	8/01/2019	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE			
ACE PRO	GRAM		IILDREN'S CIRCLE /ELL, NC 28138				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 364	Continued From pag	e 8	V 364				
	responsible person s writing in the client's	hall be documented in record.					
	This Rule is not met as evidenced by: Based on interviews and records review, the facility failed to ensure each minor client had the right to make and receive telephone call affecting 3 of 3 clients (#1, #2 and #3). The findings are:						
	-admission date of 6, -diagnoses of Attenti Disorder(ADHD) and Disorder(ODD);	on Deficit Hyperactivity I Oppositional Defiant d 5/21/19 documented no					
	-admission date of 6, -diagnoses of ADHD Disorder;	by History and Conduct d 6/18/19 documented no					
	Processing Disorder Health Services for F Child Abuse;	/25/19; ADHD, Central Auditory and Encounter for Mental Perpetrator of Nonparent d 5/23/19 documented no					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL080-173	B. WING		08/01/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ACE PRO	GRAM		IILDREN'S CIRCLE /ELL, NC 28138			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From page	e 9	V 364			
	-facility has "Phases" behaviors get better; -Phase 1 when come -Phase 1 can not ma -can start making pho- can receive phone c	e in; ke any phone calls; one calls on Phase 2; alls on any Phase. vith client #2 revealed:				
	-can't make any phor -people can call and -Phase 1 lasts at leas -can drop to Phase 1 -was on Phase 2, the	ne calls on Phase 1; can take call; st a week when admitted; if bad behaviors; en dropped to Phase 1; because was off task, got in				
	-can only make phon above;	vith client #3 revealed: le calls on Phase 2 and y receive phone calls;				
	Interview on 8/1/19 w Professional revealer -not aware of client ri -will address issue an	d: ights violation;				
V 536	27E .0107 Client Rig Int.	hts - Training on Alt to Rest.	V 536			
		RESTRICTIVE plement policies and size the use of alternatives				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL080-173	B. WING		30	8/01/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ACE PRO	GRAM		IILDREN'S CIRCLE /ELL, NC 28138			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 536	Continued From page	e 10	V 536			
	disabilities, staff inclue employees, students demonstrate competer completing training in other strategies for cl which the likelihood of or injury to a person of property damage is p (c) Provider agencie based on state comp internal compliance a on data gathered. (d) The training shall include measurable I measurable testing (v of behavior) on those methods to determine course. (e) Formal refresher by each service prov annually). (f) Content of the tra provider wishes to er the Division of MH/DI Paragraph (g) of this (g) Staff shall demor following core areas: (1) knowledge people being served; (2) recognizing external stressors that disabilities; (4) strategies f relationships with per (5) recognizing	ence by successfully a communication skills and reating an environment in of imminent danger of abuse with disabilities or others or prevented. s shall establish training betencies, monitor for and demonstrate they acted be competency-based, earning objectives, written and by observation e objectives and measurable e passing or failing the training must be completed ider periodically (minimum ining that the service mploy must be approved by D/SAS pursuant to Rule. nstrate competence in the and understanding of the				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:			
		MHL080-173	B. WING		08	/01/2019
NAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ACE PROG	RAM		IILDREN'S CIRCLE /ELL, NC 28138			
PREFIX (EACH DEFICIENC)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AC REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
	assisting in the perso decisions about their (7) skills in ass escalating behavior; (8) communica and de-escalating po behavior; and (9) positive bel means for people wit activities which direct behaviors which are (h) Service providers documentation of init at least three years. (1) Documenta (A) who particip outcomes (pass/fail); (B) when and v (C) instructor's (2) The Divisio review/request this d (i) Instructor Qualific Requirements: (1) Trainers sh competence by scori training program aim and eliminating the n interventions. (2) The training competency-based, i objectives, measuration observation of behav	g the importance of and on's involvement in making life; sessing individual risk for ation strategies for defusing tentially dangerous havioral supports (providing h disabilities to choose tly oppose or replace unsafe). s shall maintain ial and refresher training for ation shall include: bated in the training and the where they attended; and name; n of MH/DD/SAS may ocumentation at any time. ations and Training all demonstrate ng 100% on testing in a ed at preventing, reducing eed for restrictive all demonstrate ng a passing grade on or training program.	V 536			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL080-173			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		I		30	8/01/2019	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
ACE PRO	GRAM		IILDREN'S CIRCLE /ELL, NC 28138			
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 536	Continued From page	e 12	V 536			
