	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	{
		MHL0411092	B. WING		07/30/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DOVALT	VCADE	2205 FOF	REST EDGE I	DRIVE		
ROYALT	YCARE	GREENS	BORO, NC 2	7406		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
				DEFICIENCY)		
V 000	INITIAL COMMENT	ΓS	V 000			
		w up survey was completed				
	on 7/30/21. Deficie	ncies were cited.				
	This facility is licens	sed for the following service				
		C 27G .5600F Supervised				
		amily Living in a Private				
	Residence.					
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107			
	10A NCAC 27G .0202 PERSONNEL REQUIREMENTS					
	(a) All facilities sha					
	•	director and each staff position				
	which:	a mainimatuma lateral af a decartiam				
		e minimum level of education, experience and other				
	qualifications for the					
		e duties and responsibilities of				
	the position;					
	` '	y the staff member and the				
	supervisor; and	in the staff member's file.				
		Il ensure that the director,				
	` '	or any other person who				
	•	rvices to clients on behalf of				
	the facility:					
	(1) is at least 1	8 years of age; ead, write, understand and				
	follow directions;	ead, write, driderstand and				
		minimum level of education,				
	competency, work e	experience, skills and other				
	qualifications for the					
		stantiated findings of abuse or				
	Personnel Registry.	e North Carolina Health Care				
		ervices shall require that all				
		oyment disclose any criminal				
		pact of this information on a				

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:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
					R		
		MHL0411092	B. WING		07/3	0/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ROYALT	Y CARE		REST EDGE D BORO, NC 2				
(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)	ILD BE	(X5) COMPLETE DATE	
V 107	decision regarding of upon the offense in which the applicant (d) Staff of a facility currently licensed, raccordance with apservices provided. (e) A file shall be memployed indicating	employment shall be based relationship to the job for is applying. y or a service shall be registered or certified in plicable state laws for the maintained for each individual to the training, experience and for the position, including	V 107				
	failed to ensure a comaintained for 3 of Qualified Profession Review on 7/29/21 record revealed: - No documentate record Interview on 7/28/22 Family Living) proviting the was responsioned #2; however, he dates of hire - Staff #1 had be	view and interview, the facility omplete personnel file was 4 staff (staff #1, #2 and the nal (QP)). The findings are: of staff #1, #2 and the QP's ion of a date of hire in any 1 with the AFL (Alternative der revealed: sible for the hiring of staff #1 e could not recall their exact en a long-time employee and					
		e recent hire as she had been 2 was admitted to the facility in					

Division of Health Service Regulation

STATE FORM 50U511 If continuation sheet 2 of 21

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING.	A. BUILDING:		R	
		MHL0411092	B. WING		07/30/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ROYALT	Y CARE		EST EDGE I BORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 107	several months beg The owner of the contracted with to perform of a QP was responsed and he had her contracted. The owner of the would be able to prehire to the surveyor. On 7/29/21, an eman owner with a request.	orked with his facility for ginning in 2021 the agency with whom he provide his facility the services hasible for the hiring of the QP applete personnel record the agency which hired the QP ovide the QP's exact date of	V 107				
V 108	10A NCAC 27G .02 REQUIREMENTS (f) Continuing educ (g) Employee train provided and, at a r following: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to mee client as specified in plan; and (4) training in infect bloodborne pathogo (h) Except as perm .5602(b) of this Sub member shall be av times when a client member shall be train	cation shall be documented. ing programs shall be minimum, shall consist of the rational orientation; nt rights and confidentiality as ICAC 27C, 27D, 27E, 27F and t the mh/dd/sa needs of the n the treatment/habilitation tious diseases and	V 108				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL0411092	B. WING			R 30/2021
NAME OF	PROVIDER OR SUPPLIER Y CARE	2205 FOR	DRESS, CITY, S REST EDGE D BORO, NC 2			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 108	to provide cardiopu trained in the Heiml techniques such as the American Heart equivalence for relic (i) The governing be implement policies reporting, investigat	ge 3 Imonary resuscitation and lich maneuver or other first aid those provided by Red Cross, Association or their eving airway obstruction. Body shall develop and and procedures for identifying, ting and controlling infectious diseases of personnel and	V 108			
	failed to ensure 3 o Qualified Profession training on client rig training to meet the	et as evidenced by: view and interview, the facility f 4 staff (staff #1, #2 and the nal (QP)) had received hts and confidentiality and mh/dd/sa needs of the clients reatment/habilitation plan.				
	record revealed: - No documentat - No documentat had received trainir	of staff #1, #2 and the QP's cion of a date of hire cion staff #1, #2 and the QP ng on client rights and raining to meet the mh/dd/sa				
	Family Living) Prov - He was not awa required to have the - The owner of the contracted with to p	are staff #1 and #2 were				

