PRINTED: 01/16/2022 FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |  |
|--|--|---|--|--|-------------------------------|--|
| MHL068-118                                       |  | MHL068-118  | B. WING                                  |  | 01/14/2022                    |  |
| NAME OF P  |  |   |  | TE, ZIP CODE   |                               |  |
|  |  | 110 NEW   | STATESIDE DR                             |  |                               |  |
| FACILITY   | BASED CRISIS SERVICE   | S   | HILL, NC 27516                           |  |                               |  |
| (X4) ID<br>PREFIX<br>TAG                         | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE                   |  |
| V 000  | INITIAL COMMENTS   |   | V 000                                    |  |                               |  |
|  | 2022. Deficiency cite  |   |  |  |                               |  |
|  | The facility is licensed for the following service categories: 10A NCAC 27G 5000 Facility Based Crisis Services for all Disability Groups  |   |  |  |                               |  |
|  | 10A NCAC 27G 3<br>Detoxification   | 3100 Non-Hospital Medical<br>3200 Social Setting  |  |  |                               |  |
|  | The survey sample cocurrent clients.   | onsisted of audits of three   |  |  |                               |  |
| V 536  | 27E .0107 Client Right<br>Int.   | nts - Training on Alt to Rest.  | V 536                                    |  |                               |  |
|  | to restrictive intervent   | RESTRICTIVE  plement policies and size the use of alternatives  |  |  |                               |  |
|  | disabilities, staff includemployees, students demonstrate competer   | ding service providers,<br>or volunteers, shall   |  |  |                               |  |
|  | which the likelihood o   | eating an environment in<br>f imminent danger of abuse<br>vith disabilities or others or<br>revented                |  |  |                               |  |
|  | <ul><li>(c) Provider agencies based on state compe compliance and demogathered.</li><li>(d) The training shall lead to the complete of the com</li></ul> | s shall establish training<br>etencies, monitor for internal<br>onstrate they acted on data<br>be competency-based, |  |  |                               |  |
|  | include measurable le  | arning objectives,  |  |  |                               |  |

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

(X6) DATE TITLE

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION |   | (X3) DATE SURVEY<br>COMPLETED |  |
|--|---|--|----------------------------|---|-------------------------------|--|
|  |   |  | A. BUILDING: _             |   |                               |  |
| MHL068-118                                       |   |  | B. WING                    |   | 01/14/2022                    |  |
| NAME OF PI                                       | ROVIDER OR SUPPLIER   | STREET ADI   | DRESS, CITY, STA           | TE, ZIP CODE  |                               |  |
| E4 OU ITY  | D 4 0 E D 0 D 10 10 0 E D 1/10 0  | 110 NEW S  | STATESIDE DR               | IVE   |                               |  |
| FACILITY   | BASED CRISIS SERVICE  | CHAPEL I   | IILL, NC 27516             | <b>;</b>  |                               |  |
| (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 CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE COMPLE                     |  |
| V 536  | Continued From page   | e 1  | V 536                      |   |                               |  |
| V 536  | measurable testing (v behavior) on those of methods to determine course.  (e) Formal refresher by each service proviannually).  (f) Content of the train provider wishes to emithe Division of MH/DE Paragraph (g) of this (g) Staff shall demons following core areas:  (1) knowledge apeople 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 assience scalating behavior;  (8) communical and de-escalating potential and (9) positive behind means for people with activities which direct behaviors which are to the service of the | written and by observation of ojectives and measurable e passing or failing the training must be completed der periodically (minimum dining that the service exploy 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 the importance of and interpreting human that may affect people with the importance of and in interpreting human in the importance of and in interpreting human that may affect people with the importance of and in interpreting human interpreting huma | V 536                      |   |                               |  |
|  | means for people with<br>activities which direct<br>behaviors which are u<br>(h) Service providers  | h disabilities to choose<br>ly oppose or replace<br>unsafe).   |                            |   |                               |  |

