STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				A. BUILDING.		
		MHL013-161	B. WING		11	/05/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
ROOKW	DOD		IMERPINE PLACE POLIS, NC 28081			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was Deficiencies were cite	s completed on 11/05/21. ed.				
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	<ul> <li>only be administered order of a person aut drugs.</li> <li>(2) Medications shall clients only when aut client's physician.</li> <li>(3) Medications, inclua administered only by unlicensed persons to pharmacist or other le privileged to prepare</li> <li>(4) A Medication Adm all drugs administered current. Medications recorded immediately MAR is to include the (A) client's name;</li> <li>(B) name, strength, a</li> <li>(C) instructions for ac (D) date and time the (E) name or initials of drug.</li> <li>(5) Client requests for checks shall be record</li> </ul>	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be v after administration. The following: nd quantity of the drug;				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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		MHL013-161	B. WING		11	/05/2021
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	, ZIP CODE		
BROOKW	OOD		MERPINE PLACE POLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 1	V 118			
	interviews, the facility kept current and faile	as evidenced by: view, observation and y failed to ensure MARs were ed to administer medications 1 of 3 clients (client #2). The				
	revealed: - Admission date 8/2 - Diagnoses- Autism Catatonic Disorder, S Disorder, Microcepha Hypertension, Gyned Chronic Brain Syndro - Physician orders da Triamcinolone cream topically to the affect	Spectrum Disorder, Severe Intellectual Disability aly, Fetal Alcohol Syndrome, comastia, Tardive Dyskinesia, ome;				
	medication revealed: -Triamcinolone crean affected area daily; - There was no Bum	21 at 1:19pm of client #2's n 0.1%, Apply topically to the p Stopper 2 Apply to beard ng available for review in the				
	August 2021- Novem - Triamcinolone crea	f client #2's MAR from nber 2021 revealed: m 0.1%, Apply topically to ly was listed on the August				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL013-161	B. WING		11	11/05/2021	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE			
BROOKW	OOD		POLIS, NC 28081				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From page	e 2	V 118				
	2021- November 2021 MAR but was not documented as administered; - Handwritten comment each month stating do not use Triamcinolone cream unless client #2 was having active rash;						
	<ul> <li>Did not administer</li> <li>#2;</li> <li>Was told by house</li> <li>Triamcinolone cream active rash;</li> </ul>	with staff #1 revealed: Triamcinolone cream to client manager not to administer if client #2 did not have an #2's Bump Stopper 2 after					
		with staff #2 revealed: riamcinolone cream to client					
	revealed: -Informed the License that client #2 did not Triamcinolone cream - Instructed by LPN to Triamcinolone cream - Client #2 used last that day; - Ordered a refill of co 11/4/21. Interview on 11/3/21 - Aware client #2 had	o not apply the ; of Bump Stopper 2 earlier lient #2's Bump Stopper 2 on with the LPN revealed: I a physician order to receive					
		not receiving the					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING: B. WING			
		MHL013-161			11/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
BROOKW	OOD					
			POLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	93	V 118			
	receive Triamcinolone - Was informed house physician's order on y cream to be PRN for - Didn't realize house	d: a physician's order to e cream daily; e manager received a new vesterday for Triamcinolone				
V 536	27E .0107 Client Righ Int.	nts - Training on Alt to Rest.	V 536			
	to restrictive intervent (b) Prior to providing disabilities, staff inclu employees, students demonstrate compete completing training in other strategies for cr which the likelihood of or injury to a person w property damage is p (c) Provider agencies based on state compe compliance and demo gathered. (d) The training shall include measurable lesting (w behavior) on those of methods to determine course.	RESTRICTIVE plement policies and size the use of alternatives tions. services to people with ding service providers, or volunteers, shall ence by successfully communication skills and reating an environment in of imminent danger of abuse with disabilities or others or revented. s shall establish training etencies, monitor for internal ponstrate they acted on data be competency-based,				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL013-161	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			1/05/2021
				,		
BROOKW	OOD	KANNA	POLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 536	Continued From page	e 4	V 536			
	annually). (f) Content of the train provider wishes to end the Division of MH/DI Paragraph (g) of this (g) Staff shall demon following core areas: (1) knowledge people being served; (2) recognizing behavior; (3) recognizing external stressors that disabilities; (4) strategies for relationships with per (5) recognizing organizational factors disabilities; (6) recognizing assisting in the person decisions about their (7) skills in ass escalating behavior; (8) communication and de-escalating por and (9) positive befine means for people with activities which direct behaviors which are us (h) Service providers documentation of initiat at least three years. (1) Documentat (A) who particip outcomes (pass/fail);	nploy must be approved by D/SAS pursuant to Rule. Instrate competence in the and understanding of the and interpreting human the effect of internal and at may affect people with or building positive rsons with disabilities; o cultural, environmental and that may affect people with the importance of and on's involvement in making life; essing individual risk for tion strategies for defusing tentially dangerous behavior; havioral supports (providing h disabilities to choose thy oppose or replace unsafe). is shall maintain ial and refresher training for tion shall include: bated in the training and the				

