Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
		MHL068-118	B. WING		01/1	4/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE		
		110 NEW S	TATESIDE DR	RIVE		
FACILITY	BASED CRISIS SERVIC	ES CHAPEL F	IILL, NC 27516	•		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX			COMPLETE DATE
TAG	REGULATORT OR	LOCIDENTIFFING INFORMATION)	TAG	DEFICIENCY)	NATE	DATE
		_				
V 000	INITIAL COMMENTS	5	V 000			
	Δn annual survey wa	is completed on January 14,				
	2022. Deficiency cite					
	The facility is license	d for the following service				
	categories: 10A NCA					
	-	risis Services for all Disability				
	Groups	3100 Non-Hospital Medical				
	Detoxification	3 100 Non-Hospital Medical				
10ANCAC 27G 3200 Social Setting						
Detoxification						
The survey sample consisted of audits of three						
current clients.						
14.500						
V 536		hts - Training on Alt to Rest.	V 536			
	Int.					
	10A NCAC 27E .010	7 TRAINING ON				
	ALTERNATIVES TO					
	INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives					
	to restrictive interven	tions. I services to people with				
		uding service providers,				
	employees, students					
	demonstrate compet					
		n communication skills and				
	_	reating an environment in				
		of imminent danger of abuse				
	or injury to a person property damage is p	with disabilities or others or				
		s shall establish training				
		etencies, monitor for internal				
	_	onstrate they acted on data				
	gathered.	•				
		be competency-based,				
	include measurable l	earning objectives,				

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

TITLE (X6) DATE

Division of Health Service Regulation

MML068-118  MML068-118  STREET ADDRESS, CITY, STATE_ZIP_CODE  110 NEW STATESIDE DRIVE  CHAPEL HILL, NC 27516  CM-JID SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR ISO IDENTIFYING INFORMATION)  V 536  Continued From page 1  measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.  (e) Formal refresher training must be completed by each 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 inthe following ore areas:  (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior;  (3) recognizing and interpreting human external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing continual, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the persons involvement in making	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  110 NEW STATESIDE DRIVE CHAPEL HILL, NC 27516  (X4) ID SUMMARY STATEMENT OF DEFICIENCES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 1 measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.  (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:  (1) knowledge and understanding of the people being served;  (2) recognizing and interpreting human behavior;  (3) recognizing and interpreting human behavior;  (4) strategies for building positive relationships with persons with disabilities;  (5) recognizing the importance of and assisting in the person's involvement in making	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMP	COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  110 NEW STATESIDE DRIVE CHAPEL HILL, NC 27516  (X4) ID SUMMARY STATEMENT OF DEFICIENCES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 1 measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.  (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:  (1) knowledge and understanding of the people being served;  (2) recognizing and interpreting human behavior;  (3) recognizing and interpreting human behavior;  (4) strategies for building positive relationships with persons with disabilities;  (5) recognizing the importance of and assisting in the person's involvement in making							
CAJ ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   (EACH DERICENCY ACTION SHOULD BE CROSS-REFERENCED TO THE APPOPRIATE   DATE      V 536			MHL068-118	B. WING		01/	14/2022
(A) ID PREFIX (EACH DEFICIENCY)  V 536  Continued From page 1  measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.  (a) Staff shall demonstrate competence in the following core areas:  (1) knowledge and understanding of the people being served; (2) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (6) recognizing the importance of and assisting in the peopsing sinvolvement in making	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
CHAPEL HILL, NC 27516    (X4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH OBERCIENCY MUST BE PRECEDED BY FULL TAG   (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG   PREFIX TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	FACILITY	BASED CRISIS SERVIC	110 NEW	STATESIDE DRIV	VE .		
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 1  measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.  (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 inthe following core areas:  (1) knowledge and understanding of the people being served;  (2) recognizing and interpreting human behavior;  (3) recognizing the effect of internal and external stressors that may affect people with disabilities;  (4) strategies for building positive relationships with persons with disabilities;  (5) recognizing the importance of and assisting in the person's involvement in making	I AOILII I	BAGED GRIGIO GERVIO		HILL, NC 27516			
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behavior) on those objectives and measurable methods to determine passing or failing the course.  (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 inthe following core areas:  (1) knowledge and understanding of the people being served;  (2) recognizing and interpreting human behavior;  (3) recognizing the effect of internaland external stressors that may affect people with disabilities;  (4) strategies for building positive relationships with persons with disabilities;  (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;  (6) recognizing the importance of and assisting in the person's involvement in making	V 536	Continued From pag	e 1	V 536			
decisions about their life; (7) skills in assessing individual riskfor escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).	V 536	measurable testing (behavior) on those of methods to determinations.  (e) Formal refresher by each service provannually).  (f) Content of the traprovider wishes to enthe Division of MH/D Paragraph (g) of this (g) Staff shall demonfollowing core areas:  (1) knowledge people being served;  (2) recognizing external stressors that disabilities;  (4) strategies for relationships with per (5) recognizing organizational factors disabilities;  (6) recognizing assisting in the persong decisions about their (7) skills in assescalating behavior;  (8) communication and de-escalating positive believed in the persong and (9) positive believed in the persong	written and by observation of bjectives and measurable e passing or failing the  training must be completed ider periodically (minimum ining that the service inploy must be approved by D/SAS pursuant to Rule. Instrate competence in the and understanding of the and interpreting human in the effect of internal and interpreting huma	V 536			

