Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			SURVEY LETED	
			7 5			
		MHL0411090	B. WING		12/1	2/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CREATIV	E MANAGEMENT SC	DURCE INC	VEST WENDO BORO, NC 2	OVER AVENUE 17407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	rs	V 000			
	on 12/12/19. The contract of t	ficiencies were cited. sed for the following service				
	10A NCAC 27G .1200 Psychosocial Rehabilitation; 10A NCAC 27G .2300 Adult Developmental Vocational Programs and 10A NCAC 27G .5400 Day Activity					
V 108	27G .0202 (F-I) Per	rsonnel Requirements	V 108			
V 108  27G .0202 (F-I) Personnel Requirements  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						

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

(X6) DATE TITLE

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		MHL0411090	B. WING		12/1	2/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CREATI\	/E MANAGEMENT SC	DURCE INC		OVER AVENUE		
	Г	GREENSE	BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 108	Continued From pa	ige 1	V 108		ļ	
	equivalence for reli (i) The governing be implement policies reporting, investiga	t Association or their leving airway obstruction. loody shall develop and and procedures for identifying, and controlling infectious e diseases of personnel and				
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were trained in basic first aid, including seizure management and trained to provide cardiopulmonary resuscitation (CPR), the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence affecting 5 of 6 audited staff (#1, #2 #3, the Alternative Family Living (AFL) provider and the Executive Director/Qualified Professional #2 (ED/QP #2)). The findings are:					
	- A hire date of 7 - A certificate who completed online to cardiopulmonary of the cardiopul	nich reflected staff #1 had raining in First Aid/CPR resuscitation) with the ray of CPR and First Aid." as set to expire on 9/18/20 on the First Aid/CPR certificate this individual has successfully experienced course and has reciency in the subject by reation, in accordance with the resus of American Academy of				

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Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL0411090	B. WING		12 <i>l*</i>	12/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE	<u>.</u>	
CREATIV	'E MANAGEMENT SC	DURCE, INC		OVER AVENUE		
0(4) ID	CHMMADV CTA	ATEMENT OF DEFICIENCIES	ISBORO, NC 2	PROVIDER'S PLAN OF C	ODDECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 108	Continued From pa	age 2	V 108			
	subject though other online training with equivalent to the Arr the American Heart Interview on 12/9/19	nstrated proficiency in the er than the completion of an a company which was not merican Red Cross (ARC) or t Association (AHA)  9 with staff #1 revealed: ne facility's day activity and				
		king programs as a one on or	ne			
	Review on 12/9/19 of staff #2's record revealed:  - A hire date of 9/24/18  - A certificate which reflected staff #2 had completed online training in First Aid/CPR with the "American Academy of CPR and First Aid."  - This training was set to expire on on 11/13/21  - A statement on the First Aid/CPR certificate read as follows: "This individual has successfully completed the above mentioned course and has demonstrated proficiency in the subject by passing the examination, in accordance with the terms and conditions of American Academy of CPR and First Aid, Inc."  - No further documentation which reflected staff #2 had demonstrated proficiency in the subject through other than the completion of an online training with a company which was not equivalent to the ARC or the AHA  Interview on 12/9/19 with staff #2 revealed:  - He worked in the facility's day activity program as well as a one on one staff with client		21 y s			
	<ul><li>A hire date of 1</li><li>A certificate wh completed online tr</li></ul>	of staff #3's record revealed: /29/18 lich reflected staff #3 had raining in First Aid/CPR with demy of CPR and First Aid."				

