PRINTED: 02/10/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74121 2741	or contraction	IDENTIFICATION NO.	A. BUILDING: _	A. BUILDING:		
		090-145	B. WING		02/0	05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
UNION DI	VERSIFIED INDUSTRIES		KUP AVENUE			
		MONROE	, NC 28110			1
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was Deficiencies were cite	s completed on 2/5/20. ed.				
	This facility is license category: 10A NCAC Developmental Vocat					
V 536	27E .0107 Client Right Int.	nts - Training on Alt to Rest.	V 536			

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

(X6) DATE TITLE

DIVISION C	of Health Service Regu	ilation				
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED)
		090-145	B. WING		02/05/20	020
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	TE ZIP CODE		
TVAIVIL OF TH	TO VIDER OR GOLT EIER		, ,	12, 211 0002		
UNION DIV	VERSIFIED INDUSTRIES		LKUP AVENUE			
			E, NC 28110			
(X4) ID		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU		(X5) OMPLETE
PREFIX TAG	`	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPR		DATE
				DEFICIENCY)		
V 536	Continued From page	 e 1	V 536			
	provider wishes to en	nploy must be approved by				
	the Division of MH/DI					
	Paragraph (g) of this					ļ
		nstrate competence in the				
	following core areas:					ļ
	_	and understanding of the				
	people being served;					ļ
		and interpreting human				
	behavior;					
	(3) recognizing	the effect of internal and				
		at may affect people with				
	disabilities;					
	, , ,	or building positive				
	relationships with per					
	, , , , , ,	cultural, environmental and				
	disabilities;	s that may affect people with				
		the importance of and				
		on's involvement in making				
	decisions about their					
	(7) skills in asset escalating behavior;	essing individual risk for				
	(8) communica	tion strategies for defusing				
	and de-escalating pot	tentially dangerous behavior;				
	and					
		havioral supports (providing				
		h disabilities to choose				
	activities which direct					
	behaviors which are u					
	(h) Service providers					
	at least three years.	ial and refresher training for				
	· ·	ation shall include:				
	\	pated in the training and the				
	outcomes (pass/fail);					
		where they attended; and				
	(C) instructor's	-				
		n of MH/DD/SAS may				
	. ,	ocumentation at any time.				