Division of Health Service Regulation

STATE FORM 50L511 If continuation sheet 4 of 21

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
			A. BOILDING.		F	2
		MHL0411092	B. WING			0/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROYALTY CARE			EST EDGE [BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 108	Continued From pa	ge 4	V 108			
	QP had the require	d trainings.				
V 131	- She had receive confidentiality and to needs of the clients - Her current emeraining upon her ereconstruction - She stated that Professional," she 'done before - Prior to her workshe read their reconstruction wanted to know whom the confidence of the confidence	1 with the QP revealed: ed training on client rights and raining to meet the mh/dd/sa from her former employer ployer had not provided this imployment with his agency being a "Clinical Qualified tremembered things" she had rking with clients #1 and #2, rds and then met them as she hat she was getting into." ail was sent to the agency st for documentation of what een provided upon her is agency as a QP. This et prior to the close of the	V 131			
V 131	Verification G.S. §131E-256 HE REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	EALTH CARE PERSONNEL ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident oropriate business files.	V 131			

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Division of Health Service Regulation STATE FORM

5OL511 If continuation sheet 5 of 21

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE S	
74401044	OF CONTRECTION	IDENTIFICATION NONBER.	A. BUILDING:			
		MHL0411092	B. WING		07/3	0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROYALT	Y CARE		EST EDGE I			
NO IALI			BORO, NC 2	7406	ı	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 131	Continued From pa	ige 5	V 131			
	This Rule is not me Based on record refailed to ensure the Registry (HCPR) hadate of hire for 3 or Qualified Profession Review on 7/29/21 record revealed: No documentate accessed on behalf Interviews on 7/28/(Alternative Family He hired staff # He could not profuse the profuse of a QP was response.	et as evidenced by: view and interview, the facility Health Care Personnel ad been accessed prior to the f 4 staff (staff #1, #2 and the nal (QP)). The findings are: of staff #1, #2 and the QP's tion of a date of hire tion the HCPR had been f of staff #1, #2 or the QP 21 and 7/30/21 with the AFL Living) provider revealed: £1 and #2 rovide the HCPR information				
		ner would be able to provide had been accessed on behalf				
	owner with a reque the HCPR had bee	ail was sent to the agency st of documentation of when n accessed on behalf of the was not met prior to the close 30/21.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRE APPLICANTS FOR (a) Definition As a					

Division of Health Service Regulation

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					F	₹
		MHL0411092	B. WING		07/3	0/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ROYALT	/ CADE	2205 FOR	EST EDGE I	DRIVE		
KOTALI	TOAKL	GREENSE	BORO, NC 2	7406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	1 0		V 133			
	developmental disaservices that is licer Chapter. (b) Requirement Approvider licensed unapplicant to fill a possible applicant to have an conditioned on conscriminal history received the applicant has beliess than five years is conditioned on conscriminal history received national criminal history received national offershall submit a requiremental submit a requiremental submit a requiremental submit and check required by the conduct and check required by the conduct and check required by the return the results of record checks for ecovered by Public L. Department of Heart conduct and conduct and check required by Public L. Department of Heart conduct and record checks for ecovered by Public L. Department of Heart chapters are recorded to the conduct and record checks for ecovered by Public L. Department of Heart chapters are recorded to the chapters are re	lth and Human Services,				
	business days of re	check Unit. Within five receipt of the national criminal n, the Department of Health				

