	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-156	B. WING		07/2	26/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LILLIES	PLACE		RRIS DRIVE GTON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	rs	V 000			
	An annual survey w 2022. Deficiencies	vas completed on July 26, were cited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
		sed for 6 and currently has a urvey sample consisted of clients.				
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112			
	PLAN (c) The plan shall the assessment, and in legally responsible of admission for clie receive services be (d) The plan shall i (1) client outcome(achieved by provision projected date of act (2) strategies; (3) staff responsible (4) a schedule for the annually in consultar responsible person (5) basis for evaluar outcome achievement (6) written consent responsible party, consultar responsible party, consultar respon	ILITATION OR SERVICE be developed based on the a partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. nclude: (s) that are anticipated to be on of the service and a chievement; e; review of the plan at least ation with the client or legally or both; ation or assessment of				

	IT OF DEFICIENCIES OF CORRECTION	Qulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL001-156	B. WING		07/2	26/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
LILLIES	PLACE		RIS DRIVE	15		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 112	Continued From pa	ge 1	V 112			
	facility failed to have written consent or a responsible party, c provider stating why	et as evidenced by: views and interview, the e a Person Centered Plan with agreement by the client or or a written statement by the y such consent could not be one of three clients (#2). The				
	-Admission date of -Diagnoses of Histo Neuropathy; Organ Depression; Insom Incontinence. -Client #2's Person	of client #2's record revealed: 2/2/15. ory of Alcohol Abuse; Diabetes; ic Brain Syndrome; Major nia NOS; Occasional Centered Plan had no current agreement by the client or				
	revealed: -Qualified Profession completing the Pers -Client #2 had a leg sign the plan. -The Administrator client #2's legal gua -She confirmed tha	al guardian that needed to was responsible for obtaining ardian's signature. t the Person Centered Plan for tten consent or agreement by				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í			E SURVEY PLETED
		MHL001-156	B. WING		07/	26/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ILLIES	PLACE		RRIS DRIVE GTON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From pa	ge 2	V 114			
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	207 EMERGENCY PLANS in for each facility and plan shall be developed and by the appropriate local we made available to all staff cedures and routes shall be y. er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	failed to conduct fir conditions that simu and for each shift. Review on 7/25/22 revealed: -1/5/22- 1st shift. -2/14/22- 2nd shift. -4/1/22- 3rd shift. -5/18/22- 2nd shift. -5/18/22- 2nd shift. -6/30/22- 2nd shift. -7/9/22- 1st shift. -10/28/21- Blank. -There were no fire or 3rd shift for the f	view and interview, the facility e and disaster drills under ulate emergencies quarterly				

SVXV11

If continuation sheet 3 of 11

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL001-156	B. WING		07/26/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LILLIES	PLACE		RRIS DRIVE GTON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From pa	ge 3	V 114			
	-There were no fire for the second quar	drills conducted for 1st shift ter of 2022.				
	revealed: -3/5/22- 1st shift. -3/1/22- 3rd shift. -4/5/22- 1st shift. -6/21/22- 2nd shift. -6/30/22- 2nd shift. -7/7/22- 2nd shift. -10/28/21-Blank -10/28/21- 3rd shift. -There were no disa 2nd shift for the fou -There were no disa shift for the first qua -There were no disa shift for the first qua -There were no disa shift for the first qua -There were no disa shift for the second Interview on 7/25/22 revealed: -Home operated un -1st shift was from from 3pm-11pm. Th -She reported that 2 for the staff at the h gotten COVID and s had gotten complet -She was thankful t sick from COVID du taken by staff. -She had been worf 14 years and knew -She confirmed the and disaster drills u	aster drills conducted for 1st o irth quarter of 2021. aster drills conducted for 2nd arter of 2022. aster drills conducted for 3rd quarter of 2022. 2 with the Administrator ider three shifts. 7am-3pm. Second shift was hird shift was from 11pm-7am. 2021 had been a difficult year iouse. Some of the staff had some of the things may not	r			

PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
NME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ILLIES PLACE 1804 HARRIS DRIVE BURLINGTON, NC 27215 MARKING TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH ODERICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH ODERICENCY AUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Image: CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY OVER TAG V 118 Continued From page 4 V 118 V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 118 Difference CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. V 118 (2) Medications shall be self-administered by clients only when authorized by law to prescribe drugs. (3) Medications including injections, shall be administered only by licensed person and privileged to prepare and administer medications. (4) A Medications administered shall be recorded immediately after administerion (E) name; (A) client's name; (A) Client's name; (B) name, strength, and quantity of the drug; (C) lient's name; (B) name, strength, and quantity of the drug; (D) date and time the drug is administering the drug. (C) Client's name; (B) Date and time the drug is administering the drug. (D) Client's name; (D) Client's name;			MHL001-156	B. WING		07/26/2022	
BURLINGTON, NC 27215 BURLINGTON, NC 27215 CMUID SUMMARY STATEMENT OF DEFICINCIES REGULATORY OR LSC IDENTIFYING INFORMATION) PID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OCRRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) OP OWNER (EACH OCRRECTIVE ACTION DEFICIENCY) V 118 Continued From page 4 V 118 V 118 V 10A NCAC 27G .0209 (C) Medication Requirements V 118 V 118 V 10 A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administeration: (2) Medications shall be self-administered by clients only when authorized by law to prescribe drugs. (2) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (C) instructions for administering the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administered; (C) Client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administered; (D) date and time the drug is administered; and (E) name or initials of person administering the dru	NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S ⁻	TATE, ZIP CODE		
Image: Continued Processing States Image: Continued Processing Pro	ILLIES	PLACE		-	215		
V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administeration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (C) instructions for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI	HOULD BE	(X5) COMPLET DATE
 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administer dshall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR flie followed up by appointment or consultation 	V 118	Continued From pa	age 4	V 118			
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This Rule is not met as evidenced by:		 (c) Medication adm (1) Prescription or r only be administered order of a person a drugs. (2) Medications shadeling (2) Medications shadeling (3) Medications, indexed persons pharmacist or other privileged to prepare (4) A Medication Action all drugs administered current. Medication recorded immediate MAR is to include ti (A) client's name; (B) name, strength (C) instructions for (D) date and time ti (E) name or initials drug. (5) Client requests checks shall be recording the physician. 	non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. dministration Record (MAR) of red to each client must be kept is administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation				

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:	······	COM	PLETED
		MHL001-156	B. WING		07/26/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LILLIES	PLACE		RRIS DRIVE GTON, NC 272	215		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ige 5	V 118			
	interviews the facili physician orders for	review, observations, and ty failed to have updated r administered medications ee audited clients (#3.) The				
	-Admission date of	of Client #3's record revealed: 3/21/22. ety, Arthritis, Pacemaker,				
	orders revealed: -There were no ord PE 10 mg; take one needed. -There were no ord	of Client #3's physician's lers for Chest congestion relief e tablet by mouth twice daily as lers for Meclizine 12.5 mg let by mouth as needed.				
	medications reveal	relief PE 10 mg was available.				
	2022 through July 2 -Chest congestion marked as given in	relief PE 10 mg was listed and				
	revealed: -She did not know with the medications na -She tried to get the physician's office with could not assist on -She confirmed tha	2 with the Administrator why the physician orders for med were not in client #3's file e orders, but staff at rere short handed and she time. t updated physician's orders cations were not on file.				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		MHL001-156	MHL001-156 B. WING		07/	//26/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
ILLIES	PLACE		RIS DRIVE	215			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 536	a 27E .0107 Client Ri Int.	ights - Training on Alt to Rest.	V 536		• ,		
	practices that emph to restrictive interver (b) Prior to providir disabilities, staff ind employees, student demonstrate compo- completing training other strategies for which the likelihood or injury to a persor property damage is (c) Provider agenc based on state com compliance and dei gathered. (d) The training sha include measurable measurable testing behavior) on those methods to determi course. (e) Formal refreshe by each service pro annually). (f) Content of the tr provider wishes to determine (g) Staff shall demo following core areas (1) knowledg people being serve	D RESTRICTIVE mplement policies and hasize the use of alternatives entions. In gervices to people with cluding service providers, ts or volunteers, shall etence by successfully in communication skills and creating an environment in 1 of imminent danger of abuse in with disabilities or others or prevented. lies shall establish training inpetencies, monitor for internal monstrate they acted on data all be competency-based, e learning objectives, (written and by observation of objectives and measurable ine passing or failing the er training must be completed ovider periodically (minimum raining that the service employ must be approved by DD/SAS pursuant to is Rule. onstrate competence in the s: e and understanding of the					

