| ND PLAN (                | FOF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE C      |   |                                    | E SURVEY<br>PLETED      |
|--------------------------|---|---|----------------------|---|------------------------------------|-------------------------|
|                          |   | BERTH TOXITON TOMBER.   | A. BUILDING:         |   |                                    |                         |
|                          |   | MHL036-332  | B. WING              |   | 09                                 | R<br>9/27/2021          |
| IAME OF P                | ROVIDER OR SUPPLIER   | STREET A  | ADDRESS, CITY, STATE | , ZIP CODE  |                                    |                         |
| REEDOM                   | Λ   | 1089 X F  | RAY DRIVE            |   |                                    |                         |
| KEEDON                   |   | GASTO   | NIA, NC 28054        |   |                                    |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>.SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN C<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TC<br>DEFICIEN | CTION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 000                    | INITIAL COMMENTS  |   | V 000                |   |                                    |                         |
|                          | violations was comple<br>2021. This was a lim<br>10A NCAC 27G .020<br>(V107), 10A NCAC 2<br>Requirements (V108)<br>Medication Requirem<br>Statute 122C-80 Crim<br>Required for Certain A<br>(V131), General Statu<br>Personnel Registry (V<br>Scope (V218), 10A N<br>(V219), 10A NCAC 2<br>10A NCAC 27D .030<br>Abuse, Neglect, or E2<br>NCAC 27E .0107 Tra<br>Restrictive Interventio<br>27E .0108 Training in<br>Restraint and Isolatio<br>reviewed for complian<br>brought back into cor<br>.0202 Personnel Req<br>NCAC 27G .0202 Pe<br>(V108), 10A NCAC 2<br>Requirements (V118)<br>Criminal History Reco<br>Certain Applicants for<br>General Statute 131E<br>Registry (V133), 10A<br>(V218), 10A NCAC 2<br>10A NCAC 27D .030<br>Abuse, Neglect, or E2<br>Deficiencies were cite<br>The facility is licensed | <ul> <li>a) 10A NCAC 27G .0209</li> <li>a) ents (V118), General</li> <li>a) inal History Record Check</li> <li>Applicants for Employment</li> <li>a) ute 131E Health Care</li> <li>(/133), 10A NCAC 27G .3101</li> <li>CAC 27G .3102 Staff</li> <li>7G .3103 Operations (V220),</li> <li>4 Protection from Harm,</li> <li>c) c) constraints to</li> <li>c) cons (V536), and 10A NCAC</li> <li>c) seclusion, Physical</li> <li>n Time-Out (V537) were</li> <li>n c) c) (V537) were</li> <li>n c) c) (V107), 10A</li> <li>rsonnel Requirements</li> <li>7G .0209 Medication</li> <li>c) General Statute 122C-80</li> <li>c) check Required for</li> <li>c) Employment (V131),</li> <li>e) Health Care Personnel</li> <li>NCAC 27G .3101 Scope</li> <li>7G .3102 Staff (V219), and</li> <li>4 Protection from Harm,</li> <li>c) cons (V512).</li> <li>c).</li> <li>c) d for the following service</li> </ul> |                      |   |                                    |                         |
|                          | categories: 10A NCA<br>Medical Detoxification   | C 27G .3100 Non-hospital<br>of Individuals who are<br>nd 10A NCAC 27G .3300   |                      |   |                                    |                         |

SDPF11

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|                          | FOF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE C            |   |                                      | E SURVEY<br>PLETED      |
|--------------------------|--|---|----------------------------|---|--------------------------------------|-------------------------|
|                          |  |   | A. BUILDING:               |   |                                      |                         |
|                          |  | MHL036-332  | B. WING                    |   | 09                                   | R<br>9/27/2021          |
| NAME OF P                | ROVIDER OR SUPPLIER  | STREET  | ADDRESS, CITY, STATE       | , ZIP CODE  |                                      |                         |
| FREEDOM                  | Λ  |   | RAY DRIVE<br>NIA, NC 28054 |   |                                      |                         |
|                          |  |   |                            |   |                                      |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN C<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TC<br>DEFICIEI | CTION SHOULD BE<br>D THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 220                    | 27G .3103 Nonhospi   | tal Med. Detox Operations   | V 220                      |   |                                      |                         |
|                          | <ul> <li>written policy that rec</li> <li>(1) procedures</li> <li>general condition and</li> <li>the first 72 hours of the</li> <li>and</li> <li>(2) procedures</li> <li>recording each client</li> <li>and temperature at lefirst 24 hours and at hereafter.</li> <li>(b) Discharge Planni</li> <li>Treatment/Rehabilitat</li> <li>discharge plan for each</li> <li>client who has completed</li> </ul> | is. Each facility shall have a<br>quires:<br>a for monitoring each client's<br>d vital signs during at least<br>he detoxification process;<br>a for monitoring and<br>d's pulse rate, blood pressure<br>east every four hours for the<br>least three times daily<br>ing And Referral To |                            |   |                                      |                         |
|                          | failed to monitor and<br>rate, blood pressure<br>every four hours for t<br>affecting 3 of 3 audite<br>and #3). The finding<br>Review on 9/21/21 -<br>revealed:<br>-Admitted 9/18/21 at<br>-Diagnosed with Opic<br>-Client's pulse rate, b<br>temperature were no   | and record review, the facility<br>record each client's pulse<br>and temperature at least<br>the first 24 hours of treatment<br>ed clients (Clients #1, #2,<br>s are:<br>9/27/21 of Client #1's record<br>11:05am;<br>bid Use, Severe;  |                            |   |                                      |                         |