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Division of Health Service Regulation

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MHL068-118	B. WING		01/14/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE		
EACILITY	DASED CDISIS SEDVIC		STATESIDE DR	RIVE		
FACILITY	BASED CRISIS SERVIC		HILL, NC 27516	3		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTION SHOULD BE COMPLETE THE APPROPRIATE DATE	
V 536	Continued From page	e 2	V 536			
	at least three years.	Allow of the Hills of the Allow				
	( )	ation shall include:				
		pated in the training andthe				
	outcomes (pass/fail);					
		where they attended; and				
	(C) instructor's					
	` '	n of MH/DD/SAS may				
	=	ocumentation at anytime.				
	(i) Instructor Qualifica	alions and Training				
	Requirements:	all demonstrate competence				
	` '	•				
by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the						
need for restrictive interventions.						
	(2) Trainers shall demonstrate competence					
	by scoring a passing grade on testing in an					
	instructor training pro	-				
	(3) The training					
		nclude measurable learning				
		ble testing (written and by				
		rior) on those objectives and				
		to determine passing or				
	failing the course.	, ,				
	_	t of the instructor training the				
	service provider plan	s to employ shall be				
	approved by the Divis	sion of MH/DD/SAS pursuant				
	to Subparagraph (i)(5	5) of this Rule.				
	(5) Acceptable	instructor training programs				
	shall include but are r	not limited to presentation of:				
	` '	ing the adult learner;				
	• •	or teaching content of the				
	course;					
	` '	or evaluating trainee				
	performance; and					
	` ,	tion procedures.				
		all have coachedexperience				
		rogram aimed at preventing,				
		ting the need for restrictive				
	interventions at least	one time, with positive				

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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	
		MHL068-118	B. WING		01	/14/2022
	ROVIDER OR SUPPLIER  BASED CRISIS SERVICE	110 NEW	DDRESS, CITY, STATE STATESIDE DRIV HILL, NC 27516			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 536	aimed at preventing, need for restrictive in annually.  (8) Trainers shinstructor training at I-(j) Service providers adocumentation of inititraining for at least th (1) Docume (A) who participoutcomes (pass/fail);  (B) when and vice (C) instructor's  (2) The Division request and review the (k) Qualifications of Civic (1) Coaches shing requirements as a training (2) Coaches shing coaches shing competence by competrain-the-trainer instructions.	all teach a training program reducing and eliminating the terventions at least once all complete arefresher east every two years. Shall maintain tal and refresher instructor ree years. Sentation shall include: ated in the training and the where attended; and name. In of MH/DD/SAS may its documentation any time. Coaches: shall meet all preparation iner. It is all teach at least three times eing coached. It is all demonstrate oletion of coaching or	V 536			
	failed to ensure one of (Certified Addiction D	ew and interview, the facility				

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1 /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL068-118	B. WING		01/1	4/2022
(X4) ID PREFIX TAG	NAME OF PROVIDER OR SUPPLIER  STREET ADD  110 NEW S  CHAPEL H  (X4) ID PREFIX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL		DDRESS, CITY, STATE, ZIP CODE  STATESIDE DRIVE  HILL, NC 27516  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 536  Measures to Correct: Two staff AU and RJ (staff # 1) attended the training on the use of alternatives to restrictive interventions (MindSet Training) on Friday, January 21, 2022 (see attached certificates) . Staff are now in full		AU and g on the on ached	(X5) COMPLETE DATE
	- Mindset Certification - There was no evide  Interview on 1/14/22 revealed: -She confirmed CAD( expiredMindset trainings we			Measure to Prevent: The Prograt Director will ensure that all staff have all required restrictive intervention to the trainer will forward certificate for completion to the Program Manager HR for inclusion in the staff person folder. Program Directors have be educated on the importance of ensurance all required training.  Who will monitor and frequence Most of the trainings will be monificated as system recently implement ensure trainings are completed on Program Managers and HR will enthat required trainings are completed with the HR file at the time of hire and thereafter.	m have the aining at Mindset wer and nonel heen requing by: tored by ented, to time.  Insure the aining have the and ented in	



## MindSet Certification

Ambrose Ukpebor

Let it be known, the above named has successfully completed the course requirements for certification in Mind Set <u>Foundations</u>; De-escalation, Crisis Communication, and Avoidance. This certification is good for one calendar year.

\*\*Special Note: This training was provided online via Teams. It did not provide training in Avoidance Techniques. \*\*

Presented on 21 January, 2022

Carol McClelland, MindSet Trainer



## MindSet Certification

Ro	ger	Jon	es

Let it be known, the above named has successfully completed the course requirements for certification in Mind Set <u>Foundations</u>; De-escalation, Crisis Communication, and Avoidance. This certification is good for one calendar year.

\*\*Special Note: This training was provided online via Teams. It did not provide training in Avoidance Techniques. \*\*

Presented on 21 January, 2022

Carol McClelland, MindSet Trainer