NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 3416 ATLANTIC AVENUE RALEIGH, NC 27604 PROVIDER STATEMENT OF DEFECIACION PREFIX RESULATORY OR LSC IDENTIFYING INFORMATION. PREFIX RESULT IDENTIFYING INFORMATION. PREFIX PROVIDE INFORMATION. PROVIDE INFORMATION. PROVIDE INFORMAT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED	
RES SUPPORT SVCS OF WAKE CO - ATLANTI RALIGH, NC 27690 PROVIDERS PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An Annual Survey was completed on 01/16/20. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 276.5000C Supervised Living for Adults with Developmental Disabilities. V 536 27E .0107 Client Rights - Training on Alt to Rest. Int. 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 services to people with disabilities, staff including services to property damage is prevented. (c) Provider agencies shall emphasize the use of alternatives or originate completed oby each service intervention graphs as defined 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. (d) The training shall be competencely-based, include measurable learning objectives, measurable learning objectives, 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			MHI 092-474	B. WING		01/1	6/2020
ACT Complete Com	NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE ZIP CODE	01/1	0/2020
PREFIX SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY TAG PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION COMMENTS TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION COMMENTS TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION COMMENTS TAG PREFIX TAG T			3416 ATI /				
PREFIX TAG V 000 INITIAL COMMENTS An Annual Survey was completed on 01/16/20. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 275.5000C Supervised Living for Adults with Developmental Disabilities. V 536 27E. 0107 Client Rights - Training on Alt to Rest. Int. 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 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)	RES SUF	PORT SVCS OF WAR	RE CO - ATLANTI RALEIGH	, NC 27604			
An Annual Survey was completed on 01/16/20. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G.5000C Supervised Living for Adults with Developmental Disabilities. V 536 27E .0107 Client Rights - Training on Alt to Rest. Int. 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 competences, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable learning objectives, measurable learning objectives, measurable tearning objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF	D BE	COMPLETE
(f) Content of the training that the service		An Annual Survey of deficiency was cited. This facility is licens categories: 10A NC Living for Adults with 27E .0107 Client Rillint. 10A NCAC 27E .01 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall in practices that emphto restrictive intervers (b) Prior to providing disabilities, staff incomployees, student demonstrate compecompleting training other strategies for which the likelihood or injury to a person property damage is (c) Provider agenciased on state components and designate and designat	vas completed on 01/16/20. A d. sed for the following service AC 27G .5000C Supervised h Developmental Disabilities. ghts - Training on Alt to Rest. 07 TRAINING ON D RESTRICTIVE Implement policies and hasize the use of alternatives entions. Ing services to people with luding service providers, is or volunteers, shall etence by successfully in communication skills and creating an environment in of imminent danger of abuse in with disabilities or others or prevented. Ites shall establish training inpetencies, monitor for internal monstrate they acted on data all be competency-based, is learning objectives, (written and by observation of objectives and measurable ne passing or failing the er training must be completed ovider periodically (minimum		procedures to reflect the quoted rul staff will provide services until they completed our internal EBPI part A training class on alternatives to rest interventions. In addition we have updated our orientation program to include our training on the first day of work. The QP along with one other works found to have had an alternate train program have taken our EBPI class our in house trainer. Program coordinator Elizabeth Quawill review NC Joint Communicati Bulletin, MHDDSAS communicati and is subscribed to Alliance Providenews to stay aware of changes in rul and policy updates. These will be reviewed as they arrive and monthit those that are on websites. In addit Christy Tew-Batts our in house train will review EBPI website monthly to review any changes in training rules.	e. No have have rictive EBPI er hing with alters ons der les y for ion ner o ss.	Feb 04, 2020