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	or riealth Service Ne				T	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	2
		MHL0411092	B. WING			80/2021
		111125411002			0110	0/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROYALT	VCADE	2205 FOR	EST EDGE [DRIVE		
KUTALI	I CARE	GREENSE	BORO, NC 2	7406		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 7	V 133			
	and Human Camila	os Criminal Basarda Chaek				
		es, Criminal Records Check				
		provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
	check has been completed on any staff covered					
	by this section. A county that has adopted an					
	appropriate local ordinance and has access to					
	the Division of Criminal Information data bank					
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
		ord check required by this				
		ousiness days of the				
		employment by the provider.				
		nformation received by the				
		itial and may not be disclosed,				
		ant as provided in subsection				
	(c) of this section. F					
		n "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained from					
		pplicant's criminal history				
		Is one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:					
		eriousness of the crime.				
	(2) The date of the	crime.				
	(3) The age of the p	person at the time of the				
	conviction.					
	(4) The circumstand	ces surrounding the				
	commission of the					
		een the criminal conduct of				

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			A BUILDING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2205 FOREST EDGE DRIVE GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2205 FOREST EDGE DRIVE GREENSBORO, NC 27406 (X5) PREFIX (EACH CORRECTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE			A. BUILDING:			
ROYALTY CARE 2205 FOREST EDGE DRIVE GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE			B. WING	MHL0411092		
ROYALTY CARE GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE CARE COMPLETED TO THE APPROPRIATE DATE		STATE, ZIP CODE	DRESS, CITY,	STREET AD	PROVIDER OR SUPPLIER	NAME OF
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE					TY CARE	ROYALT
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE					T	
52.16.1.6.1,	COMPLETE	(EACH CORRECTIVE ACTION SHOULD BE CO		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PRÉFIX
V 133 Continued From page 8 V 133			V 133	ge 8	Continued From pa	V 133
the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's instory of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the				job duties of the position to be probation, parole, employment records of the ate the crime was committed. It commission by the person of on of a relevant offense alone of employment; however, the provider and an applicant after explored that is relevant for the se information contained in record check that is relevant on, but may not provide a copy by record check to the explored that, in good faith, section shall be immune from the eprovider to employ an asis of information provided in record check of the individual. In employee's history of the employee's criminal is requested and received in the section. In each a county, state, or the section or pending the, whether a misdemeanor or pon an individual's fitness to for the safety and well-being of ental health, developmental tance abuse services. These criminal offenses set forth in	the person and the filled. (6) The prison, jail, rehabilitation, and experson since the da (7) The subsequenta relevant offense. The fact of convictions shall not be a bar to listed factors shall but the provider disquestion of the provider may disclost the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (1) The failure of the individual on the batthe criminal history (2) Failure to check criminal offenses if history record check criminal offenses if history record check compliance with thin (e) Relevant Offense "relevant offense" rederal criminal history federal criminal history indicatment of a criminal felony, that bears undisabilities, or subscrimes include the complex crimes crime	V 133