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|                          | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                 | (X2) MULTIPLE C<br>A. BUILDING: |   |                 | E SURVEY<br>PLETED      |
|--------------------------|--|---|---------------------------------|---|-----------------|-------------------------|
|                          |  | MHL036-332  | B. WING                         |   | R<br>09/27/2021 |                         |
| IAME OF PF               | ROVIDER OR SUPPLIER  | STREET  | ADDRESS, CITY, STATE            | E, ZIP CODE   | •               |                         |
| REEDON                   | 1  |   | RAY DRIVE<br>NIA, NC 28054      |   |                 |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN O<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE  | (X5)<br>COMPLET<br>DATE |
| V 220                    | Continued From page  | e 2   | V 220                           |   |                 |                         |
|                          | treatment (recordings were made 9/18/21 at<br>admission, 9/18/21 at 4:30pm, 9/18/21 at 5:36pm<br>when she was sent to the local hospital returning<br>on 9/19/21 at 7:30am, 9/19/21 at 8am vital<br>resumed, 9/19/21 at 10:30am, 9/19/21 at<br>11:31am).<br>Review on 9/21/21 - 9/27/21 of Client #2's record<br>revealed:<br>-Admitted 9/13/212 at 4pm;<br>-Diagnosed with Alcohol Use Disorder, Severe;<br>-Client's pulse rate, blood pressure and<br>temperature were not monitored and recorded at<br>least every four hours for the first 24 hours of<br>treatment (recordings were made 9/13/21 at 4pm,<br>9/13/21 at 8:10pm, 9/14/21 at 12am, 9/14/21 at<br>5am, 9/14/21 at 9am, and 9/14/21 at 1pm, and<br>9/14/21 at 4pm during the first 24 hours of<br>treatment). |   |                                 |   |                 |                         |
|                          |  |   |                                 |   |                 |                         |
|                          | revealed:<br>-Admitted 9/19/21 at<br>-Diagnosed with Alco<br>-Client's pulse rate, b<br>temperature were no<br>least every four hours<br>treatment (recordings<br>admission, 9/19/21 a<br>9/19/21 at 11pm, 9/2   | hol Use Disorder, Severe;   |                                 |   |                 |                         |
|                          | This deficiency const<br>and must be correcte  | itutes a recited deficiency<br>ad within 30 days.                                     |                                 |   |                 |                         |
| V 536                    | 27E .0107 Client Rig<br>Int.   | hts - Training on Alt to Rest.  | V 536                           |   |                 |                         |
|                          |  |   |                                 |   |                 |                         |

|               | of Health Service Regu  | (X1) PROVIDER/SUPPLIER/CLIA                                | (X2) MULTIPLE C      |  |                 | SURVEY           |
|---------------|-------------------------|--|----------------------|--|-----------------|------------------|
|               | OF CORRECTION           | IDENTIFICATION NUMBER:                                     | A. BUILDING:         |  |                 | PLETED           |
|               |                         | MHL036-332   | B. WING              |  | R<br>09/27/2021 |                  |
| NAME OF PI    | ROVIDER OR SUPPLIER     | STREET A   | ADDRESS, CITY, STATE | , ZIP CODE   |                 |                  |
|               |                         | 1089 X F   | RAY DRIVE            |  |                 |                  |
| FREEDON       | 1                       | GASTO  | NIA, NC 28054        |  |                 |                  |
| (X4) ID       |                         | ATEMENT OF DEFICIENCIES                                    | ID                   | PROVIDER'S PLAN OF                                     |                 | (X5)             |
| PREFIX<br>TAG |                         | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | PREFIX<br>TAG        | (EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | THE APPROPRIATE | COMPLETE<br>DATE |
| V 536         | Continued From page     | e 3  | V 536                |  |                 |                  |
|               | ALTERNATIVES TO         | RESTRICTIVE  |                      |  |                 |                  |
|               | INTERVENTIONS           |  |                      |  |                 |                  |
|               | (a) Facilities shall im | plement policies and                                       |                      |  |                 |                  |
|               | practices that empha    | size the use of alternatives                               |                      |  |                 |                  |
|               | to restrictive interven | tions.   |                      |  |                 |                  |
|               |                         | services to people with                                    |                      |  |                 |                  |
|               |                         | iding service providers,                                   |                      |  |                 |                  |
|               | employees, students     |  |                      |  |                 |                  |
|               | demonstrate compete     |  |                      |  |                 |                  |
|               |                         | n communication skills and                                 |                      |  |                 |                  |
|               |                         | reating an environment in                                  |                      |  |                 |                  |
|               |                         | of imminent danger of abuse                                |                      |  |                 |                  |
|               |                         | with disabilities or others or                             |                      |  |                 |                  |
|               | property damage is p    | s shall establish training                                 |                      |  |                 |                  |
|               |                         | etencies, monitor for internal                             |                      |  |                 |                  |
|               |                         | onstrate they acted on data                                |                      |  |                 |                  |
|               |                         | be competency-based,                                       |                      |  |                 |                  |
|               |                         | written and by observation of                              |                      |  |                 |                  |
|               |                         | bjectives and measurable                                   |                      |  |                 |                  |
|               | ,                       | e passing or failing the                                   |                      |  |                 |                  |
|               | course.                 |  |                      |  |                 |                  |
|               | (e) Formal refresher    | training must be completed                                 |                      |  |                 |                  |
|               | ( )                     | ider periodically (minimum                                 |                      |  |                 |                  |
|               | annually).              |  |                      |  |                 |                  |
|               | (f) Content of the tra  | ining that the service                                     |                      |  |                 |                  |
|               | provider wishes to er   | nploy must be approved by                                  |                      |  |                 |                  |
|               | the Division of MH/D    |  |                      |  |                 |                  |
|               | Paragraph (g) of this   |  |                      |  |                 |                  |
|               |                         | nstrate competence in the                                  |                      |  |                 |                  |
|               | following core areas:   |  |                      |  |                 |                  |
|               |                         | and understanding of the                                   |                      |  |                 |                  |
|               | people being served;    |  |                      |  |                 |                  |
|               | behavior;               | and interpreting human                                     |                      |  |                 |                  |
|               |                         | the effect of internal and                                 |                      |  |                 |                  |
|               | external stressors that | at may affect people with                                  |                      |  |                 |                  |
|               |                         |  |                      |  |                 | 1                |

