Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMIT LETED
		MHL060-802	B. WING		R 10/14/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
WATER M	ILL HOME	6801 WATI	ER MILL COUR	T .	
WAILKIN	ILL HOME	CHARLOT	TE, NC 28215		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	completed on 10/14/2 substantiated (intaker NC00181741). Deficient	encies were cited. d for the following service 27G .1700 Residential			
	Adolescents.				
V 118	27G .0209 (C) Medica	ation Requirements	V 118		
	only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons tripharmacist or other leprivileged to prepare (4) A Medication Administered current. Medications arecorded immediately MAR is to include the (A) client's name; (B) name, strength, are (C) instructions for acc (D) date and time the (E) name or initials of drug.	istration: n-prescription drugs shall to a client on the written chorized by law to prescribe be self-administered by chorized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. clinistration Record (MAR) of d to each client must be kept administered shall be or after administration. The following:			

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

(X6) DATE TITLE

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			B. WING		R
		MHL060-802	b. WING		10/14/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
WATER M	ILL HOME		ER MILL COUR	T .	
	CLIMMADY CT		TE, NC 28215	DDOV/DEDIC DI AN OF CODDECTIO	NI
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTE
V 118	Continued From page	<u>:</u> 1	V 118		
		ded and kept with the MAR pointment or consultation			
	were administered wit and failed to ensure N administered to each Medications administe	ew, observation and ailed to ensure medications th a signed physician's order MAR of all drugs client must be kept current. ered shall be recorded ninistration affecting 1 of 1			
	revealed: - Admission date 8/13 - Age 14; - Diagnoses-Opposition Attention Deficit Hype Disruptive Mood Diso - Physician order for N 10mg(milligram) PRN	onal Defiant disorder, ractivity Disorder rder; Melatonin (sleep aid) (as needed) 10/1/21; or Albuterol HFA (inhaler) 18			
	medication revealed: -Medications were ke closet; - Melatonin 10mg PRI	/21 at 3:25pm of client #1's pt in a locked box in the N; g 2 puffs every 6 hours PRN			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-802	B. WING		R 10/14/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
WATER M	ILL HOME		TER MILL COURT OTTE, NC 28215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 118	Review on 10/6/21 of August 2021-Septem - No October MAR; - Albuterol HFA 18 mg	client #1's MARs from ber 2021 revealed: g 2 puffs every 6 hours PRN	V 118		
	Interview on 10/6/21 v -There was no Octobe - Client #1 just got Me night; - Client #1 has not ne Interview on 10/13/21	with staff #1 revealed: er 2021 MAR; elatonin and is taking it at			
	revealed: - Was not aware there was no October 2021 MAR; - House manager was in charge of completing MAR; - Monitored to ensure MARs were filled out correctly. Interview on 10/14/2021 with Licensee revealed: - All staff trained to complete MARs; - Didn't know there was no October 2021 MAR.				
V 131	and must be corrected G.S. 131E-256 (D2) H Verification G.S. §131E-256 HEA REGISTRY (d2) Before hiring hea health care facility or	tutes a re-cited deficiency d within 30 days. HCPR - Prior Employment LTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care	V 131		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MULLOCO DOS	B. WING		R
		MHL060-802			10/14/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,	
WATER M	ILL HOME		ER MILL COUR TE, NC 28215		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	V (V5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 131	Continued From page	e 3	V 131		
	of access in the appro	opriate business files.			
	This Rule is not met	as evidenced by:			
		ew and interview, the facility			
	failed to access the Health Care Personnel				
		r to offer of employment			
	affecting 1 of 3 staff (staff #2). The findings are:			
	Review on 10/7/21 or	n staff #2's record revealed:			
	- Date of Hire 11/16/1				
		l Modification Technician;			
	- HCPR report was da	ated on 12/6/18.			
	Interview on 10/6/21	with staff #2 revealed:			
	- Hired at facility in 5/2				
	- Rehired at the facilit	y in 11/26/2018.			
	Interview on 10/14/20	021 with Licensee revealed:			
		completed in October or			
	November when staff				
	- Didn't know it was la	ate.			
V 536	27E .0107 Client Right Int.	nts - Training on Alt to Rest.	V 536		
	10A NCAC 27E .0107 ALTERNATIVES TO I				
	INTERVENTIONS	INCO INIO IIVE			
	(a) Facilities shall im				
	·	size the use of alternatives			
	to restrictive intervent				
		services to people with ding service providers,			
	2.3d2	g 3011100 p10114010,	1		