Division of Health Service Regulation

STATE FORM

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONS A. BUILDING:			E SURVEY PLETED
		MHL013-161	B. WING		11/05/2021	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZI	PCODE		
BROOKW	OOD		IMERPINE PLACE POLIS, NC 28081			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 536	Continued From page	9 5	V 536			
	review/request this do (i) Instructor Qualificat Requirements: (1) Trainers sha by scoring 100% on t aimed at preventing, need for restrictive inf (2) Trainers sha by scoring a passing instructor training pro (3) The training competency-based, in objectives, measurable observation of behavion measurable methods failing the course. (4) The content service provider plans approved by the Divisito Subparagraph (i)(5) (5) Acceptable shall include but are r (A) understandi (B) methods for course; (C) methods for performance; and (D) documentat (6) Trainers sha teaching a training pri- reducing and eliminat	n of MH/DD/SAS may becomentation at any time. ations and Training all demonstrate competence esting in a training program reducing and eliminating the terventions. all demonstrate competence grade on testing in an gram. g shall be nclude measurable learning le testing (written and by ior) on those objectives and to determine passing or t of the instructor training the s to employ shall be sion of MH/DD/SAS pursuant				
	(7) Trainers sha aimed at preventing,	all teach a training program reducing and eliminating the terventions at least once				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
				A. BUILDING:		
		MHL013-161	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
BROOKW	OOD		MERPINE PLACE POLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 536	Continued From page	e 6	V 536			
	instructor training at I (j) Service providers documentation of init training for at least th (1) Docume (A) who particip outcomes (pass/fail); (B) when and w (C) instructor's (2) The Divisio request and review th (k) Qualifications of 0 (1) Coaches sh requirements as a tra (2) Coaches sh the course which is b (3) Coaches sh competence by comp train-the-trainer instru (I) Documentation sh as for trainers.	al and refresher instructor ree years. entation shall include: bated in the training and the where attended; and name. n of MH/DD/SAS may his documentation any time. Coaches: hall meet all preparation hiner. hall teach at least three times eing coached. hall demonstrate bletion of coaching or luction. hall be the same preparation				
	facility failed to ensur Professional (QP)) co	s review and interviews, the re 1 of 3 staff (Qualified ompleted training in tive interventions. The				
	Review on 11/3/21 of record revealed: - Hire Date 10/19/21;	the Qualified Professional				