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If continuation sheet 4 of 12

|                          | of Health Service Regu<br>OF DEFICIENCIES<br>OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                 | (X2) MULTIPLE CO     |  |                                   | E SURVEY<br>PLETED       |
|--------------------------|--|---|----------------------|--|-----------------------------------|--------------------------|
|                          |  | BERTH IOMON HOMBER.   | A. BUILDING:         |  |                                   |                          |
|                          |  | MHL036-332  | B. WING              |  | 09                                | R<br>9/27/2021           |
| NAME OF PF               | ROVIDER OR SUPPLIER  | STREET  | ADDRESS, CITY, STATE | , ZIP CODE   |                                   |                          |
|                          |  | 1089 X F  | RAY DRIVE            |  |                                   |                          |
| KEEDOW                   |  | GASTO   | NIA, NC 28054        |  |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OI<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| V 536                    | Continued From page  | e 4   | V 536                |  |                                   |                          |
|                          | disabilities;  |   |                      |  |                                   |                          |
|                          | •  | or building positive  |                      |  |                                   |                          |
|                          | relationships with per                                     |   |                      |  |                                   |                          |
|                          |  | cultural, environmental and   |                      |  |                                   |                          |
|                          | ()   | that may affect people with   |                      |  |                                   |                          |
|                          | disabilities:  |   |                      |  |                                   |                          |
|                          | ,  | the importance of and   |                      |  |                                   |                          |
|                          | assisting in the person's involvement in making            |   |                      |  |                                   |                          |
|                          | decisions about their                                      |   |                      |  |                                   |                          |
|                          |  | essing individual risk for  |                      |  |                                   |                          |
|                          | escalating behavior;                                       | C   |                      |  |                                   |                          |
|                          |  | tion strategies for defusing  |                      |  |                                   |                          |
|                          | . ,  | tentially dangerous behavior;   |                      |  |                                   |                          |
|                          | and  |   |                      |  |                                   |                          |
|                          | (9) positive beh   | navioral supports (providing  |                      |  |                                   |                          |
|                          | means for people with                                      | h disabilities to choose  |                      |  |                                   |                          |
|                          | activities which direct                                    | ly oppose or replace  |                      |  |                                   |                          |
|                          | behaviors which are u                                      |   |                      |  |                                   |                          |
|                          | (h) Service providers                                      |   |                      |  |                                   |                          |
|                          | documentation of initi                                     | al and refresher training for   |                      |  |                                   |                          |
|                          | at least three years.                                      |   |                      |  |                                   |                          |
|                          | ( )  | tion shall include:   |                      |  |                                   |                          |
|                          | (A) who particip   | ated in the training and the  |                      |  |                                   |                          |
|                          | outcomes (pass/fail);                                      |   |                      |  |                                   |                          |
|                          |  | vhere they attended; and  |                      |  |                                   |                          |
|                          | (C) instructor's   |   |                      |  |                                   |                          |
|                          |  | n of MH/DD/SAS may  |                      |  |                                   |                          |
|                          |  | ocumentation at any time.   |                      |  |                                   |                          |
|                          | (i) Instructor Qualific                                    | ations and Training   |                      |  |                                   |                          |
|                          | Requirements:  |   |                      |  |                                   |                          |
|                          |  | all demonstrate competence  |                      |  |                                   |                          |
|                          |  | esting in a training program<br>reducing and eliminating the                          |                      |  |                                   |                          |
|                          | need for restrictive in                                    | <b>.</b> .  |                      |  |                                   |                          |
|                          |  | all demonstrate competence  |                      |  |                                   |                          |
|                          |  | grade on testing in an  |                      |  |                                   |                          |
|                          | instructor training pro                                    |   |                      |  |                                   |                          |
|                          | (3) The training   |   |                      |  |                                   |                          |
|                          |  | nclude measurable learning  |                      |  |                                   |                          |
|                          | competency-based, il                                       | noidae measurable learning  |                      |  |                                   |                          |