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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA  |  | (X2) MULTIPLE       | CONSTRUCTION  | (X3) DATE SURVEY | (X3) DATE SURVEY |  |
|--|--|---------------------|---|------------------|------------------|--|
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  |  | A. BUILDING: _      |   | COMPLETED        |                  |  |
|  |  |                     |   |                  |                  |  |
|  | MHL068-118   | B. WING             |   | 01/14/2022       |                  |  |
| NAME OF PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, STA    | TE, ZIP CODE  |                  |                  |  |
| FACILITY BASED ODICIS SEDVICE  | 110 NEW  | STATESIDE DR        | IVE   |                  |                  |  |
| FACILITY BASED CRISIS SERVICES  CHAPEL HILL, NC 27516  |  |                     |   |                  |                  |  |
| PREFIX (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORF<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE AF<br>DEFICIENCY) | HOULD BE COMPLE  | ETE              |  |
| V 536 Continued From page  | e 2  | V 536               |   |                  |                  |  |
| at least three years.  (1) Documenta  (A) who particip outcomes (pass/fail);  (B) when and w  (C) instructor's  (2) The Division review/request this do  (i) Instructor Qualificat Requirements:  (1) Trainers sha by scoring 100% on the aimed at preventing, need for restrictive information (2) Trainers sha by scoring a passing instructor training pro  (3) The training competency-based, in objectives, measurable observation of behave measurable methods failing the course.  (4) The content service provider plans approved by the Divist to 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 prince  (C) Trainers sha teaching a training prince  (A) Trainers sha teaching a training prince  (B) Trainers sha teaching a training prince  (A) Understandi  (B) Trainers sha teaching a training prince  (C) Trainers sha teaching a trai | tion shall include: ated in the training and the where they attended; and name; n of MH/DD/SAS may ocumentation 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 | V 536               |   |                  |                  |  |

Division of Health Service Regulation

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| Division of               | <u>of Health Service Regu</u> | lation                         |                  |                                 |                  |          |
|---------------------------|-------------------------------|--------------------------------|------------------|---------------------------------|------------------|----------|
| STATEMENT OF DEFICIENCIES |                               | (X1) PROVIDER/SUPPLIER/CLIA    | (X2) MULTIPLE    | CONSTRUCTION                    | (X3) DATE SURVEY |          |
| AND PLAN OF CORRECTION    |                               | ` IDENTIFICATION NUMBER:       | A. BUILDING:     |                                 | COMPLETED        |          |
|                           |                               | A. BOILDING.                   |                  |                                 |                  |          |
|                           |                               |                                |                  |                                 |                  |          |
|                           |                               | MHL068-118                     | B. WING          |                                 | 01/1             | 4/2022   |
|                           |                               |                                |                  |                                 |                  |          |
| NAME OF P                 | ROVIDER OR SUPPLIER           | STREETAD                       | DRESS, CITY, STA | ALE, ZIP CODE                   |                  |          |
| EACII ITV                 | BASED CRISIS SERVICE          | 110 NEW                        | STATESIDE DR     | IVE                             |                  |          |
| IACILITI                  | DAGED CINIGIO SERVICE         | CHAPEL I                       | HILL, NC 27516   | 3                               |                  |          |
| (X4) ID                   | SUMMARY ST                    | ATEMENT OF DEFICIENCIES        | ID               | PROVIDER'S PLAN OF CORRECTION   | V                | (X5)     |
| PREFIX                    |                               | Y MUST BE PRECEDED BY FULL     | PREFIX           | (EACH CORRECTIVE ACTION SHOULD  |                  | COMPLETE |
| TAG                       | REGULATORY OR I               | LSC IDENTIFYING INFORMATION)   | TAG              | CROSS-REFERENCED TO THE APPROPE | RIATE            | DATE     |
|                           |                               |                                |                  | DEFICIENCY)                     |                  |          |
| V 536                     | Continued From page           | . 2                            | V 536            |                                 |                  |          |
| V 330                     | Continued From page           | <del>.</del> 3                 | 1 330            |                                 |                  |          |
|                           | review by the coach.          |                                |                  |                                 |                  |          |
|                           | _                             | all teach a training program   |                  |                                 |                  |          |
|                           |                               | reducing and eliminating the   |                  |                                 |                  |          |
|                           |                               | terventions at least once      |                  |                                 |                  |          |
|                           | annually.                     | tor vortions at loadt office   |                  |                                 |                  |          |
|                           | •                             | all complete a refresher       |                  |                                 |                  |          |
|                           | instructor training at le     | •                              |                  |                                 |                  |          |
|                           | (j) Service providers         |                                |                  |                                 |                  |          |
|                           | • .                           |                                |                  |                                 |                  |          |
|                           |                               | al and refresher instructor    |                  |                                 |                  |          |
|                           | training for at least the     | -                              |                  |                                 |                  |          |
|                           | ( )                           | entation shall include:        |                  |                                 |                  |          |
|                           |                               | ated in the training and the   |                  |                                 |                  |          |
|                           | outcomes (pass/fail);         |                                |                  |                                 |                  |          |
|                           |                               | vhere attended; and            |                  |                                 |                  |          |
|                           | (C) instructor's              | name.                          |                  |                                 |                  |          |
|                           | (2) The Division              | n of MH/DD/SAS may             |                  |                                 |                  |          |
|                           | request and review th         | is documentation any time.     |                  |                                 |                  |          |
|                           | (k) Qualifications of 0       | Coaches:                       |                  |                                 |                  |          |
|                           | (1) Coaches sh                | all meet all preparation       |                  |                                 |                  |          |
|                           | requirements as a tra         |                                |                  |                                 |                  |          |
|                           | (2) Coaches sh                | all teach at least three times |                  |                                 |                  |          |
| the course which is       |                               |                                |                  |                                 |                  |          |
|                           |                               | nall demonstrate               |                  |                                 |                  |          |
|                           | competence by comp            |                                |                  |                                 |                  |          |
|                           | train-the-trainer instru      |                                |                  |                                 |                  |          |
|                           |                               | all be the same preparation    |                  |                                 |                  |          |
|                           | as for trainers.              | all be the same proparation    |                  |                                 |                  |          |
|                           | as for trafficis.             |                                |                  |                                 |                  |          |
|                           |                               |                                |                  |                                 |                  |          |
|                           |                               |                                |                  |                                 |                  |          |
|                           |                               |                                |                  |                                 |                  |          |
|                           |                               |                                |                  |                                 |                  |          |
|                           |                               |                                |                  |                                 |                  |          |
|                           |                               |                                |                  |                                 |                  |          |
|                           |                               |                                |                  |                                 |                  |          |
|                           |                               |                                |                  |                                 |                  |          |
|                           | This Rule is not met          |                                |                  |                                 |                  |          |
|                           |                               | ew and interview, the facility |                  |                                 |                  |          |
|                           | failed to ensure one of       | of three audited staff         |                  |                                 |                  |          |
|                           | (Certified Addiction D        | rug Counselor #1) had          |                  |                                 |                  |          |
|                           |                               | e use of alternatives to       |                  |                                 |                  |          |