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DIVISION	n Health Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
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		090-145	B. WING		02/0	5/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	TO VIDEIT OIT OOI I EIEIT			(II., ZII GGBL		
UNION DIV	/ERSIFIED INDUSTRIES		LKUP AVENUE			
		MONROE	E, NC 28110			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				BET IOIEROT)		
V 536	Continued From page	2	V 536			
	. •					
	(i) Instructor Qualification	ations and Training				
	Requirements:					
	(1) Trainers sha	all demonstrate competence				
	by scoring 100% on to	esting in a training program				
	aimed at preventing, i	reducing and eliminating the				
	need for restrictive int	terventions.				
	(2) Trainers sha	all demonstrate competence				
		grade on testing in an				
	instructor training pro					
	(3) The training					
		nclude measurable learning				
	-	le testing (written and by				
		or) on those objectives and				
		to determine passing or				
	failing the course.					
	(4) The content	t of the instructor training the				
	service provider plans	s to employ shall be				
		sion of MH/DD/SAS pursuant				
	to Subparagraph (i)(5					
		instructor training programs				
		not limited to presentation of:				
		ng the adult learner;				
	, ,	r teaching content of the				
	` '	r teaching content or the				
	course;					
	` '	r evaluating trainee				
	performance; and					
	, ,	ion procedures.				
		all have coached experience				
		ogram aimed at preventing,				
	reducing and eliminat	ing the need for restrictive				
	interventions at least	one time, with positive				
	review by the coach.	-				
	•	all teach a training program				
		reducing and eliminating the				
		terventions at least once				
		ici veriliona al icast once				
	annually.	-11				
		all complete a refresher				
	instructor training at le					
	(j) Service providers	shall maintain				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
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			ALKUP AVENUE	, 2 0002		
UNION DI	VERSIFIED INDUSTRIES		E, NC 28110			
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V 536	training for at least th (1) Docume (A) who particip outcomes (pass/fail); (B) when and v (C) instructor's (2) The Division request and review th (k) Qualifications of 0 (1) Coaches sh requirements as a tra (2) Coaches sh the course which is b (3) Coaches sh competence by comp train-the-trainer instru	al and refresher instructor ree years. entation shall include: ated in the training and the where attended; and name. n of MH/DD/SAS may is documentation any time. Coaches: all meet all preparation iner. itall teach at least three times eing coached. itall demonstrate letion of coaching or	V 536			
	facility failed to ensurin Alternatives to Res approved by the Divis failed to ensure format completed by each staff (#1, #2, #3 and Review on 2/5/20 of the following: -staff #1 was hired on	iew and interviews, the e the content of the training trictive Interventions was sion of MH/DD/SAS and al refresher training was aff at least annually for 4 of d #4). The findings are: personnel records revealed 1.7/31/14 with the job title of sional (DSP) and completed				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE	SURVEY
		A. BUILDING:	A. BUILDING:		
	090-145	B. WING		02	/05/2020
NAME OF PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
UNION DIVERSIFIED INDUSTRIES	3	LKUP AVENUE E, NC 28110			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY 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) COMPLETE DATE
DSP and completed staff #3 was hired or DSP and completed staff #4 was hired or DSP and completed no documentation of in MIIT present in the Review on 2/5/20 of list of "Approved Curr De-escalation Strates Interventions" revealed Intervention Technique Interview on 2/5/20 we revealed: -started as the Chief started as Chief Executive 4/2019; -the prior CEO had so MIIT and received not MH/DD/SAS the curr approved; -has a copy of the let MH/DD/SAS; -was not aware of an re-submit MIIT for approved to a submit MIIT	in 9/12/19; in 10/8/18 with the job title of training in MIIT on 10/3/19; in 3/20/06 with the job title of training in MIIT on 1/3/20; in 3/20/06 with the job title of training in MIIT on 1/3/20; in 3/20/06 with the job title of training in MIIT on 1/11/19, updated completed training in training in MIIT on 1/11/19, updated completed training in the Division of MH/DD/SAS ricula for the Use of gies and Restrictive ed Minimal Intrusive uses (MIIT) was not listed. With the Executive Director Operating Officer in 1/2018; ecutive Officer(CEO) in ubmitted the curriculum for oriculum for MIIT was ster from the Division of the division of comproval in the year 2017; ession MIIT was approved 2002; Management Entity) did not the garding MIIT during their a letter dated 7/5/02 from the AS signed by the straining Section" staffing documented:	V 536			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
		090-145	B. WING		02	/05/2020
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UNION DI	VERSIFIED INDUSTRIES		LKUP AVENUE			
OILIOIT DI	VEROI IED INDOOTRIEG	MONROI	E, NC 28110			
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V 536	Continued From page	: 5	V 536			
	-"The Division of Men Disabilities and Subst Curriculum Review Courriculum;"	Isolation, Time Out Review;" tal Health, Developmental ance Abuse Services' ommittee has reviewed your he following has been and Alternatives to				
V 537	10A NCAC 27E .0108 SECLUSION, PHYSIC ISOLATION TIME-OL (a) Seclusion, physic time-out may be employen trained and have competence in the proto these procedures. staff authorized to emprocedures are retrained competence at least a (b) Prior to providing disabilities whose treating disabilities whose treating the providers, emvolunteers shall compseclusion, physical reand shall not use the straining is completed demonstrated. (c) A pre-requisite for demonstrating competence and shall compsecutions of the straining is completed demonstrated.	CAL RESTRAINT AND IT all restraint and isolation oyed only by staff who have e demonstrated oper use of and alternatives Facilities shall ensure that ploy and terminate these ned and have demonstrated annually. direct care to people with atment/habilitation plan erventions, staff including ployees, students or olete training in the use of estraint and isolation time-out se interventions until the and competence is taking this training is tence by completion of reducing and eliminating	V 537			

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DIVISION	of Health Service Regu	lation	_		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
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		090-145	3:		02/05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		2815 WAI	KUP AVENUE		
UNION DI	VERSIFIED INDUSTRIES	MONROE	, NC 28110		
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				DEFICIENCY)	
V 537	Continued From page	e 6	V 537		
	. •				
	include measurable le	•			
		vritten and by observation of			
		ejectives and measurable			
	methods to determine	e passing or failing the			
	course.				
		training must be completed			
	•	der periodically (minimum			
	annually).				
	(f) Content of the trai				
		ploy must be approved by			
	the Division of MH/DI	•			
	Paragraph (g) of this				
		ng programs shall include,			
	but are not limited to,				
	(1) refresher in	formation on alternatives to			
	the use of restrictive i	nterventions;			
	` ,	on when to intervene			
		nent danger to self and			
	others);				
		n safety and respect for the			
		Ill persons involved (using			
		rictive interventions and			
	incremental steps in a				
	(4) strategies for	or the safe implementation			
	of restrictive intervent	•			
	(5) the use of e	mergency safety			
	interventions which in	nclude continuous			
	assessment and mon	itoring of the physical and			
	psychological well-be	ing of the client and the safe			
		ghout the duration of the			
	restrictive intervention	า;			
	(6) prohibited p	rocedures;			
	(7) debriefing s	trategies, including their			
	importance and purpo	ose; and			
		tion methods/procedures.			
	(h) Service providers				
		al and refresher training for			
	at least three years.	Ç			
	_	tion shall include:			