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| OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  |   |  |   | E SURVEY<br>PLETED  |
|---|--|---|--|---|---|
|   |  | A. BUILDING:  |  |   | R   |
|   | MHL036-332   | B. WING   |  | 09  | 9/27/2021   |
| ROVIDER OR SUPPLIER   | STREETA  | ADDRESS, CITY, STATE,   | ZIP CODE   |   |   |
| I   |  |   |  |   |   |
|   |  | NIA, NC 28054   |  |   |   |
| (EACH DEFICIENC   | Y MUST BE PRECEDED BY FULL   | ID<br>PREFIX<br>TAG   | (EACH CORRECTIVE A<br>CROSS-REFERENCED TO  | CTION SHOULD BE<br>O THE APPROPRIATE  | (X5)<br>COMPLETE<br>DATE  |
| Continued From page   | e 5  | V 536   |  |   |   |
| failing the course.(4)The contentservice provider plansapproved by the Divisionto Subparagraph (i)(5)(5)Acceptableshall include but are not shall be | t of the instructor training the<br>s to employ shall be<br>sion of MH/DD/SAS pursuant<br>5) of this Rule.<br>instructor training programs<br>not limited to presentation of:<br>ng the adult learner;<br>r teaching content of the<br>or evaluating trainee<br>tion procedures.<br>all have coached experience  |   |  |   |   |
| reducing and elimination interventions at least   | ting the need for restrictive  |   |  |   |   |
| -   |  |   |  |   |   |
| aimed at preventing, need for restrictive in  | reducing and eliminating the   |   |  |   |   |
| <ul><li>(8) Trainers sh<br/>instructor training at I</li><li>(j) Service providers<br/>documentation of initi</li></ul>   | east every two years.<br>shall maintain<br>ial and refresher instructor  |   |  |   |   |
| (1) Docume<br>(A) who particip<br>outcomes (pass/fail);   | entation shall include:<br>bated in the training and the   |   |  |   |   |
| <ul> <li>(C) instructor's</li> <li>(2) The Division request and review th</li> <li>(k) Qualifications of 0</li> </ul>   | name.<br>n of MH/DD/SAS may<br>nis documentation any time.<br>Coaches:   |   |  |   |   |
|   | ROVIDER OR SUPPLIER<br>SUMMARY ST<br>(EACH DEFICIENC<br>REGULATORY OR<br>Continued From page<br>objectives, measurab<br>observation of behav<br>measurable methods<br>failing the course.<br>(4) The conten<br>service provider plan<br>approved by the Divis<br>to Subparagraph (i)(5<br>(5) Acceptable<br>shall include but are in<br>(A) understandi<br>(B) methods for<br>course;<br>(C) methods for<br>performance; and<br>(D) documentation<br>(6) Trainers sh<br>teaching a training pri-<br>reducing and eliminal<br>interventions at least<br>review by the coach.<br>(7) Trainers sh<br>aimed at preventing,<br>need for restrictive in<br>annually.<br>(8) Trainers sh<br>instructor training at I<br>(j) Service providers<br>documentation of initing<br>training for at least the<br>(1) Docume<br>(A) who particiports<br>outcomes (pass/fail);<br>(B) when and with<br>(C) instructor's<br>(2) The Division<br>request and review the<br>(k) Qualifications of the<br>course in the course | F CORRECTION       IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:       IMHL036-332         ROVIDER OR SUPPLIER       STREET A         1089 X F       GASTON         SUMMARY STATEMENT OF DEFICIENCIES       (EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 5       objectives, measurable testing (written and by<br>observation of behavior) on those objectives and<br>measurable methods to determine passing or<br>failing the course.         (4)       The content of the instructor training the<br>service provider plans to employ shall be<br>approved by the Division of MH/DD/SAS pursuant<br>to Subparagraph (i)(5) of this Rule.         (5)       Acceptable instructor training programs<br>shall include but are not limited to presentation of:<br>(A)         (A)       understanding the adult learner;         (B)       methods for teaching content of the<br>course;         (C)       methods for evaluating trainee<br>performance; and         (D)       documentation procedures.         (6)       Trainers shall have coached experience<br>teaching a training program aimed at preventing,<br>reducing and eliminating the need for restrictive<br>interventions at least once annually.         (8)       Trainers shall complete a refresher<br>instructor training at least every two years.         (1)       Documentation shall include:         (A)       who participated in the training and the<br>outcomes (pass/fail);         (B) <td>F CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL036-332       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE,         1089 X RAY DRIVE       GASTONIA, NC 28054         Continued From page 5       V 536         Objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.       V 536         (4)       The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.       Sourcestion of:         (A)       understanding the adult learner;       (B)       methods for evaluating trainee performance; and         (D)       documentation procedures.       (C)       Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.       (7)         (7)       Trainers shall complete a refresher instructor training and the need for restrictive interventions at least once annually.       (B)       Trainers shall maintain documentation of initial and refresher instructor training for at least three years.       (1)       Documentation shall include:       (A)         (A)       who participated in the training and the outcomes (pass/fail);       (B)       whon and where attended; and       (C)       instructor's name.<td>F CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL036-332       B. WING         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER'S PLANI         (EACH DECIENCY MUST BE PRECEDED BY FULL       PREF/K         REGULATORY OR LSC IDENTIFYING INFORMATION)         PREF/K         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5</td><td>F CORRECTION INTERCATION NUMBER A BUILDING: (COM<br/>MHL036-332 B. WING (O)<br/>B. WING (O)<br/>B. WING (O)<br/>BOY ANY DRIVE<br/>GASTONIA, NC 28054<br/>SUMMARY STATEMENT OF DEFICIENCE<br/>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br/>REGULTORY OR LSC DENTFINING INFORMATION)<br/>Continued From page 5<br/>objectives, measurable testing (written and by<br/>observation of behavior) on those objectives and<br/>measurable methods to determine passing or<br/>failing the course.<br/>(4) The content of the instructor training the<br/>service provider plans to employ shall be<br/>approved by the Division of MH/DD/SAS pursuant<br/>to Subparagraph (I)(5) of this Rule.<br/>(5) Acceptable instructor training programs<br/>shall include but are not limited to presentation of:<br/>(A) understanding the adult learner;<br/>(B) methods for evaluating trainee<br/>performance; and<br/>(D) documentation procedures.<br/>(F) Trainers shall complete a refresher<br/>instructor training program<br/>anded at preventing, reducing and eliminating the<br/>need for restrictive interventions at least once<br/>annually.<br/>(B) Trainers shall complete a refresher<br/>instructor training and eliminating the<br/>need for restrictive interventions at least once<br/>annually.<br/>(C) Trainers shall complete a refresher<br/>instructor training and eliminating the<br/>need for restrictive interventions at least once<br/>annually.<br/>(B) Trainers shall complete a refresher<br/>instructor training and eliminating the<br/>need for restrictive interventions at least once<br/>annually.<br/>(C) Service providers shall maintain<br/>documentation of initial and refresher instructor<br/>training for at least three years.<br/>(C) The Division of MH/DD/SAS may<br/>request and review this documentation any time.<br/>(C) C) The Division of MH/DD/SAS may<br/>request and review this documentation any time.<br/>(C) C) Survice providers shall match<br/>and to review by the coach.</td></td> | F CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL036-332       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE,         1089 X RAY DRIVE       GASTONIA, NC 28054         Continued From page 5       V 536         Objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.       V 536         (4)       The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.       Sourcestion of:         (A)       understanding the adult learner;       (B)       methods for evaluating trainee performance; and         (D)       documentation procedures.       (C)       Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.       (7)         (7)       Trainers shall complete a refresher instructor training and the need for restrictive interventions at least once annually.       (B)       Trainers shall maintain documentation of initial and refresher instructor training for at least three years.       (1)       Documentation shall include:       (A)         (A)       who participated in the training and the outcomes (pass/fail);       (B)       whon and where attended; and       (C)       instructor's name. <td>F CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL036-332       B. WING         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER'S PLANI         (EACH DECIENCY MUST BE PRECEDED BY FULL       PREF/K         REGULATORY OR LSC IDENTIFYING INFORMATION)         PREF/K         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5</td> <td>F CORRECTION INTERCATION NUMBER A BUILDING: (COM<br/>MHL036-332 B. WING (O)<br/>B. WING (O)<br/>B. WING (O)<br/>BOY ANY DRIVE<br/>GASTONIA, NC 28054<br/>SUMMARY STATEMENT OF DEFICIENCE<br/>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br/>REGULTORY OR LSC DENTFINING INFORMATION)<br/>Continued From page 5<br/>objectives, measurable testing (written and by<br/>observation of behavior) on those objectives and<br/>measurable methods to determine passing or<br/>failing the course.<br/>(4) The content of the instructor training the<br/>service provider plans to employ shall be<br/>approved by the Division of MH/DD/SAS pursuant<br/>to Subparagraph (I)(5) of this Rule.<br/>(5) Acceptable instructor training programs<br/>shall include but are not limited to presentation of:<br/>(A) understanding the adult learner;<br/>(B) methods for evaluating trainee<br/>performance; and<br/>(D) documentation procedures.<br/>(F) Trainers shall complete a refresher<br/>instructor training program<br/>anded at preventing, reducing and eliminating the<br/>need for restrictive interventions at least once<br/>annually.<br/>(B) Trainers shall complete a refresher<br/>instructor training and eliminating the<br/>need for restrictive interventions at least once<br/>annually.<br/>(C) Trainers shall complete a refresher<br/>instructor training and eliminating the<br/>need for restrictive interventions at least once<br/>annually.<br/>(B) Trainers shall complete a refresher<br/>instructor training and eliminating the<br/>need for restrictive interventions at least once<br/>annually.<br/>(C) Service providers shall maintain<br/>documentation of initial and refresher instructor<br/>training for at least three years.<br/>(C) The Division of MH/DD/SAS may<br/>request and review this documentation any time.<br/>(C) C) The Division of MH/DD/SAS may<br/>request and review this documentation any time.<br/>(C) C) Survice providers shall match<br/>and to review by the coach.</td> | F CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL036-332       B. WING         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         IONIDER'S PLANI         (EACH DECIENCY MUST BE PRECEDED BY FULL       PREF/K         REGULATORY OR LSC IDENTIFYING INFORMATION)         PREF/K         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5       V 536         OUSSRETERED TO DEFICIENCES         Continued From page 5 | F CORRECTION INTERCATION NUMBER A BUILDING: (COM<br>MHL036-332 B. WING (O)<br>B. WING (O)<br>B. WING (O)<br>BOY ANY DRIVE<br>GASTONIA, NC 28054<br>SUMMARY STATEMENT OF DEFICIENCE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULTORY OR LSC DENTFINING INFORMATION)<br>Continued From page 5<br>objectives, measurable testing (written and by<br>observation of behavior) on those objectives and<br>measurable methods to determine passing or<br>failing the course.<br>(4) The content of the instructor training the<br>service provider plans to employ shall be<br>approved by the Division of MH/DD/SAS pursuant<br>to Subparagraph (I)(5) of this Rule.<br>(5) Acceptable instructor training programs<br>shall include but are not limited to presentation of:<br>(A) understanding the adult learner;<br>(B) methods for evaluating trainee<br>performance; and<br>(D) documentation procedures.<br>(F) Trainers shall complete a refresher<br>instructor training program<br>anded at preventing, reducing and eliminating the<br>need for restrictive interventions at least once<br>annually.<br>(B) Trainers shall complete a refresher<br>instructor training and eliminating the<br>need for restrictive interventions at least once<br>annually.<br>(C) Trainers shall complete a refresher<br>instructor training and eliminating the<br>need for restrictive interventions at least once<br>annually.<br>(B) Trainers shall complete a refresher<br>instructor training and eliminating the<br>need for restrictive interventions at least once<br>annually.<br>(C) Service providers shall maintain<br>documentation of initial and refresher instructor<br>training for at least three years.<br>(C) The Division of MH/DD/SAS may<br>request and review this documentation any time.<br>(C) C) The Division of MH/DD/SAS may<br>request and review this documentation any time.<br>(C) C) Survice providers shall match<br>and to review by the coach. |