	 (4) The content the service provider papproved by the Division pursuant to Subparage (5) Acceptable shall include but are noted of: (A) understandii (B) methods for course; (C) methods for performance; and (D) documentation (6) Trainers shate experience teaching a preventing, reducing restrictive intervention positive review by the (7) Trainers shate at preventing, the need for restrictive once annually. (8) Trainers shate instructor training at I (j) Service providers documentation of initit training for at least the (1) Docume (A) who particip outcomes (pass/fail); (B) when and we (C) instructor's (2) The Division request and review the (k) Qualifications of (1) Coaches shate at preventing at a trainer of (1) Coaches shate at preventing). 	t of the instructor training plans to employ shall be sion of MH/DD/SAS graph (i)(5) of this Rule. instructor training programs not limited to presentation ing the adult learner; r teaching content of the or evaluating trainee tion procedures. all have coached a training program aimed at and eliminating the need for ins at least one time, with e coach. all teach a training program reducing and eliminating re interventions at least all complete a refresher east every two years. shall maintain ial and refresher instructor ree years. entation shall include: bated in the training and the where attended; and name. n of MH/DD/SAS may his documentation any time. Coaches: nall meet all preparation tiner. nall teach at least three				

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		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	MHL080-173				08	8/01/2019
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	, ZIP CODE		
ACE PRO	GRAM		IILDREN'S CIRCLE /ELL, NC 28138			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 536	Continued From page 13		V 536			
	competence by comp train-the-trainer instru	hall demonstrate bletion of coaching or uction. hall be the same preparation				
	facility failed to ensur in alternatives to rest formal refresher train at least annually for 2	as evidenced by: view and interviews, the re demonstrate competency rictive interventions and ing was completed by staff 2 of 2 staff (#1, #2) and the al(QP). The findings are:				
	Intervention Specialis training in CPI (Nonv 7/25/18 with no curre training; -staff #2 was hired or Intervention Specialis CPI (Nonviolent Crisi -the QP was hired or training in CPI (Nonv	f personnel records n 6/2/17 with the job title of st and last completed iolent Crisis Intervention) on ent certification of updated n 8/23/18 with the job title of st and completed training in is Intervention) on 11/14/18; n 8/6/99 and last completed iolent Crisis Intervention) on ent certification of updated				
	revealed: -have CPI training or	with Human Resources staff nce a month; were scheduled for the July				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-173			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING		08	8/01/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ACE PRO	GRAM		ILDREN'S CIRCLE /ELL, NC 28138			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
V 536	Continued From page	e 14	V 536			
	had to cancel the Jul -the QP and staff #1's date(7/31/19); -they are on the sche CPI training; -the next CPI training Review on 7/31/19 of from 5/1/19-7/31/19 r -incident dated 7/3/19 into a physical alterca -client #2 was punchen nose bleed; -staff tried to interven Review on 8/1/19 of f restrictive interventio	ad a family emergency and y 2019 training; s CPI will expire this edule for the August 2019 g will be held 8/19/19. f facility incident reports revealed: 9 client #1 and client #2 got ation; ed in the nose and had a ne.				
	revealed: -in living room, were picture frame at clien -staff were in office w -got into a fight; -staff could not do an -happened in front liv on front porch; -client #1 did not hav -staff #1 did step in fr	vatching cameras; ything; ring room and then outside e any injuries; ront of client #1 to stop fight; bleed where client #1 o stop fighting; afterwards; ;				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.				
		MHL080-173	B. WING		08	8/01/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STATE,	, ZIP CODE			
ACE PRO	GRAM		IILDREN'S CIRCLE /ELL, NC 28138				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE	
V 536	Continued From page	e 15	V 536				
	-not here during fight -feel staff need to sep arguing; -respond quicker. Interview on 8/1/19 w -do not restrain at thi -client #1 and client # forth; -client #2 threw a pic -client #1 and #2 got -client #2's nose was -told them to stop; -when saw blood on client #1; -took client #2 to hos -QP talked to them a getting along, interve Interview on 8/1/19 w -client #2 had been a day; -they were in living ro -client #1 got up in cl forth;	s facility ⁴ 2 were bickering back and ture frame at client #1; into a fight; busted; client #2, stepped in front of pital for his nose; bout if see clients not ne, separate, prevent fights. with staff #2 revealed: intagonizing client #1 all bom together; ture frame at client #1; ient #2's face, talk back and					
	-tried to intervene; -staff #1 stepped in fi -client #2 had a blood -QP talked about try						
	-no more fights.	,,					
	Interview on 8/1/19 w -since fight, discusse	vith the QP revealed: d and supervised staff on					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL080-173	B. WING		30	3/01/2019	
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	, ZIP CODE			
CE PRO	GRAM		ELL, NC 28138				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 536	how to intervene to p escalating between o altercations; -do not restrain but o de-escalation technic -instructed staff if the	prevent things from clients to physical an do processing, ques, call campus police; ey hear clients arguing, ask if ad out what is going on, try to pugh it;	V 536				