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DIVISION	n nealth Service Negu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	URVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		COMPLE	TED			
					_	
			B. WING		R	
		MHL060-802	B. WING		10/1	4/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	-		ER MILL COUR			
WATER M	ILL HOME		TTE, NC 28215			
			TIE, NC 20215			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROF		DATE
iAO		,	IAG	DEFICIENCY)		
			1			
V 536	Continued From page	e 4	V 536			
	employees, students	or volunteers. shall				
	demonstrate compete					
		communication skills and				
		eating 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				
		onstrate they acted on data				
	gathered.	ha compatonay based				
		be competency-based,				
	include measurable le	•				
		vritten and by observation of				
	•	ojectives and measurable				
		e passing or failing the				
	course.					
		training must be completed				
		der periodically (minimum				
	annually).					
	(f) Content of the trai					
		nploy must be approved by				
	the Division of MH/DI	•				
	Paragraph (g) of this					
	(0)	strate competence in the				
	following core areas:					
	• •	and understanding of the				
	people being served;					
		and interpreting human				
	behavior;					
		the effect of internal and				
	external stressors that	it may affect people with				
	disabilities;					
	(4) strategies for	or building positive				
	relationships with per					
	· · · · · · · · · · · · · · · · · · ·	cultural, environmental and				
		that may affect people with				
	disabilities;	, , ,				
		the importance of and				

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DIVISION	n nealth Service Negu	ialion				_
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		MHL060-802	B. WING		10/14/2021	
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE 710 CODE		
NAIVIE OF PI	ROVIDER OR SUPPLIER					
WATER M	ILL HOME		R MILL COUR	ΥT		
		CHARLOT	TE, NC 28215			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE	
				DEFICIENCY)		
V 536	Continued From page	e 5	V 536			
	. •					
		n's involvement in making				
	decisions about their					
		essing individual risk for				
	escalating behavior;	tion atratagios for defusing				
		tion strategies for defusing				
	• •	tentially dangerous behavior;				
	and	and and accompanies (analytical				
		navioral supports (providing				
		h disabilities to choose				
	activities which direct					
	behaviors which are u	,				
	(h) Service providers					
		al and refresher training for				
	at least three years.					
	(1) Documenta	tion shall include:				
	(A) who particip	ated in the training and the				
	outcomes (pass/fail);					
	(B) when and w	vhere they attended; and				
	(C) instructor's	name;				
	(2) The Division	n of MH/DD/SAS may				
	review/request this do	ocumentation at any time.				
	(i) Instructor Qualifica	ations and Training				
	Requirements:					
	(1) Trainers sha	all demonstrate competence				
		esting in a training program				
		reducing and eliminating the				
	need for restrictive int	-				
		all demonstrate competence				
	` '	grade on testing in an				
	instructor training pro					
	(3) The training	•				
		nclude measurable learning				
		le testing (written and by				
		ior) on those objectives and				
		to determine passing or				
		to determine passing or				
	failing the course.	t of the impture to the interest to				
		t of the instructor training the				
	service provider plans					
	approved by the Divis	sion of MH/DD/SAS pursuant				