|                          | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE C<br>A. BUILDING: | ONSTRUCTION  |                                   | E SURVEY<br>PLETED      |
|--------------------------|---|--|---------------------------------|--|-----------------------------------|-------------------------|
|                          |   | MHL036-332   | B. WING                         |  | R<br>09/27/2021                   |                         |
| AME OF PI                | ROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, STATE             | E, ZIP CODE  | ·                                 |                         |
| REEDON                   | 1   |  |                                 |  |                                   |                         |
|                          |   | GASTON   | IIA, NC 28054                   |  |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 536                    | Continued From page   | e 6  | V 536                           |  |                                   |                         |
|                          | the course which is b<br>(3) Coaches sh<br>competence by comp<br>train-the-trainer instru   | nall teach at least three times<br>being coached.<br>nall demonstrate<br>bletion of coaching or  |                                 |  |                                   |                         |
|                          | failed to ensure staff<br>alternatives to restric<br>of 5 audited staff (Sta<br>Review on 9/21/21 of<br>-Hired 1/22/20;<br>-Employed as Behav | Ind record review, the facility<br>received training in<br>tive intervention affecting 1<br>aff #1). The findings are:<br>f Staff #1's record revealed:<br>ioral Heath Technician; |                                 |  |                                   |                         |
|                          | intervention.   | n alternatives to restrictive  |                                 |  |                                   |                         |
|                          | Operations revealed:<br>-Staff #1's training in   | with the Vice President of<br>alternatives to restrictive<br>ed and he is taking the   |                                 |  |                                   |                         |
|                          | This deficiency const<br>and must be correcte   | itutes a recited deficiency  |                                 |  |                                   |                         |
|                          | and must be conecte   | a within 50 days.  |                                 |  |                                   |                         |

