If continuation sheet 1 of 11

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIJI TIPI	E CONSTRUCTION	(X3) DATE	SURVEY
	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1		COMP	ETED.
		MHL092-338	B. WING		05/0	1/2019
NAME OF P	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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31 WAR			PRINGS, NO			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	TS	V 000			
	on May 01, 2019. This facility is licer	ow-up survey was completed Deficiencies were cited.				
~	category: 10A NC/ Living for Adults w	AC 27G 5600C Supervised with Developmental Disabilities.	Avade production of the Control			
V 108	27G .0202 (F-I) Pe	ersonnel Requirements	V 108	In reference	toV108	5 23)19
	(f) Continuing education (g) Employee train	0202 PERSONNEL Sucation shall be documented. Ining programs shall be a minimum, shall consist of the		In reference of Corrections Co And noted	ompletal n pose	
	following: (1) general orgar (2) training on cli delineated in 10A 10A NCAC 26B;	nizational orientation; ent rights and confidentiality as NCAC 27C, 27D, 27E, 27F and	d	2311.		
	client as specified plan; and (4) training in info	eet the mh/dd/sa needs of the d in the treatment/habilitation ectious diseases and ogens.				
	(h) Except as per .5602(b) of this S member shall be times when a clie member shall be	mitted under 10a NCAC 27G subchapter, at least one staff available in the facility at all ent is present. That staff trained in basic first aid				
	to provide cardio trained in the He techniques such	management, currently trained pulmonary resuscitation and imlich maneuver or other first a as those provided by Red Cros	id			And according to the property of the control of the
	equivalence for r	art Association or their relieving airway obstruction. g body shall develop and es and procedures for identifyir				
	reporting, investi	gating and controlling infectious ole diseases of personnel and	S			

Division of	of Health Service Re	egulation	0(0) 1411 7101 7	CONCEDUCTION	(X3) DATE SU	RVEY
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		MHL092-338	B. WING		05/01/	2019
NAMEOF	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST.	ATE, ZIP CODE		
	('S MANOR	3735 HERI	TAGE MEADO			
				PROVIDER'S PLAN OF CORRECT	TION	(X5)
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V 108	Continued From p	age 1	V 108			
	clients.					
V 53	Based on record realled to ensure or maintained currer resuscitation (CPI Record review on - hire date 03 - CPR training 19. During interview I of the training being shifts. 27E .0107 Client Int. 10A NCAC 27E . ALTERNATIVES INTERVENTION (a) Facilities shat practices that ento restrictive inte (b) Prior to providisabilities, staff employees, stud demonstrate cor completing training other strategies which the likelihotes.	icensee stated he wasn't aware ng expired. Staff work alone on Rights - Training on Alt to Rest. O107 TRAINING ON TO RESTRICTIVE S all implement policies and apphasize the use of alternatives rventions. iding services to people with including service providers, ents or volunteers, shall impetence by successfully and in communication skills and for creating an environment in good of imminent danger of abuse is on with disabilities or others or	V 536	In reference to The Administrate will Conduct of record reviews ensure all tri are within Con and updated. In reference to Covertions one on pase 6 %!	untilg Lo venings apliance	

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 05/01/2019 B. WING MHL092-338 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3735 HERITAGE MEADOW LANE ST MARK'S MANOR HOLLY SPRINGS, NC 27540 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 Continued From page 2 V 536 (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). (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 people being served; recognizing and interpreting human (2)behavior; recognizing the effect of internal and external stressors that may affect people with disabilities: strategies for building positive (4)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 (7)escalating behavior; communication strategies for defusing and de-escalating potentially dangerous behavior; and

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 05/01/2019 MHL092-338 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3735 HERITAGE MEADOW LANE ST MARK'S MANOR HOLLY SPRINGS, NC 27540 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 V 536 Continued From page 3 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. Documentation shall include: (1)(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. (i) Instructor Qualifications and Training Requirements: Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. 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. Acceptable instructor training programs (5)shall include but are not limited to presentation of: understanding the adult learner; (A) (B) methods for teaching content of the course: methods for evaluating trainee (C)

