STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHLO		MHL063-002	B. WING		10/08/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
BETHESO	A INC	204 NOR	TH PINE STREET	BUILDING A			
DETREST	A INC	ABERDE	EN, NC 28315				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS	;	V 000			- Property of the Control of the Con	
	An annual survey wa 2021. Deficiencies cil	s completed on October 8, ted.				:	
	category:	d for the following service				:	
	10A NCAC 27G. 560 Substance Abuse Ad	0E Supervised Living for				i :	
	10A NCAC 27G. 320						
	Detoxification	o coordinate de la constantinate de la constantinate de la constantinate de la constantinate de la constantina				:	
V 108 27G .0202 (F-I) Personnel Requirements		V 108					
r	10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following:						
		ational orientation; rights and confidentiality as CAC 27C, 27D, 27E, 27F and					
	client as specified in	the mh/dd/sa needs of the the treatment/habilitation				:	
	plan; and (4) training in infecti bloodborne pathoger						
	.5602(b) of this Subc	ed under 10a NCAC 27G hapter, at least one staff ilable in the facility at all				:	
	times when a client is member shall be trail	s present. That staff	100				
	including seizure ma to provide cardiopuln	nagement, currently trained nonary resuscitation and	and delivery open				
		th maneuver or other first aid hose provided by Red Cross,					
	the American Heart A	Association or their					
	· ·	ring airway obstruction.				:	
D. 3-2. E41	(i) The governing bo	dy snali develop and					

Division of Health Service Regulation

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Honn Hans

Director

(X6) DATE

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL063-002	B. WING		10/08/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, ST	ATE, ZIP CODE	
BETHESD	A INC		TH PINE STREE EN, NC 28315	ET BUILDING A	
(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 108	reporting, investigating and communicable disclients. This Rule is not met Based on record revietable disclients and current training the Discreption of the Discrep	ad procedures for identifying, g and controlling infectious seases of personnel and as evidenced by: ew and interview the facility irector and Co-Manager	V 108	DEPOSENCE)	
	record. Review on 10/8/21 of record revealed: - Hired date of 1/15/1: - There was no evider training in the record. Interview on 10/8/21 v - The agency in the artrainings He was not trained in did not provide direct He worked at the fact were out of the building.	ealed: 8. dd 12/31/19. hoce of current training in the the Director's personnel 8. hoce of First Aid/CPR with the Director revealed: ea cancelled First Aid/CPR h First Aid/CPR because he care. ility when co-managers hg. eainings once an agency		First Aid and CPR training Given to all staff member October 23, 2021. (A cop Their certificates are enc	s on y of

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ MHL063-002 10/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PINE STREET BUILDING A **BETHESDA INC** ABERDEEN, NC 28315 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ίD COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 536 V 536 Continued From page 2 V 536 27E .0107 Client Rights - Training on Alt to Rest. V 536 TRAINING ON 10A NCAC 27E .0107 ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives. measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: knowledge and understanding of the

Division of Health Service Regulation

people being served:

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ MHL063-002 10/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PINE STREET BUILDING A **BETHESDA INC** ABERDEEN, NC 28315 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ΙĐ (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 536 Continued From page 3 V 536 recognizing and interpreting human behavior: recognizing the effect of internal and (3)external stressors that may affect people with (4) strategies for building positive relationships with persons with disabilities: recognizing cultural, environmental and organizational factors that may affect people with disabilities: recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7)skills in assessing individual risk for escalating behavior: communication strategies for defusing and de-escalating potentially dangerous behavior; positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2)The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1)Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the

need for restrictive interventions.

Trainers shall demonstrate competence

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING MHL063-002 10/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PINE STREET BUILDING A **BETHESDA INC** ABERDEEN, NC 28315 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 1D ΙD (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 536 Continued From page 4 V 536 by scoring a passing grade on testing in an instructor training program. The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. 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. 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. 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. Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. Trainers shall complete a refresher (8)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: who participated in the training and the (A) outcomes (pass/fail); when and where attended; and (B) (C) instructor's name.

Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING _ MHL063-002 10/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PINE STREET BUILDING A **BETHESDA INC** ABERDEEN, NC 28315 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 536 Continued From page 5 V 536 The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: Coaches shall meet all preparation (1) requirements as a trainer. (2)Coaches shall teach at least three times the course which is being coached. (3)Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Director and two of two Co-Mangers (#1 and #2) had current training on the use of alternatives to restrictive interventions. The findings are: Review on 10/8/21 of the Co-Manager #1's personnel record revealed: - Hired date of 9/21/19. - Alternative restrictive Intervention expired - There was no evidence of current training on the use of alternatives to restrictive interventions. Review on 10/8/21 of the Co-Manager #2's personnel record revealed: - Hired date of 1/15/18. - Alternative restrictive Intervention expired