|               | F OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO           |  |                 | E SURVEY<br>PLETED |
|---------------|---|--|----------------------------|--|-----------------|--------------------|
|               |   |  | A. BUILDING:               |  |                 | D                  |
|               |   | MHL036-332   | B. WING                    |  | 09              | R<br>9/27/2021     |
| NAME OF P     | ROVIDER OR SUPPLIER   | STREET   | DDRESS, CITY, STATE,       | ZIP CODE   |                 |                    |
| FREEDOM       | Λ   |  | RAY DRIVE<br>NIA, NC 28054 |  |                 |                    |
| (X4) ID       | SUMMARY ST  | ATEMENT OF DEFICIENCIES  | ID                         | PROVIDER'S PLAN O                                      | F CORRECTION    | (X5)               |
| PREFIX<br>TAG |   | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | PREFIX<br>TAG              | (EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | THE APPROPRIATE | COMPLETI<br>DATE   |
| V 537         | Continued From page   | e 7  | V 537                      |  |                 |                    |
|               | ISOLATION TIME-OU<br>(a) Seclusion, physic<br>time-out may be emp<br>been trained and hav<br>competence in the pri-<br>to these procedures.<br>staff authorized to em-<br>procedures are retrain<br>competence at least at<br>(b) Prior to providing<br>disabilities whose treat<br>includes restrictive inti-<br>service providers, em-<br>volunteers shall comp<br>seclusion, physical re-<br>and shall not use these<br>training is completed<br>demonstrated.<br>(c) A pre-requisite for<br>demonstrating compe-<br>training in preventing,<br>the need for restrictive<br>(d) The training shall<br>include measurable le-<br>measurable testing (v<br>behavior) on those of<br>methods to determine<br>course.<br>(e) Formal refresher<br>by each service provi-<br>annually).<br>(f) Content of the train<br>provider plans to emp<br>the Division of MH/DD<br>Paragraph (g) of this | CAL RESTRAINT AND<br>JT<br>cal restraint and isolation<br>loyed only by staff who have<br>e demonstrated<br>oper use of and alternatives<br>Facilities shall ensure that<br>inploy and terminate these<br>ned and have demonstrated<br>annually.<br>direct care to people with<br>atment/habilitation plan<br>terventions, staff including<br>inployees, students or<br>oblete training in the use of<br>estraint and isolation time-out<br>se interventions until the<br>and competence is<br>r taking this training is<br>becompetency-based,<br>earning objectives,<br>written and by observation of<br>objectives and measurable<br>e passing or failing the<br>training must be completed<br>der periodically (minimum<br>ining that the service<br>bloy must be approved by<br>D/SAS pursuant to |                            |  |                 |                    |