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			D W/N/O		R	
		MHL0411092	B. WING		07/3	0/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROYALT	VCADE	2205 FOR	EST EDGE [DRIVE		
KUTALI	I CARE	GREENSE	BORO, NC 2	7406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
	Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Again Decency; Article 26	ubstitutes; Article 5A, tive and Legislative Officers; Article 7A, Rape and Other le 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; al Transaction Card Crime ads; Article 21, Forgery; Article st Public Morality and A, Adult Establishments;				
	29, Bribery; Article 30 Office; Article 35, Controlled 39, Protection of the Fallotoxication; and Article 39, Protection of the Fallotoxication; and Article 39, Protection of the Fallotoxication; and Article 30 offense crimes ale of drugs in viol Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplosupplies, or otherwican employment approximinal history reconstants.	on; Article 28, Perjury; Article 31, Misconduct in Public Iffenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public Iticle 60, Computer-Related is also include possession or ation of the North Carolina ces Act, Article 5 of Chapter Itatutes, and alcohol-related is to underage persons in B-302 or driving while in of G.S. 20-138.1 through Ishing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a ord check under this section Class A1 misdemeanor.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		MHL0411092	B. WING		07/3	0/2021
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ROYALT	Y CARE		EST EDGE I BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 133	employ an applicant obtaining the result check regarding the following requirement (1) The provider shippion to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider shippion criminal history reconsultational employment (2001-155, s. 1; 200	t conditionally prior to s of a criminal history record e applicant if both of the	V 133			
	failed to ensure a rehistory record check business days of a employment for 2 or Qualified Profession Review on 7/29/21 record revealed: - No documentation - Evidence of on record check dated - No documentation record check had business on 7/28/2	view and interview, the facility equest for a State criminal k was made within five conditional offer of f 4 staff (staff #2 and the nal (QP)). The findings are: of staff #2 and the QP's tion of a date of hire ly a county criminal history 2/12/20 for staff #2 tion a State criminal history een requested for the QP 21 and 7/30/21 with the AFL Living) provider revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MUU 0444000	B. WING		F-07/0		
		MHL0411092			07/3	0/2021	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S EST EDGE [STATE, ZIP CODE			
ROYALT	Y CARE		BORO, NC 2				
(X4) ID PREFIX TAG	(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	
V 133 V 536	- He only had the check for staff #2 - The owner of the contracted with to perform of a QP was responsed and he had her comensus of the contracted with the performance of the contracted with the quality of the qualit	ge 11 e county criminal history record ne agency with whom he had rovide his facility the services risible for the hiring of the QP replete personnel record ne agency which hired the QP rovide the date a criminal of was requested on behalf of rail was sent to the agency set for documentation that a rord check had been requested of this request was not met the survey on 7/30/21.	V 133				
	practices that emph to restrictive interve (b) Prior to providir disabilities, staff ind employees, student demonstrate compe completing training other strategies for which the likelihood or injury to a persor property damage is (c) Provider agence based on state com	mplement policies and nasize the use of alternatives ntions. In services to people with luding service providers, as or volunteers, shall betence by successfully in communication skills and creating an environment in of imminent danger of abuse in with disabilities or others or					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					2
	MHL0411092	B. WING		07/3	0/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
ROYALTY CARE	2205 FOR	EST EDGE [DRIVE		
NOTALLI GARE	GREENSE	ORO, NC 2	7406		
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536 Continued From pag	je 12	V 536			
(d) The training shall include measurable measurable testing (behavior) on those of methods to determine course. (e) Formal refreshed by each service provannually). (f) Content of the traprovider wishes to eathe Division of MH/D Paragraph (g) of this (g) Staff shall demo following core areas (1) knowledge people being served (2) recognizing behavior; (3) recognizing external stressors the disabilities; (4) strategies relationships with performance or genizing organizational factor disabilities; (6) recognizing assisting in the person decisions about their (7) skills in assescalating behavior; (8) communication of the traprovider wishes the disabilities; (6) recognizing organizational factor disabilities; (6) recognizing assisting in the person decisions about their (7) skills in assescalating behavior; (8) communication of the traprovider wishes the disabilities; (9) positive bemeans for people wi	I be competency-based, learning objectives, (written and by observation of objectives and measurable he passing or failing the repassing must be completed vider periodically (minimum aining that the service mploy must be approved by OD/SAS pursuant to sexule. Instrate competence in the example and understanding of the example grand interpreting human and the effect of internal and the effect of internal and the effect people with the example grand consumer that may affect people with the grand the importance of and on's involvement in making refire; sessing individual risk for	V 536			