Division of Health Service Regulation

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| MML068-118  8. WING   | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY COMPLETED |   |
|---|---|--|--|--|---|----------------------------|---|
| NAME OF PROVIDER OR SUPPLIER  FACILITY BASED CRISIS SERVICES  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 4 restrictive interventions. The findings are:  Review on 1/13/22 of the CADC #1's personnel record revealed:  - Hired date of 7/2/01.  - Mindset Certification expired 12/17/21.  - There was no evidence of current training.  Interview on 1/14/22 with the Clinical Director revealed:  - She confirmed CADC #1's Mindset certification expired.  - Mindset trainings were scheduled monthly.  - CADC #1 would be scheduled for the Mindset  |   |  | MHL068-118   | B. WING                                  |   | 01/14/2022                 |   |
| TACILITY BASED CRISIS SERVICES    CA   ID   PREFIX TAG   CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE)   |   |  |  |  |   | 1 01/14/2022               | _ |
| CAJ   ID   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES   EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE      V 536  | NAME OF P   | ROVIDER OR SUPPLIER  |  |  |   |                            |   |
| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   Deficiency Must be preceded by Full REGULATORY OR LSC IDENTIFYING INFORMATION)   Deficiency Must be preceded by Full Regulatory or LSC IDENTIFYING INFORMATION)   V 536      V 536   Continued From page 4 restrictive interventions. The findings are:   Review on 1/13/22 of the CADC #1's personnel record revealed:   Hired date of 7/2/01.   Mindset Certification expired 12/17/21.   There was no evidence of current training.     Interview on 1/14/22 with the Clinical Director revealed:   She confirmed CADC #1's Mindset certification expired.   Mindset trainings were scheduled monthly.   CADC #1 would be scheduled for the Mindset | FACILITY  | BASED CRISIS SERVICE   | S  |  |   |                            |   |
| restrictive interventions. The findings are:  Review on 1/13/22 of the CADC #1's personnel record revealed: - Hired date of 7/2/01 Mindset Certification expired 12/17/21 There was no evidence of current training.  Interview on 1/14/22 with the Clinical Director revealed: - She confirmed CADC #1's Mindset certification expired Mindset trainings were scheduled monthly CADC #1 would be scheduled for the Mindset   | PREFIX  | (EACH DEFICIENC)   | Y MUST BE PRECEDED BY FULL   | PREFIX                                   | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO | .D BE COMPLET              | Ē |
|   | V 536   | restrictive intervention  Review on 1/13/22 of record revealed: - Hired date of 7/2/01 - Mindset Certification - There was no evider  Interview on 1/14/22 of revealed: -She confirmed CADO expiredMindset trainings we -CADC #1 would be significant and set trainings. | the CADC #1's personnel  a expired 12/17/21.  a ce of current training.  with the Clinical Director  C #1's Mindset certification  re scheduled monthly. | V 536                                    | DEFICIENCY)   |                            |   |

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