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Division of Health Service Regulation STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ MHL041-187 01/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 213 EAST BESSEMER AVENUE THE RINGER CENTER GREENSBORO, NC 27401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 V 000 02/01/2020 **INITIAL COMMENTS** We do not offer any Day Treatment Programs We do not now nor will we ever allow anyone An annual survey was completed on 1/24/20. working here to put their hands on a client, or Deficiencies were cited. anyone else for that matter. No restraint procedures would be taught as that would then This facility is licensed for the following service imply they are allowed to use them. Our P & P clearly states this is a forbidden practice at any categories: 10A NCAC 27G .3300 Outpatient time. Detoxification for Substance Abuse; and 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders V 536 V 536 27E .0107 Client Rights - Training on Alt to Rest. We will have the office support staff attend liit. some De Escalation Training using one of 2/04/2020 the organizations on the list or one certified 10A NCAC 27E .0107 TRAINING ON to provide this training. This is now ALTERNATIVES TO RESTRICTIVE scheduled with Scales Training for March INTERVENTIONS 8, 2020. Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. 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. 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

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

TITLE

(X6) DATE

STATE FORM	1		6899	F00W11	If continua	tion sheet 1 of 12
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
		MHL041-187	B. WING		01/2	4/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
THE DING	GER CENTER	213 EAST B	ESSEMER A	/ENUE		
THE KING	SER CENTER	GREENSBO	RO, NC 2740	01		
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Division	of	Health	Service	Regulation	
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	V 536	Continued From page 1	V 536		
1	An Philipping (APAIlly agree)	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)			
	İ	of this Rule.			
		(g) Staff shall demonstrate competence in the			Proposition and Proposition an
		following core areas: (1) knowledge and understanding of the people			
		being served;			
		(2) recognizing and interpreting human			
		behavior;			5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Ĺ		(3) recognizing the effect of internal and			A District
		external stressors that may affect people with	1		
		disabilities;			
		(4) strategies for building positive relationships with persons with disabilities;			
		(5) recognizing cultural, environmental and			
		organizational factors that may affect people with			
	1	disabilities;			
	1	(6) recognizing the importance of and assisting			
		in the person's involvement in making decisions			
	- 1	about their life; (7) skills in assessing individual risk for			
		escalating behavior;			
	- 1	(8) communication strategies for defusing and			
	1	de-escalating potentially dangerous behavior; and			
		(9) positive behavioral supports (providing			
	- 1	means for people with disabilities to choose activities			
	1	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.			
		(1) Documentation shall include:			
		(A) who participated in the training and the			
	4	outcomes (pass/fail);		The state of the s	
		(B) when and where they attended; and			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
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Division	of Health Service Reg	ulation			TOTAL
V 536	Continued From pag	e 2	V 536		
	review/request this of (i) Instructor Qualific Requirements: (1) Trainers sha scoring 100% on test aimed at preventing, need for restrictive in (2) Trainers sha scoring a passing gratraining program. (3) The training include measurable litesting (written and be those objectives and determine passing of (4) The content service provider plan by the Division of MI-Subparagraph (i)(5) Acceptable is shall include but are (A) understand methods for teaching (C) methods for and (D) documentati (6) Trainers sha teaching a training preducing and elimina interventions at least by the coach. (7) Trainers sha aimed at preventing,	an of MH/DD/SAS may documentation at any time. cations and Training all demonstrate competence by ting in a training program reducing and eliminating the atterventions. all demonstrate competence by ade on testing in an instructor shall be competency-based, earning objectives, measurable by observation of behavior) on measurable methods to railing the course. of the instructor training the sto employ shall be approved H/DD/SAS pursuant to			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING: _	CONSTRUCTION (X3) DATE SURVEY COMPLETED	
		MHL041-187			01/24/2020
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Division	of Health Service Reg	ulation			FOR	MAPPROVED
V 536	(8) Trainers st instructor training at Service providers sh	nall complete a refresher least every two years. (j) all maintain	V 536			
	who participated in the outcomes (pass/fail) (B) when and (C) instructor's	rat least three years. entation shall include: (A) he training and the ; where attended; and s name.				
	request and review to (k) Qualifications of (1) Coaches show requirements as a traction (2) Coaches show course which is being	all meet all preparation ainer. all teach at least three times the g coached.				
	completion of coachi instruction.	all demonstrate competence by ng or train-the-trainer nall be the same preparation				
E.						
	record reviews and ir to ensure staff compl annually, in the use of interventions for 3 of	as evidenced by: Based on aterviews, the facility failed eted training at least of alternatives to restrictive 3 staff (Clinical Director, e Practitioner). The findings				