|                          | T OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE C      |   |                                      | E SURVEY<br>PLETED       |
|--------------------------|--|--|----------------------|---|--------------------------------------|--------------------------|
|                          |  |  | A. BUILDING:         |   |                                      | R                        |
|                          |  | MHL036-332   | B. WING              |   | 09                                   | 0/27/2021                |
| NAME OF PI               | ROVIDER OR SUPPLIER  | STREET A   | ADDRESS, CITY, STATE | , ZIP CODE  |                                      |                          |
| FREEDOM                  | И  |  |                      |   |                                      |                          |
|                          |  | GASTO  | NIA, NC 28054        |   |                                      |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN C<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIE! | CTION SHOULD BE<br>D THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| V 537                    | Continued From page  | e 8  | V 537                |   |                                      |                          |
|                          | but are not limited to,<br>(1) refresher in<br>the use of restrictive<br>(2) guidelines of<br>(understanding immir<br>others);<br>(3) emphasis of<br>rights and dignity of a<br>concepts of least rest<br>incremental steps in a<br>(4) strategies fr<br>of restrictive intervent<br>(5) the use of e<br>interventions which ir<br>assessment and mor<br>psychological well-be<br>use of restraint throug<br>restrictive intervention<br>(6) prohibited p<br>(7) debriefing s<br>importance and purpo<br>(8) documentar<br>(h) Service providers<br>documentation of initi<br>at least three years.<br>(1) Documenta<br>(A) who particip<br>outcomes (pass/fail);<br>(B) when and w<br>(C) instructor Qualific<br>Requirements:<br>(1) Trainers sh<br>by scoring 100% on t | presentation of:<br>formation on alternatives to<br>interventions;<br>on when to intervene<br>hent danger to self and<br>on safety and respect for the<br>all persons involved (using<br>trictive interventions and<br>an intervention);<br>or the safe implementation<br>tions;<br>emergency safety<br>holude continuous<br>hitoring of the physical and<br>eing of the client and the safe<br>ghout the duration of the<br>n;<br>procedures;<br>strategies, including their<br>ose; and<br>tion methods/procedures.<br>shall maintain<br>ial and refresher training for<br>tion shall include:<br>bated in the training and the<br>where they attended; and<br>name.<br>n of MH/DD/SAS may<br>ocumentation at any time.<br>ation and Training<br>all demonstrate competence<br>testing in a training program |                      |   |                                      |                          |
| ivision of Hea           | <ul> <li>(i) Instructor Qualific</li> <li>Requirements:</li> <li>(1) Trainers sh</li> <li>by scoring 100% on t</li> <li>aimed at preventing,</li> <li>need for restrictive in</li> </ul>   | ation and Training<br>all demonstrate competence<br>testing in a training program<br>reducing and eliminating the  |                      |   |                                      |                          |