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	in Service Re	<u>-galation</u>						
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL0411	090	B. WING		12/1	2/2019	
NAME OF PROVIDER	OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
				, ,	OVER AVENUE			
CREATIVE MANA			GREENSE	BORO, NC 2	7407			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
	Continued From page 3 - This training was set to expire on 9/19/20							
- As read as comple demon passin terms a CPR a - No staff #3 subject online equiva	statement on s follows: "The ted the above strated profing the examinand condition of First Aid, of further document through other training with lent to the Allew on 12/9/1	the First Aid/C his individual have mentioned coiency in the sunation, in according of American Inc."  Inc."  Immentation which istrated proficie her than the conda company white RC or the AHA  9 with staff #3 r	PR certificate as successfully ourse and has abject by dance with the Academy of the reflected ency in the appletion of an ich was not					
commi		ne facility's day king programs a	activity and as a one on one					
(AFL)   - A the control of the contr	Review on 12/9/19 of the Alternative Family Living (AFL) provider record revealed:  - A hire date of 11/27/17 as an AFL provider  - A certificate which reflected the AFL provider had completed online training in First Aid/CPR with the "American Academy of CPR and First Aid."							
- As read as comple demon passin terms a CPR a - No AFL pr subject online	statement on s follows: "The ted the above strated profice g the examinand condition and First Aid, o further docu ovider had do t through oth training with	ve mentioned c ciency in the su nation, in accord ns of American Inc." umentation whice	PR certificate as successfully ourse and has object by dance with the Academy of the reflected the reflected in the opletion of an					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL04110	90	B. WING		12/	12/2019
	PROVIDER OR SUPPLIER	OURCE, INC	3407-G W		STATE, ZIP CODE OVER AVENUE 7407		
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V 108	Interview on 12/9/11 revealed:  - He had been hi agency being surve.  - His AFL client (and community net same agency.  Review on 12/9/19 Director/Qualified Frecord revealed:  - A hire date of 2  - A certificate wh had completed onliwith the "American Aid."  - This training was a statement on read as follows: "The completed the above demonstrated profice passing the examinaterms and condition CPR and First Aid,  - No further documents and condition CPR and First Aid,  - No further documents and completed the above of the ARC or the All training with a complete of the ARC or the All	g with the AFL process as an AFL process of the Executive Professional #2's 17/13 ich reflected the ne training in Finance Academy of CPlass set to expire of the First Aid/CP his individual has we mentioned conciency in the substantion, in accordans of American Alnc." Immentation which constrated profice he completion of pany which was HA 19 and on 12/12 informed by Local Managed Care as acceptable to line computer class and the computer class acceptable to line class acceptable to line computer class acceptable to line computer class acceptable to line class acceptable to line class acceptable to line class acceptable to line class acceptable	rovider by the ed day activity through this (ED/QP #2's)  ED/QP #2 st Aid/CPR R and First on 3/21/20 PR certificate successfully urse and has oject by ance with the academy of the reflected the iency in the fan online not equivalent (19 with the ed)  Organization have staff ass for First raining was	V 108			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) DA  CO			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 108	Continued From pa	ge 5	V 108			
		seeking someone to teach th setting as soon as possible.	е			
V 537	27E .0108 Client Ri	ights - Training in Sec Rest &	V 537			
	ISOLATION TIME-(a) Seclusion, physitime-out may be en been trained and had competence in the to these procedures staff authorized to e procedures are retrompetence at least (b) Prior to providin disabilities whose traincludes restrictive service providers, evolunteers shall conseclusion, physical and shall not use the training is completed demonstrated.  (c) A pre-requisited demonstrating com training in preventing the need for restrict (d) The training shall include measurable measurable testing behavior) on those methods to determine course.  (e) Formal refreshers	SICAL RESTRAINT AND OUT sical restraint and isolation apployed only by staff who has ave demonstrated proper use of and alternatives. Facilities shall ensure that employ and terminate these rained and have demonstrated and have demonstrated and have demonstrated and the proper with reatment/habilitation plan interventions, staff including employees, students or interventions in the use of restraint and isolation time-onese interventions until the end and competence is for taking this training is petence by completion of any, reducing and eliminating	es to the decision of			