STATE FORM

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION		E SURVEY PLETED
		MHL013-161	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BROOKW	/00D		MERPINE PLACE POLIS, NC 28081			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 536	Continued From page	e 7	V 536			
	- Core Plus training c	ertificate dated 10/28/21.				
		with the QP revealed: d in alternatives to restrictive				
	Training Coordinator - Trained to train in P Training (ProAct); - QP was scheduled to October 28, 2021; - ProAct training was - QP has been resche - Preprinted the certificat	rofessional Assault Crisis for ProAct training on canceled; eduled for ProAct training; ications for the training;				
V 537	27E .0108 Client Rig ITO	nts - Training in Sec Rest &	V 537			
	ISOLATION TIME-OU (a) Seclusion, physic time-out may be emp been trained and hav competence in the pr to these procedures. staff authorized to em procedures are retrai competence at least a (b) Prior to providing disabilities whose treat includes restrictive im service providers, em volunteers shall comp seclusion, physical ret	CAL RESTRAINT AND JT cal restraint and isolation loyed only by staff who have e demonstrated oper use of and alternatives Facilities shall ensure that apploy and terminate these ned and have demonstrated annually. direct care to people with atment/habilitation plan terventions, staff including				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		MHL013-161	B. WING			1/05/2021
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,		I I	1/05/2021
			IMERPINE PLACE			
BROOKW	000	KANNAI	POLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 537	Continued From page	2 8	V 537			
	training is completed demonstrated. (c) A pre-requisite for demonstrating compe- training in preventing, the need for restrictive (d) The training shall include measurable testing (w behavior) on those of methods to determine course. (e) Formal refresher by each service provi annually). (f) Content of the trai provider plans to emp the Division of MH/DD Paragraph (g) of this (g) Acceptable trainin but are not limited to, (1) refresher in the use of restrictive i (2) guidelines of (3) emphasis of rights and dignity of a concepts of least rest incremental steps in a (4) strategies for of restrictive intervent (5) the use of e interventions which in assessment and mon psychological well-be	and competence is r taking this training is etence by completion of , reducing and eliminating e interventions. be competency-based, earning objectives, written and by observation of objectives and measurable e passing or failing the training must be completed der periodically (minimum ining that the service bloy must be approved by D/SAS pursuant to Rule. ng programs shall include, presentation of: formation on alternatives to interventions; on when to intervene hent danger to self and In safety and respect for the full persons involved (using trictive interventions and an intervention); or the safe implementation tions; emergency safety helude continuous itoring of the physical and ing of the client and the safe ghout the duration of the n;				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
	ROVIDER OR SUPPLIER	MHL013-161	ADDRESS, CITY, STATE, 2		11	/05/2021
BROOKW	OOD		POLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 537	Continued From page	9	V 537			
	importance and purper (8) documentation (b) Service providers documentation of initia at least three years. (1) Documenta (A) who particip outcomes (pass/fail); (B) when and v (C) instructor's (2) The Division review/request this do (i) Instructor Qualificat Requirements: (1) Trainers sha by scoring 100% on t aimed at preventing, need for restrictive int (2) Trainers sha by scoring 100% on t teaching the use of se and isolation time-out (3) Trainers sha by scoring a passing instructor training pro (4) The training competency-based, in objectives, measurable observation of behavi measurable methods failing the course. (5) The content service provider plans approved by the Divisi to Subparagraph (j)(6) (6) Acceptable	tion methods/procedures. shall maintain ial and refresher training for tion shall include: ated in the training and the where they attended; and name. n of MH/DD/SAS may boumentation at any time. ation and Training all demonstrate competence esting in a training program reducing and eliminating the terventions. all demonstrate competence esting in a training program reducing and eliminating the terventions. all demonstrate competence esting in a training program eclusion, physical restraint t. all demonstrate competence grade on testing in an gram. g shall be nclude measurable learning le testing (written and by ior) on those objectives and to determine passing or t of the instructor training the s to employ shall be sion of MH/DD/SAS pursuant				

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL013-161	B. WING		11	/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
BROOKW	OOD		IMERPINE PLACE POLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 537	Continued From page	e 10	V 537			
	<ul> <li>(B) methods fo</li> <li>course;</li> <li>(C) evaluation</li> <li>(D) documentat</li> </ul>	ng the adult learner; r teaching content of the of trainee performance; and ion procedures.				
	annually and demons of seclusion, physical	all be retrained at least strate competence in the use I restraint and isolation I in Paragraph (a) of this				
	CPR. (9) Trainers sh	all be currently trained in all have coached experience f restrictive interventions at				
	least two times with a coach.	a positive review by the				
	(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.					
	<ul> <li>(11) Trainers sha instructor training at l</li> <li>(k) Service providers</li> </ul>					
	documentation of initi training for at least th	ial and refresher instructor				
	(A) who particip outcome (pass/fail);	bated in the training and the vhere they attended; and				
	<ul> <li>(C) instructor's</li> <li>(2) The Division review/request this do</li> </ul>	name. n of MH/DD/SAS may ocumentation at any time.				
	requirements as a tra	nall meet all preparation iner.				
	times, the course whi (3) Coaches sh	nall demonstrate				
	competence by comp train-the-trainer instru	-				