Division of Health Service Regulation

Division of	of Health Service Re	egulation		CONCEDUCTION	(X3) DATE	SURVEY
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V 536		age 4	V 536			
	(6) Trainers teaching a training reducing and eliminaterventions at least review by the coad (7) Trainers aimed at preventing need for restrictive annually. (8) Trainers instructor training (j) Service provided documentation of training for at least (1) Doc (A) who part outcomes (pass/ft (B) when at (C) instruct (2) The Diverguest and review (k) Qualifications (1) Coache requirements as (2) Coache the course which (3) Coache competence by contrain-the-trainer in the course when the course which (3) Coache competence by competen	shall teach a training program ag, reducing and eliminating the elinterventions at least once shall complete a refresher at least every two years. ers shall maintain initial and refresher instructor at three years. umentation shall include: ticipated in the training and the ail); and where attended; and or's name. ision of MH/DD/SAS may we this documentation any time. It is shall meet all preparation at trainer. It is shall teach at least three times is being coached. It is shall demonstrate completion of coaching or				

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: _ B. WING MHL092-338 05/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3735 HERITAGE MEADOW LANE ST MARK'S MANOR HOLLY SPRINGS, NC 27540 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 536 V 536 Continued From page 5 This Rule is not met as evidenced by: 5/18/19 In reference to V536 The Administration will Based on review of records and interviews the facility failed to ensure three of three audited staff (#1-#3) had current training in the use of cho monthly record seviens to enouse all trainings are Completed and within compliance Alternative to Restrictive Interventions. The findings are: Review on 04-29-19 of the administrator personnel record revealed - hire date 1997 - training on alternative to restrictive intervention expired 03-19-18 Review on 04-29-19 of Staff #1's personnel record revealed -hire date 03-1999 -training on alternative to restrictive intervention expired 03-19-18 Review on 04-29-19 of Staff #3's personnel record revealed - hire date 09-10-2007 - training on alternative to restrictive intervention expired 03-19-18 Review on 05-01-19 of an email dated 04-30-19 revealed that an alternative to restrictive intervention training for the above staff was In reference to VS37 5/18/19 Corrections completed And noted on page scheduled for 05-04-19. V 537 V 537 27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT 10 711. (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING MHL092-338 05/01/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3735 HERITAGE MEADOW LANE ST MARK'S MANOR HOLLY SPRINGS, NC 27540 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 537 V 537 Continued From page 6 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 by each service provider periodically (minimum annually). (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:

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others):

(2) guidelines on when to intervene (understanding imminent danger to self and

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 05/01/2019 B. WING MHL092-338 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3735 HERITAGE MEADOW LANE ST MARK'S MANOR HOLLY SPRINGS, NC 27540 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 537 Continued From page 7 V 537 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; prohibited procedures; (6)debriefing strategies, including their (7)importance and purpose; and documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. Documentation shall include: who participated in the training and the (A) outcomes (pass/fail); when and where they attended; and (B) instructor's name. (C) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification 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. Trainers shall demonstrate competence (2)by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ B. WING MHL092-338 05/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3735 HERITAGE MEADOW LANE ST MARK'S MANOR HOLLY SPRINGS, NC 27540 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 537 V 537 Continued From page 8 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 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. (7)Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. Trainers shall be currently trained in (8) CPR. Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. Trainers shall teach a program on the (10)use of restrictive interventions at least once annually. Trainers shall complete a refresher (11)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)who participated in the training and the (A)

Division of Health Service Regulation STATE FORM

Division o	of Health Service Re	egulation	(X2) MI II TIPI F	CONSTRUCTION	(X3) DATE SUF	
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	Based on review facility failed to e (#1-#3) had curn Restrictive Interview on 04-29 personnel record - hire date 1 - training on 03-19-18 Review on 04-29 record revealed - hire date 0 - training on 19-18 Review on 04-20	eview on 04-29-19 of Staff #1's personnel cord revealed -hire date 03-1999 -training on restrictive intervention expired 03		In reference to The Administrate Conduct Months Neviews to In Jurings are ond complete remain in con	sure all	en e

Division of	of Health Service Re	egulation		ACMOTRUCTION	(X3) DATE S	URVEY
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V 537	Continued From pa	age 10	V 537			
		estrictive intervention expired 03				
	revealed that an a	19 of email dated 04-30-19 Iternative to restrictive ag for the above staff was 04-19.				
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