	Review on 1/23/20 of Licensee/Clinical Dire revealed: - Hire Date:	ector's record		The Clinical Director is a master le clinician and he attests to competoutlined in 10A NCAC 27E .0107	ence	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	a di managana and a	CONSTRUCTION	(X3) DATE S	
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Division	of Health Service Reg	ulation			FOR	M APPROVED
V 536			V 536			
	Continued From pag	ne 4				
	- There was recompetence in the form and understanding of recognizing behavior; - recognizing organizational factor disabilities; - recognizing organizational factor disabilities; - recognizing in the person's involvabout their life; - skills in asset escalating behavior; - communicate de-escalating potentity positive behavioral sepople with disabilitied directly oppose or requirectly oppose or requirectly oppose or repursafe). Review on 1/23/20 or revealed: - Hire Date: 1/2 There was not restrictive interven - There was not recognizing of the positive behavior; - recognizing of the positive interven - There was not restrictive interven - There was not recognizing of the positive sternal stressors the disabilities; - strategies	no attestation that documented oflowing core areas: - knowledge of the people being served; and interpreting human ing the effect of internal and at may affect people with es for building positive rsons with disabilities; cultural, environmental and is that may affect people with the importance of and assisting rement in making decisions essing individual risk for ion strategies for defusing and fally dangerous behavior; and upports (providing means for est to choose activities which place behaviors which are		We and the counselor(s) attest to competence in the areas outlined NCAC 27E .0107 (g)	n 10A	
	relationships with					
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
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Division	of Health Service Reg	ulation			7 01111	THE THOULD
V 536	6		V 536			
V 536	Continued From page persons with disabilities; - recognizing organizational factor disabilities; - recognizing in the person's involutionabout their life; - skills in assessalating behavior; - communicate de-escalating potent	• 886.250	V 536			
	people with disabilitie	es to choose activities which place behaviors which are				
	record revealed: - Hire Date: 5 - There was not restrictive intervents of the recognizing of the recognizing settleman stressors the disabilities; - strategie relationships with perfectors that may affect or recognizing factors that may affect of the person's involvabout their life; - skills in asset escalating behavior;	o documentation of alternatives		We and the Nurse Practitioner attest competence in the areas outlined in NCAC 27E .0107 (g). The NP has, however, opted to also attend the trahere on March 8, 2020.	10A	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION (X3	3) DATE SU COMPLET	
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Division	of Health Service Reg	ulation			FOR	M APPROVED
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	de-escalating noten	tially dangerous behavior; and				
No.		supports (providing means				
11.		bilities to choose activities				
		se or replace behaviors which				
	are unsafe).			¥3		
				V.		
	Interview on 1/24/20	with the Licensee/Clinical				
	Director revealed:					
1.7		censed and unlicensed) did	1			
		alternatives to restrictive				
		staff who were Licensed				
-1		t have an attestation that				
		lence in the following core and understanding of the				
	people being served					
		and interpreting human				
17.		ng the effect of internal and				
		at may affect people with				
		es for building positive				to de la constanta
		rsons with disabilities;				
		cultural, environmental and				
		s that may affect people with				tra cons
	disabilities;					
		the importance of and				
		on's involvement in making				
	decisions about their	essing individual risk for				
	escalating behavior;	essing individual risk for				
		ion strategies for defusing	1	9 10 10 10 10 10 10 10 10 10 10 10 10 10		
	and de-escalating po	tentially dangerous behavior;				
		oral supports (providing				
	means for people wit	h disabilities to choose				
	behaviors which are	tly oppose or replace				
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	10A NCAC 27E .010	8 TRAINING IN				pennyapan
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FORM APPROVED Division of Health Service Regulation Continued From page 7 V 537 SECLUSION, PHYSICAL RESTRAINT AND **ISOLATION TIME-OUT** We are not a residential program We do Seclusion, physical restraint and isolation not have any restraint, seclusion or time-out may be employed only by staff who have isolation time-out here at The Ringer been trained and have demonstrated competence Center. We do not treat any DD clients in the proper use of and alternatives to these here and our Policy and Procedures do procedures. Facilities shall ensure that staff not allow for any restraint, seclusion or authorized to employ and terminate these isolation time out. 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. (4) 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). 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)STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WNG MHL041-187 01/24/2020

NAME OF PROVIDER OR SUPPLIER

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

THE RINGER CENTER

(X4) ID

PREFIX

TAG

STATE FORM

GREENSBORO, NC 27401

STREET ADDRESS, CITY, STATE, ZIP CODE 213 EAST BESSEMER AVENUE

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PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