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  V 537 Continued From page 6  (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: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others);  (3) 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);  (4) strategies for the safe implementation of restrictive interventions;  (5) 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		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  CREATIVE MANAGEMENT SOURCE, INC  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 537  Continued From page 6  (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: (1) refresher information on alternatives to the use of restrictive interventions;  (2) guidelines on when to intervene (understanding imminent danger to self and others);  (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions);  (4) strategies for the safe implementation of restrictive interventions;  (5) 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				A. BUILDING:			
CREATIVE MANAGEMENT SOURCE, INC  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 537  Continued From page 6  (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:  (1) refresher information on alternatives to the use of restrictive interventions;  (2) guidelines on when to intervene (understanding imminent danger to self and others);  (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions);  (4) strategies for the safe implementation of restrictive interventions;  (5) 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			MHL0411090	B. WING		12/1	2/2019
(A) ID PREFIX (EACH DEFICIENCY INSTALLANCY OR LSC IDENTIFYING INFORMATION)  V 537  Continued From page 6  (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 on alternatives to the use of restrictive interventions;  (2) guidelines on when to intervene (understanding imminent danger to self and others);  (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions;  (4) strategies for the safe implementation of restrictive interventions;  (5) 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	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CAJ ID   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   PROVIDER'S PLAN OF CORRECTION   CEACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   CROSS-REFERENCED TO THE APPROPRIATE   DATE      V 537   Continued From page 6   (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: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions); (4) strategies for the safe implementation of restrictive interventions; (5) 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		/=	3407-G W	EST WENDO	OVER AVENUE		
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 537  Continued From page 6  (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:  (1) refresher information on alternatives to the use of restrictive interventions;  (2) guidelines on when to intervene (understanding imminent danger to self and others);  (3) 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);  (4) strategies for the safe implementation of restrictive interventions;  (5) 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	CREATIV	VE MANAGEMENT SC	DURCE, INC GREENSE	BORO, NC 2	7407		
(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:  (1) refresher information on alternatives to the use of restrictive interventions;  (2) guidelines on when to intervene (understanding imminent danger to self and others);  (3) 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);  (4) strategies for the safe implementation of restrictive interventions;  (5) 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	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
(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:  (1) refresher information on alternatives to the use of restrictive interventions;  (2) guidelines on when to intervene (understanding imminent danger to self and others);  (3) 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);  (4) strategies for the safe implementation of restrictive interventions;  (5) 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	V 537	Continued From pa	age 6	V 537			
restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) 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); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training	V 537	(f) Content of the transport of the Division of MH/Paragraph (g) of th (g) Acceptable train but are not limited to (1) refresher the use of restrictiv (2) guidelines (understanding immothers); (3) emphasis rights and dignity of concepts of least reincremental steps in (4) strategies of restrictive interversions which assessment and many psychological well-luse of restrictive intervent (6) prohibited (7) debriefing importance and pur (8) document (6) prohibited (7) debriefing importance and pur (8) document (9) Service provided documentation of in at least three years (1) Document (A) who particulation of in at least three years (1) Document (C) instructor (2) The Divis review/request this	raining that the service mploy must be approved by DD/SAS pursuant to is Rule. ning programs shall include, to, presentation of: information on alternatives to re interventions; son when to intervene minent danger to self and son safety and respect for the fall persons involved (using restrictive interventions and nan intervention); for the safe implementation rentions; femergency safety include continuous ronitoring of the physical and being of the client and the safe repose; and tation methods/procedures. It is shall maintain mitial and refresher training for some continuous rention shall include: cipated in the training and the safe respective to the safe respective to the training and the safe respective to t	V 537			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL0411090	B. WING		12/	12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
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CREATIV	/E MANAGEMENT SC	GREEN	SBORO, NC 2	27407		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 537	Continued From pa	ge 7	V 537			
V 537	(1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s by scoring 100% or teaching the use of and isolation time-or (3) Trainers s by scoring a passin instructor training p (4) The trainic competency-based objectives, measurable method failing the course. (5) The contestivity approved by the Disto Subparagraph (j) (6) Acceptab shall include, but no of:	shall demonstrate competence testing in a training program g, reducing and eliminating the interventions. Shall demonstrate competence testing in a training program seclusion, physical restraint but.  Shall demonstrate competence g grade on testing in an rogram.  In g shall be given the instructor training or the instructor training or the total total testing the instructor training the instructor of the instructor training the instructor of MH/DD/SAS pursual	e e e e e e e e e e e e e e e e e e e			
		for teaching content of the				
	(C) evaluation (D) document (7) Trainers sannually and demonstrated for the control of seclusion, physic time-out, as specific Rule.  (8) Trainers sannually evaluation (Rule of the control of the contr	n of trainee performance; and cation procedures. Shall be retrained at least instrate competence in the usual restraint and isolation ed in Paragraph (a) of this shall be currently trained in	е			
	in teaching the use	shall have coached experience of restrictive interventions at a positive review by the	e			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL0411090	B. WING		12/1	2/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
CREATIV	/E MANAGEMENT SC	DURCE, INC	/EST WENDO BORO, NC 2	OVER AVENUE 7407		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 537	use of restrictive in annually.  (11) Trainers sinstructor training a (k) Service provide documentation of in training for at least (1) Documer (A) who particulation outcome (pass/fail) (B) when and (C) instructor (2) The Divis review/request this (I) Qualifications of (1) Coaches requirements as a single (2) Coaches times, the course with (3) Coaches competence by contrain-the-trainer insignature (1) the course with the cours	shall teach a program on the terventions at least once shall complete a refresher it least every two years. Ers shall maintain initial and refresher instructor three years. Itation shall include: cipated in the training and the cipated in th	V 537			
	This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure staff demonstrated competency in the proper use of restrictive interventions for 4 of 6 audited staff (#1, #2, #3 and the Executive Director/Qualified Professional #2 (ED/QP #2)). The findings are:  Review on 12/9/19 of client #1's record revealed:					