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IXTATEMENT OF DEFICIENCIES INTERPLETATION NUMBER: INTERPLETATION	Division of	of Health Service Regu	lation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8801 WATER MILL COURT CHARLOTTE, NC 28215 CHARLOTTE, NC 28215 V 536 Continued From page 6 to Subparagraph ()(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for evaluating trainee performance; and (D) documentation shall need of prestrictive interventions at least one time, with positive review by the coach. (7) Trainers shall leach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (T) Trainers shall leach a training program aimed at preventing at least three years. (J) Service providers shall maintain documentation of intial and refresher instructor training at least three years. (J) Service providers shall maintain documentation of intial and refresher instructor training at least three years. (J) Dervice providers shall maintain documentation of intial and refresher instructor training at least three years. (J) Dervice providers shall maintain documentation of hintial and refresher instructor training at least three years. (J) Dervice providers shall maintain documentation of hintial and refresher instructor training at least three years. (J) Dervice providers shall maintain documentation of hintial and refresher instructor training at least three years. (J) Dervice providers shall maintain documentation of hintial and refresher instructor training at least three years. (J) Dervice providers shall maintain documentation of hintial and refresher instructor training at least three years. (J) Coaches shall meet all preparation requirements as a trainer.				(X2) MULTIPLE	CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER WATER MILL HOME SUMMARY STATEMENT OF DEFICIENCY TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG V 536 Continued From page 6 to Subparagraph ()(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (B) methods for evaluating trainee performance; and (D) documentation procedures. (6) 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) Trainers shall complete a refresher instructor training at least every two years. (9) Service providers shall minitating documentation and liminating documentation of initial and refresher instructor training for at least three years. (1) Documentation of initial and refresher instructor training for at least three years. (1) Documentation of initial and refresher instructor training for at least three years. (1) Documentation of hitsil and refresher instructor training for at least three years. (2) The Division of MH/DD/SAS may request and review this documentation any time. (K) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer.	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
NAME OF PROVIDER OR SUPPLIER WATER MILL HOME SUMMARY STATEMENT OF DEFICIENCY TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG V 536 Continued From page 6 to Subparagraph ()(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (B) methods for evaluating trainee performance; and (D) documentation procedures. (6) 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) Trainers shall complete a refresher instructor training at least every two years. (9) Service providers shall minitating documentation and liminating documentation of initial and refresher instructor training for at least three years. (1) Documentation of initial and refresher instructor training for at least three years. (1) Documentation of initial and refresher instructor training for at least three years. (1) Documentation of hitsil and refresher instructor training for at least three years. (2) The Division of MH/DD/SAS may request and review this documentation any time. (K) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer.							D
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8801 WATER MILL COURT CHARLOTTE, NC 28215 CAUSE CHARLOTTE CAUSE CHARLOTTE CAUSE			MHI 060-802	B. WING		l l	
WATER MILL HOME SUMMARY STATEMENT OF DEFICIENCIES, NC 28215 PROVIDERS PLAN OF CORRECTION (CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY AUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY) V 5:36			M112000-002			1 10/	14/2021
(XA) ID SUMMARY STATEMENT OF DEPCIENCIES TAG SUMMARY STATEMENT OF DEPCIENCES (EACH DEPCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 6 to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall lave 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) Trainers shall lave 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) Trainers shall leach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (1) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation nay time. (K) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer.	NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	.TE, ZIP CODE		
CHARLOTTE, NC. 28215 Continued From page 6 V 536	WATER M	III HOME	6801 WA	TER MILL COUR	≀ T		
PREFIX TAG TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 6 to Subparagraph (I)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) 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) Trainers shall leach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fall); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer.	VVAI EIV III	ILE ITOME	CHARLO	OTTE, NC 28215			
to Subparagraph (i)(6) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) 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) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE
(5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) 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) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (K) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer.	V 536	Continued From page	÷ 6	V 536			
(2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or		to Subparagraph (i)(5) (5) Acceptable shall include but are r (A) understandin (B) methods for course; (C) methods for performance; and (D) documentat (6) Trainers shateaching a training proceeding and eliminat interventions at least review by the coach. (7) Trainers shateaching at preventing, need for restrictive inflannually. (8) Trainers shatinstructor training at legistration (j) Service providers documentation of inititationing for at least the (1) Docume (A) who participoutcomes (pass/fail); (B) when and we (C) instructor's (2) The Division request and review the (k) Qualifications of (1) Coaches shate course which is be (3) Coaches shate	instructor training programs not limited to presentation of: ng the adult learner; reaching content of the revaluating trainee ion procedures. all have coached experience ogram aimed at preventing, ting the need for restrictive one time, with positive all teach a training program reducing and eliminating the terventions at least once all complete a refresher east every two years. shall maintain ial and refresher instructor ree years. entation shall include: eated in the training and the where attended; and name. In of MH/DD/SAS may his documentation any time. Coaches: nall meet all preparation ininer. nall teach at least three times eing coached. nall demonstrate				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL060-802	B. WING		R 10/14/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WATER M	ILL HOME		ER MILL COUR	RT	
			TE, NC 28215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 536	Continued From page	e 7	V 536		
	as for trainers.				
	This Rule is not met	-			
		ews and interviews the			
		e staff completed annual			
		Iternatives for restrictive			
		g 3 of 3 staff (staff #1, staff essional (QP)). The findings			
	are:	essional (&1)). The infamigs			
	aro.				
	Record review on 10/	7/21 of staff #1's record			
	revealed:				
	- Date of hire 8/11/13				
	- Job Title: Paraprofes				
	expired 7/15/21.	nt Crisis Intervention (NCI)			
	expired 1/10/21.				
	Record review on 10/	7/21 of staff #2's record			
	revealed:				
	- Date of hire 11/26/1				
		Modification Technician;			
	- Training in NCI expi	red //15/21.			
	Record review on 10/	7/21 of QP's record			
	revealed:				
	- Date of hire 7/3/08;				
	- Training in NCI expi	red 7/15/21.			
		with Human Resources staff			
	revealed: - Had a list of staff wh	no nooded NCI			
	recertification;	io necueu ivoi			
	- Planned to schedule	e a training.			