| V 537 Continued From page<br>by scoring 100% on te   | 1089 X I<br>GASTO<br>TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)<br>9<br>esting in a training program<br>clusion, physical restraint   | A. BUILDING:<br>B. WING<br>ADDRESS, CITY, STATE<br>RAY DRIVE<br>NIA, NC 28054<br>ID<br>PREFIX<br>TAG<br>V 537 |   | D BE COMPLE            |
|--|--|---|---|------------------------|
| FREEDOM       SUMMARY STA         (X4) ID       SUMMARY STA         PREFIX       (EACH DEFICIENCY<br>REGULATORY OR LS         V 537       Continued From page         by scoring 100% on te       teaching the use of se   | STREET /<br>1089 X I<br>GASTO<br>TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)<br>9<br>9<br>esting in a training program<br>clusion, physical restraint   | ADDRESS, CITY, STATE<br>RAY DRIVE<br>NIA, NC 28054<br>ID<br>PREFIX<br>TAG                                     | , ZIP CODE<br>PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO | ON (X5)<br>D BE COMPLE |
| FREEDOM       SUMMARY STA         (X4) ID       SUMMARY STA         PREFIX       (EACH DEFICIENCY<br>REGULATORY OR LS         V 537       Continued From page         by scoring 100% on te       teaching the use of se   | 1089 X I<br>GASTO<br>TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)<br>9<br>esting in a training program<br>clusion, physical restraint   | RAY DRIVE<br>NIA, NC 28054  | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO               | D BE COMPLE            |
| (X4) ID<br>PREFIX<br>TAG     SUMMARY STA<br>(EACH DEFICIENCY<br>REGULATORY OR LS       V 537     Continued From page<br>by scoring 100% on te<br>teaching the use of se  | GASTO<br>TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)<br>9<br>esting in a training program<br>clusion, physical restraint   | NIA, NC 28054   | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO  | D BE COMPLE            |
| V 537         Continued From page           by scoring 100% on te           teaching the use of se   | 9<br>seting in a training program<br>clusion, physical restraint   | PREFIX<br>TAG   | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO  | D BE COMPLE            |
| by scoring 100% on te<br>teaching the use of se  | esting in a training program<br>clusion, physical restraint  | V 537   |   |                        |
| teaching the use of se   | clusion, physical restraint  |   |   |                        |
| by scoring a passing g<br>instructor training prog<br>(4) The training<br>competency-based, in<br>objectives, measurable<br>observation of behavior<br>measurable methods the<br>failing the course.<br>(5) The content<br>service provider plans<br>approved by the Divisi<br>to Subparagraph (j)(6)<br>(6) Acceptable in<br>shall include, but not be<br>of:<br>(A) understandin<br>(B) methods for<br>course;<br>(C) evaluation o<br>(D) documentation<br>(7) Trainers sha<br>annually and demonst<br>of seclusion, physical<br>time-out, as specified<br>Rule.<br>(8) Trainers sha<br>cPR.<br>(9) Trainers sha<br>in teaching the use of<br>least two times with a<br>coach. | Il demonstrate competence<br>grade on testing in an<br>gram.<br>shall be<br>clude measurable learning<br>e testing (written and by<br>or) on those objectives and<br>to determine passing or<br>of the instructor training the<br>to employ shall be<br>fon of MH/DD/SAS pursuant<br>of this Rule.<br>Instructor training programs<br>be limited to, presentation<br>ag the adult learner;<br>teaching content of the<br>of trainee performance; and<br>on procedures.<br>Il be retrained at least<br>rate competence in the use<br>restraint and isolation<br>in Paragraph (a) of this<br>Il be currently trained in<br>Il have coached experience<br>restrictive interventions at<br>positive review by the<br>Il teach a program on the |   |   |                        |

STATE FORM

|                          | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO           |  |                                   | E SURVEY<br>PLETED       |
|--------------------------|--|--|----------------------------|--|-----------------------------------|--------------------------|
|                          |  |  | A. BUILDING:               |  |                                   | R                        |
|                          |  | MHL036-332   | B. WING                    |  | 09                                | 0/27/2021                |
| NAME OF PF               | ROVIDER OR SUPPLIER  | STREET A   | ADDRESS, CITY, STATE       | , ZIP CODE   |                                   |                          |
| REEDOM                   | 1  |  | RAY DRIVE<br>NIA, NC 28054 |  |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | FION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETI<br>DATE |
| V 537                    | Continued From page  | e 10   | V 537                      |  |                                   |                          |
|                          | training for at least th<br>(1) Documenta<br>(A) who particip<br>outcome (pass/fail);<br>(B) when and v<br>(C) instructor's<br>(2) The Division<br>review/request this do<br>(1) Qualifications of C<br>(1) Coaches sh<br>requirements as a tra<br>(2) Coaches sh<br>times, the course whi | shall maintain<br>al and refresher instructor<br>ree years.<br>tion shall include:<br>ated in the training and the<br>where they attended; and<br>name.<br>n of MH/DD/SAS may<br>ocumentation at any time.<br>coaches:<br>all meet all preparation<br>iner.<br>all teach at least three<br>ch is being coached.<br>all demonstrate<br>letion of coaching or<br>lection.<br>shall be the same |                            |  |                                   |                          |
|                          | failed to ensure staff<br>seclusion, physical re<br>out affecting 1 of 5 au<br>findings are:   | nd record review, the facility   |                            |  |                                   |                          |
|                          | · · · · · · · · · · · · · · · · · · ·  |  |                            |  |                                   |                          |
|                          | Interview on 9/21/21   | with the Vice President of   |                            |  |                                   |                          |

STATE FORM

|               | OF DEFICIENCIES       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:              | (X2) MULTIPLE CO           |  |                   | SURVEY<br>PLETED        |
|---------------|-----------------------|--|----------------------------|--|-------------------|-------------------------|
|               |                       |  | A. BUILDING:               |  |                   |                         |
|               |                       | MHL036-332   | B. WING                    |  | 09                | R<br>/ <b>27/2021</b>   |
| AME OF PF     | ROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, STATE,       | ZIP CODE   |                   |                         |
| REEDOM        | l                     |  | RAY DRIVE<br>NIA, NC 28054 |  |                   |                         |
| (X4) ID       | SUMMARY S             | TATEMENT OF DEFICIENCIES   | ID                         | PROVIDER'S PLAN O                                      |                   | (X5)                    |
| PREFIX<br>TAG | (EACH DEFICIENC       | CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)        | PREFIX<br>TAG              | (EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | ) THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 537         | Continued From pag    | je 11  | V 537                      |  |                   |                         |
|               | Operations revealed   |  |                            |  |                   |                         |
|               |                       | e seclusion, physical restraint,<br>It has lapsed and he is taking |                            |  |                   |                         |
|               | the training today.   | a na la                              |                            |  |                   |                         |
|               | This deficiency cons  | titutes a recited deficiency                                       |                            |  |                   |                         |
|               | and must be corrected |  |                            |  |                   |                         |
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