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL092-474		B. WING		01/	16/2020
NAME OF PROVIDER OR SUPPLIER STREET ADI 3416 ATLA 3416 ATLA			DRESS, CITY, S ANTIC AVEN , NC 27604	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 536	provider wishes to a the Division of MH/I Paragraph (g) of thi (g) Staff shall demorated following core areas (1) knowledg people being server (2) recognizing behavior; (3) recognizing external stressors to disabilities; (4) strategies relationships with programizational factor disabilities; (6) recognizing assisting in the personal decisions about the (7) skills in asteroid escalating behavior (8) communication de-escalating pand (9) positive behaviors which direst behaviors which direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of in at least three years (1) Document (A) who particulation of the direct provided documentation of the dir	employ must be appleDD/SAS pursuant to its Rule. constrate competences: e and understanding d; ing and interpreting hard the effect of interretat may affect people for building positive ersons with disabiliting cultural, environments that may affect people for building positive ersons with disabiliting cultural, environments that may affect people for inversional supportance of son's involvement in it life; essessing individual ric; cation strategies for potentially dangerous ehavioral supports (potentially dangerous environal e	e in the g of the uman hal and he with hes; hental and heople with and making sk for defusing behavior; broviding bose ce aining for g and the d; and hay	V 536			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL092-474	B. WING		01/1	6/2020
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RES SUPPORT SVCS OF WAK	(F CO - ATI ANTI)	ANTIC AVEN , NC 27604	UE		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
by scoring 100% on aimed at preventing need for restrictive is (2) Trainers sl by scoring a passing instructor training pr (3) The training competency-based, objectives, measural observation of beha measurable method failing the course. (4) The contest service provider plant approved by the Divito Subparagraph (i) (5) Acceptables shall include but are (A) understand (B) methods frourse; (C) methods frourse; (T) Trainers sl teaching a training preducing and eliminal interventions at leas review by the coach (7) Trainers sl aimed at preventing need for restrictive is annually. (8) Trainers sl	cations and Training hall demonstrate competence testing in a training program , reducing and eliminating the nterventions. hall demonstrate competence g grade on testing in an ogram. ng shall be include measurable learning able testing (written and by vior) on those objectives and ls to determine passing or nt of the instructor training the ns to employ shall be rision of MH/DD/SAS pursuant (5) of this Rule. e instructor training programs e not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee ation procedures. hall have coached experience program aimed at preventing, ating the need for restrictive st one time, with positive				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED		
		MHL092-474		B. WING		01/	16/2020
	PROVIDER OR SUPPLIER	KE CO - ATLANTI	3416 ATL	DRESS, CITY, S ANTIC AVEN , NC 27604	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM/	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 536	documentation of ir training for at least (1) Docur (A) who partic outcomes (pass/fai (B) when and (C) instructor (2) The Divis request and review (k) Qualifications of (1) Coaches requirements as a factor (2) Coaches the course which is (3) Coaches competence by cortrain-the-trainer instruction of the course which is (3) Coaches competence by cortrain-the-trainer instruction (5)	nitial and refresher in three years. mentation shall inclu- cipated in the training I); d where attended; and d's name. ion of MH/DD/SAS in this documentation of Coaches: shall meet all prepart trainer. shall teach at least the being coached. shall demonstrate mpletion of coaching	de: g and the d nay any time. ation hree times	V 536			
	failed to ensure thre #1, staff #2 and Qu training in the same	et as evidenced by: view and interview, tee of three audited sealified Professional) e alternatives to restration providing services	taff (staff had ictive				
	files revealed the for -Hired: 1983 -Training certifi	o/20 of the facility's pollowing for staff #1 cate issued 03/13/19 otective Intervention) for				

6899

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED			
		MHL092-474	B. WING		01/	16/2020		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3416 ATLANTIC AVENUE							
RES SU	PPORT SVCS OF WA	KE CO - ALLANIII	SH, NC 27604	IUE				
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
V 536	b Review on 01/1 files revealed the formula in the control of th	6/20 of the facility's personne ollowing for staff #2: cate issued 03/13/19 for rotective Intervention 6/20 of the facility's personnel ollowing for the Qualified 9 cate issued 03/07/19 for Nortons plus. 1 01/16/20, the Director lized Evidence Based tion as the alternatives to	h					

6899