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		(X3) DATE SURVEY COMPLETED			
		MHL060-802	B. WING		R 10/14/2021
					1 10/14/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		
WATER M	ILL HOME		NTER MILL COURT OTTE, NC 28215		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 536	Continued From page	8	V 536		
	revealed: - Human Resources v annual trainings;	with Qualified Professional was in charge of scheduling would keep him informed s were coming up.			
V 537	27E .0108 Client Righ	ts - Training in Sec Rest &	V 537		
	ISOLATION TIME-OL (a) Seclusion, physic time-out may be employed time-out may be employed to these procedures. Staff authorized to emprocedures are retrained authorized to emprocedures are retrained to prior to providing disabilities whose treating the procedures are retrained to providing the procedures are retrained to providing the providers, emprovides and shall not use the straining is completed to demonstrated. (c) A pre-requisite for demonstrating competer training in preventing, the need for restrictive (d) The training shall include measurable testing (with the procedure).	CAL RESTRAINT AND IT all restraint and isolation oyed only by staff who have de demonstrated oper use of and alternatives Facilities shall ensure that ploy and terminate these ned and have demonstrated annually. direct care to people with atment/habilitation plan erventions, staff including ployees, students or elete training in the use of straint and isolation time-out the interventions until the and competence is I taking this training is tence by completion of reducing and eliminating te interventions. The competency-based,			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 501251110		R	
		MHL060-802	B. WING		10/14/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
WATED M	III L LIOME	6801 WA	TER MILL COUR	т		
WAIERIN	IILL HOME	CHARLO	TTE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 537	Continued From page	e 9	V 537			
V 337	methods to determine course. (e) Formal refresher by each service proviannually). (f) Content of the train provider plans to empthe Division of MH/DI Paragraph (g) of this (g) Acceptable training but are not limited to, (1) refresher in the use of restrictive (2) guidelines of (understanding imminothers); (3) emphasis or rights and dignity of a concepts of least restincremental steps in a concept of least restinctive intervention of least restincremental steps in a concept of least restincremental steps in a concept of least restinctive intervention of least restinctive intervention of least restincremental steps in a concept of least restinctive intervention of least restinctive intervention of least restinctive intervention of least restincremental steps in a concept of least restinctive intervention of least restinctive intervention of least restinctive intervention of least restinctive intervention of least restinctive interv	training must be completed der periodically (minimum dering that the service ploy must be approved by D/SAS pursuant to Rule. Ing programs shall include, presentation of: formation on alternatives to interventions; on when to intervene ment danger to self and an intervention); or the safe implementation tions; emergency safety include continuous procedures and the duration of the client and the safe ghout the duration of the in; procedures; itrategies, including their ose; and tion methods/procedures.	V 551			