of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	MHL013-161	B. WING	B. WING		/05/2021
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(EACH DEFICIENC	TATEMENT OF DEFICIENCIES	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 11	V 537			
. ,					
Based on the records facility failed to ensur Professional (QP)) co seclusion, physical re out. The findings are: Review on 11/3/21 of	s review and interviews, the re 1 of 3 staff (Qualified ompleted training in estraint and isolation time :				
- Hire Date 10/19/21;					
- Had not been traine	ed in seclusion, physical				
Training Coordinator - Trained to train in P Training (ProAct); - QP was scheduled October 28, 2021; - ProAct training was - QP has been resche - Preprinted the certificat	revealed: Professional Assault Crisis for ProAct training on canceled; eduled for ProAct training; fications for the training; tion in QP's file;				
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag (m) Documentation = preparation as for tra This Rule is not met Based on the records facility failed to ensur Professional (QP)) cr seclusion, physical re out. The findings are Review on 11/3/21 or record revealed: - Hire Date 10/19/21; - Core Plus training cr Interview on 11/4/21 - Had not been trainer restraint and isolation Interview on 11/4/21 Training (ProAct); - QP was scheduled October 28, 2021; - ProAct training was - QP has been resch - Preprinted the certificat	IDENTIFICATION NUMBER:         IDENTIFICATION         IDENTIFICATION NUMBER:         IDENTIFICATION         IDENTIFICATION     <	IDENTIFICATION NUMBER:       A. BUILDING:         MHL013-161       B. WING         COVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         SUMMARY STATEMENT OF DEFICIENCIES       ID         (EAD DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         PREFIX       TAG         Continued From page 11       V 537         (m) Documentation shall be the same preparation as for trainers.       V 537         This Rule is not met as evidenced by:       Based on the records review and interviews, the facility failed to ensure 1 of 3 staff (Qualified Professional (QP)) completed training in seclusion, physical restraint and isolation time out. The findings are:       V 537         Review on 11/3/21 of the Qualified Professional record revealed: - Hire Date 10/19/21; - Core Plus training certificate dated 10/28/21.       Interview on 11/4/21 with the QP revealed: - Had not been trained in seclusion, physical restraint and isolation time-out.       Interview on 11/4/21 with the QP revealed: - Had not been trained in seclusion, physical restraint and isolation time-out.         Interview on 11/4/21 with the Human Resource Training Coordinator revealed: - Training Coordinator revealed: - Training (ProAct); - QP was scheduled for ProAct training on October 28, 2021; - ProAct training was canceled; - Preprinted the certifications for the training; - Preprinted the certification in QP's file;	F CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL013-161       B. WING         SOUDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         DOD       207 SUMMERPINE PLACE KANNAPOLIS, NC 28081         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 11 (m) Documentation shall be the same preparation as for trainers.       V 537         This Rule is not met as evidenced by: Based on the records review and interviews, the facility failed to ensure 1 of 3 staff (Qualified Professional (QP)) completed training in seclusion, physical restraint and isolation time out. The findings are:         Review on 11/3/21 of the Qualified Professional record revealed: - Hire Date 10/19/21; - Core Plus training certificate dated 10/28/21.         Interview on 11/3/21 with the QP revealed: - Had not been trained in seclusion, physical restraint and isolation time-out.         Interview on 11/4/21 with the Human Resource Training Coordinator revealed: - Trained to train in Professional Assault Crisis Training (ProAct); - QP was scheduled for ProAct training; - Preprinted the certifications for the training; - Preprinted the certifications for the training; - Placed the certification in QP's file;	F CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       COM         MHL013-161       B. WING       11         NOVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       207 SUMMERPINE PLACE         CANNAPOLIS, NC 28081       REGULATORY ON LIST BE PRECEDED BY FULL       PREFX       PROVIDER'S FLAN OF CORRECTION         (#CAN DEFICIENCY MUST BE PRECEDED BY FULL       D       PREFX       PREFX       PROVIDER'S FLAN OF CORRECTION         (#CAN DEFICIENCY MUST BE PRECEDED BY FULL       D       PREFX       PREFX       PROVIDER'S FLAN OF CORRECTION         (#CAN DEFICIENCY MUST BE PRECEDED BY FULL       D       PREFX       PREFX       PROVIDER'S FLAN OF CORRECTION         (#CAN DEFICIENCY MUST BE PRECEDED BY FULL       TAG       PREFX       PREFX       PREFX       PREFX         (#CAN DECIDENTFYING INFORMATION)       V 537       V 537       TAG       CONSS-REFERENCED TO TO THE APPROPRIATE DEFICIENCY)         Continued From page 11       V 537       V 537       V 537       TAG       DEFICIENCY)         Continued From page 11       V 537       V 537       TAG       DEFICIENCY)       DEFICIENCY)         Continued From page 11       V 537       V 537       TAG       DEFICIENCY)       DEFICIENCY)         Continue forevalued to the same preparation as for traini