STATE FORM

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL001-156	B. WING		07/	26/2022
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PLACE			215		
		ID			(X5)
		PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	COMPLET DATE
Continued From pa	ge 7	V 536			
behavior;					
	hat may affect people with				
	for building positive				
()	o				
disabilities;					
and					
()					
\ /					
()					
(i) Instructor Qualif					
Requirements:					
()	•				
	(EACH DEFICIENCY REGULATORY OR L behavior; (3) recognizin external stressors t disabilities; (4) strategies relationships with p (5) recognizin organizational factor disabilities; (6) recognizin assisting in the persi- decisions about the (7) skills in as escalating behavior (8) communi- and de-escalating p and (9) positive b means for people w activities which dire behaviors which are (h) Service provide documentation of ir at least three years (1) Documen (A) who partic outcomes (pass/fai (B) when and (C) instructor (2) The Divis review/request this (i) Instructor Qualif Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s	PROVIDER OR SUPPLIER STREET AI PLACE 1804 HAI BURLING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 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 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 decisions about their life; (7) skills in assessing individual risk for 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). (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) (C) instructor's name; (2)	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S PLACE 1804 HARRIS DRIVE BURLINGTON, NC 272 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 7 V 536 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; v 536 (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; isabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; recognizing cultural, environmental and organizational factors that may affect people with disabilities; (7) skills in assessing individual risk for escalating behavior; 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). (h) (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (i) (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/faii); (B) <td>Image: Total Street Address, City, State, ZIP CODE PLACE 1804 HARRIS DRIVE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY WIST BE PRECEDENCE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF OF (EACH DEFICIENCY WIST BE PRECEDENCED BY TAG ID PREFIX (EACH DEFICIENCY MIST BE PRECEDEND BY (EACH DEFICIENCY MIST BE PRECEDENT TAG ID PREFIX (EACH DEFICIENCY MIST BE PRECEDENT (EACH DEFICIENCY BLAN OF OF (EACH DEFICIENCY MIST BE PRECEDENT (EACH DEFICIENCY MIST BE PRECEDENT (EACH DEFICIENCY Continued From page 7 V 536 Continued From page 7 V 536 V 536 behavior; (3) recognizing the effect of internal and external stressors that may affect people 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 decisions about their life; V 536 (7) skills in assessing individual risk for escalating behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). No when and where they attended; and incurrent of initial and refresher training for at least three years. No when and where they attended; and incurrent shall demonstrate competence by scoring 100% on testing in a training Requirements: No when and where they attended; and incurrent shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for</td> <td>PROVIDER OR SUPPLIER TREE PLACE SUMMARY STATEMENT OF DEFICIENCY BURLINGTON, NC 27215 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 V 536 PREFix CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY CONTINUES PRECENCED TO THE APPROPRIATE DEFICIENCY CONTINUES PRECENCED TO THE APPROPRIATE ID REGULATORY (3) recognizing the effect of internal and external strategies for defusing and de-escalating behavior; and de-escalating behaviors angele, (b) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (2) The Division of MH/DD/SAS may reviewif request this documentation at any time. (1)</td>	Image: Total Street Address, City, State, ZIP CODE PLACE 1804 HARRIS DRIVE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY WIST BE PRECEDENCE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF OF (EACH DEFICIENCY WIST BE PRECEDENCED BY TAG ID PREFIX (EACH DEFICIENCY MIST BE PRECEDEND BY (EACH DEFICIENCY MIST BE PRECEDENT TAG ID PREFIX (EACH DEFICIENCY MIST BE PRECEDENT (EACH DEFICIENCY BLAN OF OF (EACH DEFICIENCY MIST BE PRECEDENT (EACH DEFICIENCY MIST BE PRECEDENT (EACH DEFICIENCY Continued From page 7 V 536 Continued From page 7 V 536 V 536 behavior; (3) recognizing the effect of internal and external stressors that may affect people 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 decisions about their life; V 536 (7) skills in assessing individual risk for escalating behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). No when and where they attended; and incurrent of initial and refresher training for at least three years. No when and where they attended; and incurrent shall demonstrate competence by scoring 100% on testing in a training Requirements: No when and where they attended; and incurrent shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for	PROVIDER OR SUPPLIER TREE PLACE SUMMARY STATEMENT OF DEFICIENCY BURLINGTON, NC 27215 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 V 536 PREFix CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 7 V 536 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY CONTINUES PRECENCED TO THE APPROPRIATE DEFICIENCY CONTINUES PRECENCED TO THE APPROPRIATE ID REGULATORY (3) recognizing the effect of internal and external strategies for defusing and de-escalating behavior; and de-escalating behaviors angele, (b) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (2) The Division of MH/DD/SAS may reviewif request this documentation at any time. (1)