OTATEMENT OF DEFICIENCIES (VA) PROVIDER/QUERI/QUE						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
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		MHL0411092	B. WING			0/2021
			<u>I</u>		1 01/0	U, EUE
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROYALT	V CARE	2205 FOR	EST EDGE I	DRIVE		
INO IALI	I OAKE	GREENSE	BORO, NC 2	7406		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX	•	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
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V 536	Continued From pa	ge 13	V 536			
	(h) Service provide	rs shall maintain				
		nitial and refresher training for				
	at least three years					
		tation shall include:				
		ipated in the training and the				
	outcomes (pass/fail					
		I where they attended; and				
	(C) instructor	· · · · · · · · · · · · · · · · · · ·				
		ion of MH/DD/SAS may				
		documentation at any time.				
		ications and Training				
	Requirements:					
		shall demonstrate competence				
		testing in a training program				
		g, reducing and eliminating the				
	need for restrictive					
	` '	shall demonstrate competence				
		g grade on testing in an				
	instructor training p (3) The training					
		ng shall be , include measurable learning				
		able testing (written and by				
		avior) on those objectives and				
		ds to determine passing or				
	failing the course.	22 13 doto paconing of				
	· ·	ent of the instructor training the				
		ins to employ shall be				
	approved by the Division of MH/DD/SAS pursuant					
	to Subparagraph (i)					
		e instructor training programs				
		e not limited to presentation of:				
		ding the adult learner;				
		for teaching content of the				
	course;	-				
	(C) methods	for evaluating trainee				
	performance; and					
	(D) document	ation procedures.				
		shall have coached experience				
		program aimed at preventing,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7. BOILDING.		R	
		MHL0411092	B. WING			0/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 536	interventions at lease review by the coach (7) Trainers is aimed at preventing need for restrictive annually. (8) Trainers is instructor training a (j) Service provided documentation of intraining for at least (1) Documentation of intraining for at least (2) The Division of instructor (2) The Division request and review (k) Qualifications of (1) Coaches requirements as a to (2) Coaches the course which is (3) Coaches competence by contrain-the-trainer instructor (7) Trainers in the course which is (3) Coaches competence by contrain-the-trainer instructor.	nating the need for restrictive st one time, with positive n. shall teach a training program g, reducing and eliminating the interventions at least once shall complete a refresher t least every two years. It is shall maintain nitial and refresher instructor three years. In mentation shall include: sipated in the training and the li); It where attended; and It's name. It is documentation any time. If Coaches: shall meet all preparation trainer. It is shall teach at least three times being coached. It is shall demonstrate in pletion of coaching or	V 536			
		et as evidenced by: view and interview, the facility f 4 staff (the Qualified				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0170	0/2021
ROYALT	Y CARE		EST EDGE I			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	/E ACTION SHOULD BE COMPLE D TO THE APPROPRIATE DATE	
V 536	Continued From pa	ge 15	V 536			
	Professional (QP)) had received initial training on alternatives to restrictive interventions. The findings are:					
	No documentatNo documentat	of the QP's record revealed: ion of a date of hire ion the QP had received the ernatives to restrictive				
	 She had receiv restrictive interventi "Most of my tra including NCI (Nort she started with he She felt certain expired, her current 	that once her training had t employer would provide an to renew her training on				
	Family Living) provi The owner of the contracted with to prove a QP was response received the require The agency owinformation regarding	ne agency with whom he provide his facility the services asible for ensuring the QP had				
	owner with a reque trainings he had pro employment with hi	ail was sent to the agency st for documentation of what ovided the QP upon her s agency. This request was close of the survey on				

DIVISION	of Health Service Re	guiation	1			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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ROYALT	Y CARE					
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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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V 537		ghts - Training in Sec Rest &	V 537			
	ITO					
	10A NCAC 27E .01					
	SECLUSION, PHYS	SICAL RESTRAINT AND				
	ISOLATION TIME-0	TUC				
	(a) Seclusion, phys	sical restraint and isolation				
		nployed only by staff who have				
	been trained and ha					
		proper use of and alternatives				
		s. Facilities shall ensure that				
	staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.					
		g direct care to people with				
	disabilities whose treatment/habilitation plan					
		interventions, staff including				
		employees, students or				
		mplete training in the use of				
	seclusion, physical	restraint and isolation time-out				
	and shall not use th	ese interventions until the				
	training is complete	d and competence is				
	demonstrated.					
	(c) A pre-requisite for taking this training is					
		petence 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					
		ne passing or failing the				
	course.					
		er training must be completed				
	•	vider periodically (minimum				
	annually).					
	(f) Content of the tr	raining that the service				
		nploy must be approved by				
		DD/ŚAS pursuant to				

REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 17 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 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);	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2205 FOREST EDGE DRIVE ROYALTY CARE SUMMARY STATEMENT OF DEFICIENCIES GREENSBORD, NC 27406 REQUIATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 17 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 restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose, and (8) 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);				A. BUILDING:			
ROYALTY CARE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DOERCIENCY MUST BE PRECEDED BY FULL REGILATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE TO THE APPROPRIATE DATE V 537 Continued From page 17 V 537 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 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);			MHL0411092	B. WING			
X(4) D PROVIDERS PLAN OF CORRECTION PREFIX TAG	NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CREENSBORO, NC 27406 (XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 17 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 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 client and the safe use of 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/fall);	DOVALT.	VCADE	2205 FOR	EST EDGE I	DRIVE		
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 17 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 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);	RUTALI	1 CARE	GREENSE	BORO, NC 2	7406		
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 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/fall);	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
(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 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);	V 537	Continued From pa	ige 17	V 537			
(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 Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program	V 337	Paragraph (g) of th (g) Acceptable trai 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-use of restraint throuse of restrictive intervent (6) prohibited (7) debriefing importance and pure (8) document (6) prohibited (7) debriefing importance and pure (8) document (9) Service provided documentation of in at least three years (1) Document (A) who particulate (B) when and (C) instructor (2) The Divis review/request this (i) Instructor Qualif Requirements: (1) Trainers services	is Rule. ning programs shall include, to, presentation of: information on alternatives to e interventions; s on when to intervene ninent danger to self and s on safety and respect for the f all persons involved (using estrictive interventions and n an intervention); s for the safe implementation entions; f emergency safety include continuous onitoring of the physical and being of the client and the safe oughout the duration of the ion; d procedures; g strategies, including their rpose; and tation methods/procedures. rs shall maintain nitial and refresher training for tation shall include: cipated in the training and the l); d where they attended; and d's name. ion of MH/DD/SAS may documentation at any time. fication and Training				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		MHL0411092	B. WING		07/30/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DO\/41.T	V 0 4 D F	2205 FOR	EST EDGE [DRIVE		
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V 537	Continued From pa	ge 18	V 537			
V 537	need for restrictive (2) Trainers s by scoring 100% or teaching the use of and isolation time-o (3) Trainers s by scoring a passin instructor training p (4) The trainin competency-based objectives, measura observation of beha measurable method failing the course. (5) The conte service provider pla approved by the Div to Subparagraph (j) (6) Acceptabl shall include, but no of: (A) understan (B) methods course; (C) evaluation (D) document (7) Trainers s annually and demon of seclusion, physic time-out, as specific Rule. (8) Trainers s in teaching the use least two times with	interventions. shall demonstrate competence in testing in a training program seclusion, physical restraint but. shall demonstrate competence g grade on testing in an rogram. Ing shall be g include measurable learning able testing (written and by avior) on those objectives and dis to determine passing or ent of the instructor training the sins to employ shall be vision of MH/DD/SAS pursuant	V 537			
		shall teach a program on the erventions at least once				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					X3) DATE SURVEY COMPLETED	
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		MHL0411092	B. WING		07/3	0/2021
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			BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 537	instructor training a (k) Service provide documentation of ir training for at least (1) Documen (A) who partic outcome (pass/fail) (B) when and (C) instructor (2) The Divis review/request this (I) Qualifications of (1) Coaches requirements as a t (2) Coaches times, the course w (3) Coaches competence by con train-the-trainer inst (m) Documentation preparation as for t This Rule is not me Based on record re failed to ensure 1 o	shall complete a refresher t least every two years. The shall maintain shitial and refresher instructor three years. The shall include: Sipated in the training and the sipated in the same training and the sipated in the same rainers. The shall complete a refresher tructor and the sipated in the sipated in the same rainers.	V 537			
		had completed initial training cal restraint, and isolation ings are:				
	No documentalNo documental	of the QP's record revealed: tion of a date of hire tion the QP had completed clusion, physical restraint, and				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ROYALT	Y CARE		EST EDGE I BORO, NC 2			
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V 537	Interview on 7/30/2 - She had receive physical restraint, a former employer - "Most of my traincluding NCI (North she started with here in the started with here in the started with here is seclusion, physical time-out. Interview on 7/30/2 Family Living) provice in the owner of the contracted with to poor a QP was response in the seclusion of the seclusion	1 with the QP revealed: ed training on seclusion, nd isolation time-out from her inings were up-to-date," h Carolina Interventions) when r current employer that once her training had t employer would provide an to renew her training on restraint, and isolation 1 with the AFL (Alternative der revealed: ne agency with whom he provide his facility the services nsible for ensuring the QP had	V 537			
	owner with a requestrainings he had pro employment with hi	ail was sent to the agency st for documentation of what ovided the QP upon her s agency. This request was close of the survey on				

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