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DIVISION	n Health Service Negu	ilation			1	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMP		COMPLETED			
			B. WING		R	
		MHL060-802	B. WING		10/14/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
WATER M	ILL HOME		ER MILL COUR	KI		
		CHARLO	TE, NC 28215			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	\ '-/	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	NATE DATE	-
				,		
V 537	Continued From page	e 10	V 537			
	(C) instructor's					
		n of MH/DD/SAS may				
		ocumentation at any time.				
	(i) Instructor Qualification	ation and Training				
	Requirements:					
	(1) Trainers sha	all demonstrate competence				
	by scoring 100% on to	esting in a training program				
		reducing and eliminating the				
	need for restrictive int	-				
		all demonstrate competence				
		esting in a training program				
		eclusion, physical restraint				
	and isolation time-out					
		all demonstrate competence				
		grade on testing in an				
	instructor training pro					
	(4) The training					
		nclude measurable learning				
	•	le testing (written and by				
		ior) on those objectives and				
		to determine passing or				
	failing the course.					
	` '	t of the instructor training the				
	service provider plans					
	approved by the Divis	sion of MH/DD/SAS pursuant				
	to Subparagraph (j)(6	6) of this Rule.				
	(6) Acceptable	instructor training programs				
	shall include, but not	be limited to, presentation				
	of:					
	(A) understandi	ng the adult learner;				
		r teaching content of the				
	course;	J				
	,	of trainee performance; and				
		ion procedures.				
		all be retrained at least				
	()	strate competence in the use				
	•	•				
		restraint and isolation				
		l in Paragraph (a) of this				
	Rule.					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		MHL060-802	B. WING		10/1	4/2021
	ROVIDER OR SUPPLIER	6801 WATE	RESS, CITY, STA R MILL COUR FE, NC 28215		•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	CPR. (9) Trainers shall in teaching the use of least two times with a coach. (10) Trainers shall use of restrictive internationally. (11) Trainers shall instructor training at let (k) Service providers documentation of initititraining for at least the (1) Documental (A) who participoutcome (pass/fail); (B) When and Who instructor's (2) The Division review/request this documents as a training for a training for a training for at least the course white the course white the course white the course with a coache shall training for a training for at least the course white the course with a coache shall training for a coache shall training	all be currently trained in all have coached experience restrictive interventions at positive review by the all teach a program on the ventions at least once all complete a refresher east every two years. shall maintain al and refresher instructor ree years. tion shall include: ated in the training and the where they attended; and name. n of MH/DD/SAS may becumentation at any time. coaches: all meet all preparation iner. all teach at least three ch is being coached. all demonstrate letion of coaching or action. shall be the same ners.	V 537			
	Based on record revie	as evidenced by: ews and interviews the e staff completed annual				

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refresher training in seclusion, physical restraint