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
MHLO		MHL001-156	156 B. WING		07/	26/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LILLIES	PLACE		RRIS DRIVE GTON, NC 272	15		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
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	instructor training p	rogram.				
		ng shall be				
		, include measurable learning				
	objectives, measura	able testing (written and by				
		avior) on those objectives and				
		ds to determine passing or				
	failing the course.					
	(4) 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.		L			
	(5) Acceptable instructor training programs					
	shall include but are not limited to presentation of:					
	(A) understanding the adult learner;					
		for teaching content of the				
	course;					
		for evaluating trainee				
	performance; and					
		ation procedures.				
		shall have coached experience program aimed at preventing,				
		nating the need for restrictive				
		st one time, with positive				
	review by the coach	•				
		shall teach a training program				
	aimed at preventing	g, reducing and eliminating the				
	need for restrictive	interventions at least once				
	annually.					
		shall complete a refresher				
		t least every two years.				
	(j) Service provider					
	documentation of initial and refresher instructor training for at least three years.					
		mentation shall include:				
		cipated in the training and the				
	outcomes (pass/fail					
		where attended; and				
	(C) instructor					
	1 · · ·					1

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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 (1) Coaches requirements as a f (2) Coaches the course which is (3) Coaches competence by contrain-the-trainer inst 	shall meet all preparation trainer. shall teach at least three times being coached. shall demonstrate npletion of coaching or truction.				
Based on record re facility failed to ens (the Administrator) of alternatives to re findings are: Review on 7/25/22 personnel file revea -Hire date of 2011. -She was hired as t -Last documented to	views and interviews, the ure one of three audited staff had current training in the use strictive interventions. The of the Administrator's aled:: the Administrator. training on Alternatives to				
-There was no upda on alternatives to re Interview on 7/26/2 revealed: -Facility only used a	ated documentation of training estrictive intervention. 2 with the Administrator				
	OF CORRECTION PROVIDER OR SUPPLIER PLACE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From par request and review (k) Qualifications of (1) Coaches requirements as a fa (2) Coaches the course which is (3) Coaches competence by corr train-the-trainer ins (1) Documentation as for trainers. This Rule is not me Based on record re facility failed to ens (the Administrator) of alternatives to re findings are: Review on 7/25/22 personnel file revea -Hire date of 2011. -She was hired as ta -Last documented ta Restrictive Interven -There was no upda on alternatives to re Interview on 7/26/2 revealed:	OF CORRECTION IDENTIFICATION NUMBER: MHL001-156 PROVIDER OR SUPPLIER STREET AI PLACE 1804 HAI BURLING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 request and review this documentation any time. (k) Qualifications of Coaches: (1) (1) Coaches shall meet all preparation 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. (1) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of three audited staff (the Administrator) had current training in the use of alternatives to restrictive interventions. The findings are: Review on 7/25/22 of the Administrator's personnel file revealed:: -Hire date of 2011. She was hired as the Administrator. -Last documented training on Alternatives to Restrictive Intervention expired on 2/16/22. -There was no updated documentation of training on alternatives to restrictive intervention. Interview on 7/26/22 with the Administrator revealed: -Facility only used alternatives to re	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL001-156 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PLACE 1804 HARRIS DRIVE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDENCIES (EACH DEFICIENCY MUST BE PRECIDENCIES) (EACH DEFICIENCY MUST BE PRECIDENCIES) (EACH CORRECTIVE ACI (EACH CORRECTIVE ACI (COSS-REFERENCED TO DEFICIENC Continued From page 9 V 536 request and review this documentation any time. (R) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall deenonstrate competence by completion of coaching or train-the-trainer instruction. (1) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of three audited staff (the Administrator) had current training in the use of alternatives to restrictive interventions. The findings are: Review on 7/25/22 of the Administrator -Last documented training on Alternatives to Restrictive Intervention expired on 2/16/22. -There was no updated documentation of training on alternatives to restrictive intervention. Interview on 7/26/22 with	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL001-156 B. WING 077 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 million PROVIDER'S PLAN OF CORRECTION 077 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION 100 million PROVIDER'S PLAN OF CORRECTION EXAM OF CORRECTION OF CORDITION EXAM OF CORRECTION EXAM OF CORRECTION OF CORDITION EXAM OF CORRECTION OF CORDITION EXAM OF CORRECTION EXA

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		did not have updated aining on alternatives to				