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
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			D WILLO			
		090-145	B. WING		02/0	5/2020
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UNION DIV	/ERSIFIED INDUSTRIES		LKUP AVENUE			
		MONROE	E, NC 28110			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
TAG	REGULATORT OR L	LOC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	NATE	DATE
V 537	Continued From page	e 7	V 537			
	(A) who particip	ated in the training and the				
	outcomes (pass/fail);	ated in the training and the				
		vhere they attended; and				
	(C) instructor's					
		n of MH/DD/SAS may				
	` '	ocumentation at any time.				
	•	<u> </u>				
	(i) Instructor Qualifica	ation and maining				
	Requirements:	-11 -1				
		all demonstrate competence				
		esting in a training program				
		reducing and eliminating the				
	need for restrictive int					
	` '	all demonstrate competence				
	-	esting in a training program				
	-	eclusion, physical restraint				
	and isolation time-out					
	(3) Trainers sha	all demonstrate competence				
	by scoring a passing	grade on testing in an				
	instructor training pro-	gram.				
	(4) The training	յ shall be				
	competency-based, ir	nclude measurable learning				
	objectives, measurab	le testing (written and by				
	observation of behavi	ior) on those objectives and				
	measurable methods	to determine passing or				
	failing the course.					
	(5) The content	t of the instructor training the				
	service provider plans					
		sion of MH/DD/SAS pursuant				
	to Subparagraph (j)(6					
		instructor training programs				
		be limited to, presentation				
	of:	, .				
		ng the adult learner;				
		r teaching content of the				
	course;					
	·	of trainee performance; and				
	, ,	ion procedures.				
		all be retrained at least				
	()					
	annually and demons	trate competence in the use	1			

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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		
		090-145	B. WING		02/0	5/2020
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
UNION DI	VERSIFIED INDUSTRIES		NC 28110			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	time-out, as specified Rule. (8) Trainers shat CPR. (9) Trainers shat in teaching the use of least two times with a coach. (10) Trainers shat use of restrictive internationally. (11) Trainers shat instructor training at letter documentation of initit training for at least the (1) Documentation (A) who particip outcome (pass/fail); (B) when and with the course white times, the course white	restraint and isolation in Paragraph (a) of this all be currently trained in all have coached experience restrictive interventions at positive review by the all teach a program on the ventions at least once all complete a refresher east every two years. shall maintain al and refresher instructor ree years. tion shall include: atted in the training and the where they attended; and name. In of MH/DD/SAS may be commentation at any time. In oaches: all meet all preparation iner. all teach at least three ch is being coached. all demonstrate letion of coaching or ction. The coaches in the same	V 537			
	This Rule is not met	as evidenced by:				

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Based on records review and interviews, the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		090-145	B. WING		02	2/05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE,	ZIP CODE		
UNION DI	VERSIFIED INDUSTRIES		LKUP AVENUE			
		MONROE	E, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 537	Continued From page	9	V 537			
	in Seclusion, Physica Time Out was approv MH/DD/SAS and faile training was complete	e the content of the training I Restraint and Isolation ed by the Division of ed to ensure formal refresher ed by each staff at least off (#1, #2, #3 and #4). The				
		with staff #1, #2, #3 and #4 t performed any restraints on lity.				
	revealed: -started as the Chief of started as Chief Exect 4/2019; -the prior CEO had su MIIT and received no MH/DD/SAS the curri approved; -has a copy of the lett MH/DD/SAS;	Operating Officer in 1/2018; cutive Officer(CEO) in ubmitted the curriculum for tification from the Division of culum for MIIT was ter from the Division of y notification or letter to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	CONSTRUCTION	(X3) DATE S COMPLE		
		090-145	B. WING		02/0	5/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
UNION DI	VERSIFIED INDUSTRIES	2815 WALK MONROE, I	UP AVENUE			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	-was under the impre based on letter from 2-the local LME(Local mention any issues reaudit in 2018. Review on 2/5/20 of a Division of MH/DD/SA "Communication and revealed the following -"Subject: Curriculum Alternatives to Restrict Seclusion, Restraint, -"The Division of Men Disabilities and Subst Curriculum Review C curriculum;"	ssion MIIT was approved 2002; Management Entity) did not egarding MIIT during their a letter dated 7/5/02 from the AS signed by the sarraining Section" staff godocumented: on Prevention and citive Interventions, Isolation, Time Out Review;" atal Health, Developmental tance Abuse Services' committee has reviewed your the following has been and Alternatives to	V 537			

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