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Division	of Health Service Reg	ulation	,	4		
V 537	Continued From pag	e 8	V 537			
	the use of restrictive					
		n when to intervene				
	others);	nent danger to self and				
		eafety and recent for the				
		n safety and respect for the all persons involved (using				
		trictive interventions and				
	incremental steps in					
	· ·	i the safe implementation of	1			
	restrictive intervention					
V-1-1		mergency safety interventions				
		uous assessment and				1.1
\$		sical and psychological well-				
40		d the safe use of restraint				
	throughout the durati	on of the restrictive				
	intervention;		12			
	(6) prohibited pr			*		
		rategies, including their				
	importance and purp					
		on methods/procedures.(h)		The state of the s		
		all maintain documentation of				
		raining for at least three years.				
		tion shall include: ated in the training and the				
	outcomes (pass/fail);					
		nere they attended; and(C)				
	instructor's name.	ioro aroy anomboo, arra(o)				
Ē		n of MH/DD/SAS may				12.
	TO STATE OF THE PARTY OF THE PA	ocumentation at any time.				
	(i) Instructor Qualific					
	Requirements:					
		If demonstrate competence by				
		ing in a training program				
		reducing and eliminating the				
	need for restrictive in					
		Il demonstrate competence by				
		ing in a training program eclusion, physical restraint				
	teaching the use of s	ecidaion, physical restraint				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
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Division of Health Service Regulation

V 53	and isolation time-out (3) Trainers shat by scoring a passing instructor training profession (4) The training include measurable measurable testing (behavior) on those of methods to determine course. (5) The content service provider plant approved by the Divition Subparagraph (j) (6) Acceptable is shall include, but not (A) understand methods for teaching (C) evaluation (D) documentar (7) Trainers shat annually and demons of seclusion, physical out, as specified in Profession (9) Trainers shat in teaching the use of least two times with a coach. (10) Trainers shat of restrictive intervent (11) Trainers shat	all demonstrate competence grade on testing in an ogram. shall be competency-based, learning objectives, written and by observation of bjectives and measurable e passing or failing the of the instructor training the s to employ shall be sion of MH/DD/SAS pursuant b) of this Rule. Instructor training programs be limited to, presentation of: ing the adult learner; (B) i content of the course; of trainee performance; and tion procedures. Ill be retrained at least strate competence in the use I restraint and isolation time- aragraph (a) of this Rule. Ill be currently trained in Ill have coached experience f restrictive interventions at a positive review by the Ill teach a program on the use tions at least once annually. Ill complete a refresher east every two years. (k)	V 537	We will be utilizing the annual serv Scales to continue our updating fo office staff and any others who are qualified due to their clinical training	r our not	
				-		
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE	
	***	MHL041-187	***************************************		01/2	712020
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Division of Health Service Regulation

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V 537	tenio sala consulto		V 537			
NAME OF THE OWNER OWNER OF THE OWNER OWNE	Continued From pag	e 10				W Vocamina de la companya de la comp
, î	documentation of init	tial and refresher instructor				
50	training for at least th	ree years.				
1.1	(1) Documenta	ation shall include:				
		ated in the training and the				
	outcome (pass/fail);					emerator desp
8	5	here they attended; and(C)				
	instructor's name.					
		n of MH/DD/SAS may				
35		ocumentation at any time.	1			
	(I) Qualifications of (Joacnes: all meet all preparation				
	 Coaches sha requirements as a tra 					
		all teach at least three times,				
	the course which is b					
		nstrate competence by				
		ng or train-the-trainer				
./.	instruction.					
1.6	(m) Documentation s	shall be the same				
	preparation as for tra	iners.				
	This Dula is not mot	as avidenced by: Based on				
		as evidenced by: Based on sterviews, the facility failed				
		eted training in restrictive				
		3 staff (Clinical Director,				
		Practitioner). The findings				
	are:	, , , , , , , , , , , , , , , , , , , ,				
X I	Review on 1/23/20 of	the Licensee/Clinical				
	Director's record reve					
	- Hire Date: 19	The state of the s				
		nical Director o documentation of restrictive				
2	interventions training.					
	interventions training.					
<u>u</u>	Review on 1/23/20 of	the Counselor's record	1			
	revealed:					1
	 Hire Date: 1/. 	2/20				
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 005	CONSTRUCTION	(X3) DATE SI COMPLE	
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Division of Health Service Regulation V 537 Continued From page 11 V 537 There was no documentation of restrictive interventions training. Review on 1/23/20 of the Nurse Practitioner's record revealed: Hire Date: 5/20/19 There was no documentation of restrictive interventions training. Interview on 1/24/20 with the Licensee/Clinical Director revealed: The program did not allow the use of restraints. Review on 1/24/20 of the Program's Restraint There is a written policy that does state Policy revealed: that there are no restraints, seclusions or There was not a written policy to address other restrictive interventions allowed at restrictive interventions. The Ringer Center. 2/03/2020