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STATEMENT OF DEFICIENCIES			(V2) MI II TIDI E	CONSTRUCTION	(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		COMPLETED	
			A. BUILDING: _			
			D		R	
		MHL060-802	B. WING		10/14/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			TER MILL COUR			
WATER M	ILL HOME		OTTE, NC 28215	•		
	OLIMANA DV. OT			DDOV/DEDIO DI ANI OF GODDECTIO		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE					
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE	
				DEFICIENCY)		
V 537	Continued From page	e 12	V 537			
	and isolation time-out affecting 3 of 3 staff (staff					
		fied Professional (QP)). The				
	finding are:					
	D 1 : 10	17/04 f 1 ff 1/41				
	revealed:	7/21 of staff #1's record				
	- Date of hire 8/11/13	:				
	- Job Title: Paraprofe					
	- No current training i					
	restraint and isolation	time-out.				
	Record review on 10/7/21 of staff #2's record					
	revealed:	7721 01 3tail #23 100010				
	- Date of hire 11/26/1	8:				
	- Job Title: Behavioral Modification Technician;					
	- No current training i					
	restraint and isolation					
	Record review on 10/7/21 of QP's record					
	revealed:	7,2 1 3, 4, 3 1333.1				
	- Date of hire 7/3/08;					
- No current training in seclusion, physical						
	restraint and isolation	time-out.				
	Interview on 10/7/21	with Human Resources staff				
	revealed:					
		no needed Nonviolent Crisis				
	Intervention recertific					
	- Planned to schedule					
	Internious 40/40/04	Luddh OD marrada da				
	Interview on 10/13/21					
		was in charge of scheduling				
	annual trainings;	would keep him informed				
	when annual training					
	on annual training	c no. 5 coming up.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	10A NCAC 27G 030	3 LOCATION AND				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _				
		MHL060-802	B. WING			R / 14/2021	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
WATER M	WATER MILL HOME 6801 WATER MILL COURT						
			TTE, NC 28215				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From page	e 13	V 736				
	EXTERIOR REQUIR (c) Each facility and it maintained in a safe,	EMENTS					
		ns and interviews the facility n a safe, clean, attractive					
	on 10/6/21 of the faci - No mattress in unod - Broken dresser in u - Window sealed in u - No mattress in unod - No door knob on for - Window had taped I bedroom #2; - No closet door in un - Two mattresses were backyard; - Broken shed door w - Broken satellite dish - Small broken pieces home.	ccupied bedroom #1; noccupied bedroom #1; noccupied bedroom #1; ccupied bedroom #2; mer client #3's door; Plexi glass in unoccupied noccupied bedroom #2; re against the home in the					
	client #3 revealed: - Initially refused to cor - When agreed to cor answer questions.	ome to the phone; ne to the phone refused to with staff #1 revealed:					

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	2
		MHL060-802	B. WING		1	4/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			ER MILL COUR			
WATER M	ILL HOME		TTE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	Continued From page	e 14	V 736			
V 736	- Couldn't open windo completed; - Threw out mattress urinating on mattress - Acknowledged reparanterview on 10/12/21 Services Child Protect revealed: - Stated former client broken; - Had plastic and tape window; - There was no door I door; - Former Client #3 had Interview on 10/13/20 Professional revealed: - Made some minor repast; - Sealed window in the informer client #2's bear window was broken bedroom in July 2021 - Replaced window were completed some replanned to purchase Expected to have reday now but no later in "Waiting for supplies - Planned to complete admitting new clients."	due to former client #2 ; irs being done to the home. with Department of Social stive Services Social Worker #3's bedroom window was e to cover the broken knob on former client #3's d holes in bedroom wall. 221 with Qualified d: epairs to the windows in the ne process of being repaired edroom; in in former client #3's ; ith Plexi glass and tape; novations of the home; e two windows at a time; enovations completed any than end of the month; is to come in"; e renovations before	V 736			
	Windows were oper at facility;Unable to make rep.	21 with Licensee revealed: able prior to former clients airs until clients moved out; adows repaired before				

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admitting new clients.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
MHL060-802		B. WING			R 10/14/2021		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
WATER MILL HOME 6801 WATER MILL COURT							
			OTTE, NC 28215				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From page 15		V 736				
	This deficiency consti and must be correcte	itutes a re-cited deficiency d within 30 days.					
ı							

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