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Diagnoses of Moderate Intellectual

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED		
		MHL041109	0	B. WING		12/	12/2019
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 537	Disabilities; Depres Otherwise Specified Hyperactivity D/O); Mood D/O; and Epi Intractable Epilepsy  Observation of clier approximately 10:2 - No observable  Interview on 12/9/11 - He "got mad ar - He tried to "run - "I was standing down." - Staff from his doutside with him (he that was outside wir - "[Staff #2] put he liked attend and felt safe at the  Review on 12/9/19 - A hire date of 7 - Staff #1 was cut Carolina Intervention to expire on 11/18/2 Interview on 12/9/11 - He worked in the community network staff for client #1 - On 11/25/19, cl Family Living (AFL) the day activity program and catch up and catch up and catch up a client #1 was multi-lamed highwato run and catch up a clien	sive Disorder (D/o d); ADHD (Attention Oppositional Defilepsy Unspecified of the theory Unspecif	on Deficit ant D/O; I Without It I Wealed: provider]." I when I fall I m were every staff est." I program I wealed: NCI (North training set I with a one on one his Alternative were leaving a er was able speaking with				

Division of Health Service Regulation

STATE FORM 6899 17QB11 If continuation sheet 10 of 15

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL0411090		B. WING		12/1	12/2019
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CREATIV	/E MANAGEMENT SC	NURCE INC	3407-G W	EST WENDO	OVER AVENUE		
UNLAIN	L MANAGEMENT 30	JONGE, INC	GREENSE	BORO, NC 2	7407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 10		V 537			
	spitting at his AFL p - When client #1 provider, client #1 f parking lot - After client #1 f his back on the pay - While client #1 Executive Director/ (ED/QP #2) directe as client #1 might " something he had o - As client #1 rer tried to bite and spi the AFL provider ar stood around him - "The whole time about demons and - It was important	provider attempted to strike his ell to the pavement, he rement laid on the pavement, Qualified Professional d him to hold client #1 bang" his head on the done in the past mained on the pavement t on the staff (#1, #2, #2 and the ED/QP #2) as the ele he is moving, he's ta wanting to be in hell." It to hold client #1's he gures and we wanted	the e laid on the #2 's head ground, ent, he #3, #4, ney alking ead as he				
	- A hire date of 9 - Staff #2 was cubis training set to exist training set training s	rrently trained in NCI xpire on 11/18/20  9 with staff #2 reveales client #1 was leaving provider, he began to vider and that client #1 was reassist the other staff utside, he observed clack in the parking lot we with the control of the control o	Plus with  d: g the run  unning, ient #1 with his o client vement				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL041	1090	B. WING		12/	12/2019
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CREATIV	/E MANAGEMENT SC	OURCE, INC		EST WENDO BORO, NC 2	OVER AVENUE 17407		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 537	his training set to e  Interview on 12/9/1  On 11/25/19, cl provider as they we  Client #1's AFL to him as client #1 his shoulders  When the AFL client #1 fell to the e  As client #1 laid he tried to "swing a staff."  The ED/QP #2 client #1's head to b head against the pa  As client #1 laid his arms."  Staff #3 demon between client #1's client #1 to calm do  No one held the attempt to restrain attempt to restrain attempt to comfort hitting his head aga  Review on 12/9/19 (AFL) provider's red  A hire date of 1  His AFL client ( and community net same agency that he	calm down and all that, (spitting of staff #3's re/29/18 arrently trained expire on 11/18/9 with staff #3 ient #1 ran from him and from him and provider grabbing ground don his back of the contract of the ground don the ground don't him forearm and bown eclient to the ground don't him and to keep him from and to keep him from and to keep him from and to keep him an	ng, cussing, e)."  cord revealed: in NCI Plus with 20  revealed: m his AFL facility able to catch up nd grab him by ed client #1, on the ground, ad spit at the f #1 to hold banging his d, "I held one of e held area sicep and asked ground in an hing him in an ep him from hent.  ve Family Living AFL provider ived day activity	V 537			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				B 14/10				