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STATEMENT OF DEPROCEDED (ALL DENTE PLAN OF CORRECTION UNMERS) MHLOS3-002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PIRE STREET BUILDING A ABRICLAN OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PIRE STREET BUILDING A ABRICLAN OF CRESCENSION WAS 16 PROVIDER IN CO 2316 PREPRIA (RACH ERRORSHOW MUST 66 PRECEDED BY PULL PIREX TAO 10 PROVIDER OR SUMMARY STATEMENT OF DEPLOSENDED BY PULL PIREX TAO 10 PROVIDER OR SUPPLIED OF CRESCENSION OF TAO 10 PROVIDER OR SUPPLIED OR TANK	Division of Health Service Regulation							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PINE STREET BUILDING A ABERDEEN, NC 28315 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 6 - There was no evidence of current training on the use of alternatives to restrictive interventions. Review on 10/8/21 of the Director's personnel record revealed: - Hired date of 1/15/18 Alternative restrictive Intervention expired There was no evidence of current training on the use of alternatives to restrictive interventions. During interview on 10/8/21 with the Director confirmed the Alternative Restrictive Intervention expired and current training information was not	STATEMENT OF DEFICIENCIES ((X1) PROVIDER/SUPPLIER/CLIA	A. BUILDING:		COMPLETED		
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 6 - There was no evidence of current training on the use of alternatives to restrictive interventions. Review on 10/8/21 of the Director's personnel record revealed: - Hired date of 1/15/18 Alternative restrictive Interventions expired There was no evidence of current training on the use of alternatives to restrictive intervention expired. During interview on 10/8/21 with the Director confirmed the Alternative Restrictive Intervention expired and current training information was not	BETHESD	A INC						
- There was no evidence of current training on the use of alternatives to restrictive interventions. Review on 10/8/21 of the Director's personnel record revealed: - Hired date of 1/15/18 Alternative restrictive Intervention expired There was no evidence of current training on the use of alternatives to restrictive interventions. Alternatives to restrictive Interventions training was Attended by all staff members On November 30, 2021. (A copy Of their certificates is enclosed.) Of their certificates is enclosed.)	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE	
		- There was no evideruse of alternatives to Review on 10/8/21 of record revealed: - Hired date of 1/15/1 - Alternative restrictiv - There was no evide use of alternatives to During interview on 1 confirmed the Alternative and current to	nce of current training on the restrictive interventions. the Director's personnel 8. e Intervention expired, nce of current training on the restrictive interventions. 0/8/21 with the Director tive Restrictive Intervention raining information was not	∨ 536	Alternatives to restrictive Interventions training wa Attended by all staff men On November 30, 2021. (s nbers A copy		

Division of Health Service Regulation



Certificate of Completion

Glenn Greene

has successfully completed requirements for

Adult First Aid/CPR

Date Completed: 10/23/2021 Validity Period: 2 - Years

Conducted by: Agape Christian Academy







Certificate of Completion

Anthony Dickerson

has successfully completed requirements for

Adult First Aid/CPR

Date Completed: 10/23/2021 Validity Period: 2 - Years

Conducted by: Agape Christian Academy







Certificate of Completion

Chris O'Dell

has successfully completed requirements for

Adult First Aid/CPR

Date Completed: 10/16/2021 Validity Period: 2 - Years

Conducted by: Agape Christian Academy



To verify certificate, scan code or visit redcross.org/digitalcertificate and enter ID.

Learn and be inspired at LifesavingAwards.org



MindSet Foundations Curriculum

GlENN Greene

Let it be known, the above named has successfully completed the course requirements for certification in the MindSet Safety Management Curriculum.

This certification is valid for one full year.

Presented on /1/30/2021



Mindset Trainer

MindSet Foundations Curriculum

Anthony Dickerson

Let it be known, the above named has successfully completed the course requirements for certification in the MindSet Safety Management Curriculum.

This certification is valid for one full year.

Presented on 11/30/2021



Mindset Trainer

James Faulkner

MindSet Foundations Curriculum

Chris O'Dell

Let it be known, the above named has successfully completed the course requirements for certification in the MindSet Safety Management Curriculum.

This certification is valid for one full year.

Presented on 11/30/2021



Mindset Trainer

James Faulkner

Glenn Greene, CSAC Director

Belhesda, Inc.

204 North Pine Street Aberdeen, North Carolina 28315 (213) 944-7700 944-2908



RECEIVED

By cvhicks at 9:11 am, Dec 02, 2021

BETHESDA, INC. 204 NORTH PINE STREET ABERDEEN, NC 28315

910-944-7700 PHONE 910-944-7099 FAX

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DATE: 11-30-21	
FROM: Bethesda Inc	
NUMBER OF PAGES: Cover + 13	in the second se
TO: Frances E. Hicks, MSW COMPANY: NC Dept of Healthand Human Services	
FAX NUMBER: 1-919-715-8078	
REGARDING: Annual Survey Corrections	
	: 1 - 1
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