		MHL0411	1090	B. WING	· · · · · · · · · · · · · · · · · · ·	12/	12/2019	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CREATIN	/E MANAGEMENT SC	OURCE, INC		EST WENDO BORO, NC 2	OVER AVENUE 17407			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 537	Continued From pa	ge 12		V 537				
	Plus with his trainin	g set to expire	on 11/20/20					
	usually calm him do - Once he arrived spoke with client #1 down, so they begate - As they were w #1 began to run fro - He ran behind of him by "grabbing hi - He had to "grab coming towards the client #1 out of the	e received a car gram with a received about so own" d at the facility d, he appeared in to leave the facility of the alking out of the m him client #1 and we m by his should or him because and he need path of the car in swinging at his the ground." lay activity program when they lest im all all of the state focus was on call that "[staff # th him d on his back of him and rubbing alm down and in holding his arm on his back the calmed down, if the AFL program and client with and client erve client #1 his icident and client	all from staff at quest for him to ncility omethingI can and after he to have calmed facility he facility, client as able to stop der."  a car was ded to move him and "lost his gram came arned client #1 aff who came his client; #1] and [staff on the ground, ng his chest relax."  h"  e entire time he "[Staff #2] eryone started vider's vehicle had any injuries ent #1 did not					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411090	B. WING		12/1	2/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS CITY S	STATE, ZIP CODE	•		
NAME OF I	NOVIDEN ON SOLT EIEN			OVER AVENUE			
CREATIV	E MANAGEMENT SC	DURCE, INC	BORO, NC 2				
()(4) ID	CLIMMA DV CTA	ATEMENT OF DEFICIENCIES			ON	()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 537	Continued From page 13		V 537				
	Review on 12/9/19 Director/Qualified Frecord revealed: - A hire date of 2 - The ED/QP #2 Plus as an instructor expire on 7/23/20  Interviews on 12/5/with the ED/QP #2 - On 11/25/19, sliprovider come to the client #1 had been - As the two of the saw "[Client #1 the street]." - She and other street in the AFL provider an "knew if he got away the street." - The AFL provider an "knew if he got away the street." - The AFL provider an "knew if he got away the street." - The AFL provider an "knew if he got away the street." - As he "grabbed around and "swung - Client #1 lost higround and laid on spitting and kicking - As client #1 laid staff #2 stood over his hand near client hitting his head agay She had directed head to keep him from the street in the s	of the Executive Professional #2's (ED/QP #2's) 2/17/13 was currently trained in NCI or with her training set to (19, 12/11/19 and on 12/12/19 revealed: he requested client #1's AFL he facility to pick him up as upset during most of the day nem were leaving the facility, take off towards [the name of staff began running out after and client #1 because she ay, he would be able to get to der was able to catch up to any on his (client #1 turned gon [the AFL provider]."  It client #1, client #1 turned gon [the AFL provider]."  It is balance and fell to the the pavement, cussing, at staff and the AFL provider don the pavement, she and client #1 while staff #3 placed tt #1's head to keep him from					
	on client #1 as he la	aid on the pavement other ocks to ward off his client #1's					

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PRINTED: 12/17/2019

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_\_ B. WING \_\_ MHL0411090 12/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3407-G WEST WENDOVER AVENUE** CREATIVE MANAGEMENT SOURCE INC.

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 537	Continued From page 14	V 537		
V 537	- The staff touched client #1 as he laid on the ground in an attempt to soothe him and to encourage him to calm down, not to restrain him.	V 537		

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