| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|--|---|----------------|-------------------------------|--|
| | | | B. WING | | R | | |
| | | MHL032-441 | | 30 | 08/02/2022 | | |
| | | | ADDRESS, CITY, STATE NBAR STREET | , ZIP CODE | | | |
| | T GROUP HOME | DURHA | M, NC 27707 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY 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 000 | INITIAL COMMENTS | 3 | V 000 | | | | |
| | | r-up survey was completed Deficiencies were cited. | | | | | |
| | category: 10A NCAC Supervised Living for | ed for the following service 27G. 5600C r Adults with Developmental | | | | | |
| | has a census of 5. | d for 5 beds and currently consisted of audits of 3 | | | | | |
| V 114 | 27G .0207 Emergene | cy Plans and Supplies | V 114 | | | | |
| | AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that | an shall be developed and the appropriate local made available to all staff edures and routes shall be | | | | | |
| | | ew and interview the facility and disaster drills on each | | | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|----------------------------------|---|--------------------------------------|-------------------------|
| | | MHL032-441 | B. WING | | R 08/02/2022 | |
| NAME OF PI | ROVIDER OR SUPPLIER | | ADDRESS, CITY, STATE | , ZIP CODE | | |
| ILC ADUL | T GROUP HOME | | NBAR STREET M, NC 27707 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI | CTION SHOULD BE D THE APPROPRIATE | (X5) COMPLET DATE |
| V 114 | Continued From pag | e 1 | V 114 | | | |
| | drills record revealed -There was one 2nd year on 7/23/22. -There was one 2nd this year on 7/23/22. -There were no other conducted on 2nd sh Interview on 8/2/22 w -Confirmed one fire a conducted on 2nd sh -She was aware fire | shift fire drill conducted this shift disaster drill conducted r fire and disaster drills ift in 2022. vith the Owner revealed: and disaster drill was | | | | |
| V 131 | Verification G.S. §131E-256 HEA REGISTRY (d2) Before hiring he health care facility or health care facility sh Personnel Registry a | HCPR - Prior Employment ALTH CARE PERSONNEL alth care personnel into a service, every employer at a nall access the Health Care and shall note each incident opriate business files. | V 131 | | | |
| | failed to access the H Registry (HCPR) pric three audited staff (# | ew and interview the facility Health Care Personnel or to employment for one of | | | | |

| STATEMENT | of Health Service Regure OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | ONSTRUCTION | | E SURVEY PLETED |
|---------------|--|--|----------------------------|--|-----------------|--------------------|
| | | MHL032-441 | B. WING | | R 08/02/2022 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | T GROUP HOME | | NBAR STREET M, NC 27707 | | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | , | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| V 131 | Continued From page | e 2 | V 131 | | | |
| | revealed: | | | | | |
| | | as a Habilitation Technician. | | | | |
| | -HCPR was accessed | | | | | |
| | | was accessed prior to | | | | |
| | employment. | | | | | |
| | Interview on 8/2/22 w | ith the Owner revealed: | | | | |
| | -She and the Qualifie | | | | | |
| | responsible for acces | | | | | |
| | employees prior to er | | | | | |
| | -She confirmed staff | | | | | |
| | accessed prior to em | ployment. | | | | |
| | This deficiency const and must be correcte | itutes a re-cited deficiency d within 30 days. | | | | |
| V 133 | G.S. 122C-80 Crimin | al History Record Check | V 133 | | | |
| | G.S. §122C-80 CRIM | IINAL HISTORY RECORD | | | | |
| | CHECK REQUIRED | | | | | |
| | APPLICANTS FOR E | EMPLOYMENT. | | | | |
| | (a) Definition As us | ed in this section, the term | | | | |
| | "provider" applies to a | an area authority/county | | | | |
| | | vider of mental health, | | | | |
| | - | ility, and substance abuse | | | | |
| | services that is licens | able under Article 2 of this | | | | |
| | Chapter. | | | | | |
| | | n offer of employment by a | | | | |
| | provider licensed und | • | | | | |
| | | tion that does not require the | | | | |
| | | occupational license is | | | | |
| | | ent to a State and national | | | | |
| | - | d check of the applicant. If | | | | |
| | | en a resident of this State for then the offer of employment | | | | |
| | • | isent to a State and national | | | | |
| | | d check of the applicant. The | | | | |
| | • | ory record check shall | | | | |
| | | e applicant's fingerprints. If | | | | |
| | | e applicant's inigerprints. Il | | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | E SURVEY PLETED | | | | |
|--------------------------|---|---|---------------------|---|-----------------|--------------------------|--|--|--|--|
| | | | A. BUILDING: | | | | | | | |
| | | MHL032-441 | | | R 08/02/2022 | | | | | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | | | | | |
| TLC ADUI | C ADULT GROUP HOME 603 DUNBAR STREET DURHAM, NC 27707 | | | | | | | | | |
| (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 | CTION SHOULD BE | (X5) COMPLETI DATE | | | | |
| V 133 | Continued From page | e 3 | V 133 | | | | | | | |
| | five years or more, the on consent to a State check of the applicant criminal history recor- section. Except as of subsection, within five the conditional offer of shall submit a reques Justice under G.S. 11 criminal history recor- section or shall subme entity to conduct a St check required by thi G.S. 114-19.10, the D return the results of re- record checks for em- covered by Public La Department of Health Criminal Records Ch- business days of recor- history of the person, and Human Services Unit, shall notify the p- information received of the applicant. In no- national criminal history with the provider. Pro- upon request verifica- check has been com- by this section. A cou- appropriate local ordin the Division of Crimin | n and Human Services, | | | | | | | | |
| | criminal history recor section without the p request to the Depart | d check required by this rovider having to submit a tment of Justice. In such a Il commence with the State | | | | | | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---------------|---|--|---|---|-------------------------------|-----------------|
| | ST CONTRECTION | DENTIFICATION NOMBER. | A. BUILDING: | | | |
| | | MHL032-441 | B. WING | | R 08/02/2022 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | | 603 DUN | IBAR STREET | | | |
| | T GROUP HOME | DURHAI | M, NC 27707 | | | |
| | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CO | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | | COMPLET DATE |
| V 133 | Continued From pag | e 4 | V 133 | | | |
| | criminal history recor | d check required by this | | | | |
| | section within five bu | | | | | |
| | | mployment by the provider. | | | | |
| | | formation received by the | | | | |
| | provider is confidenti | al and may not be disclosed, | | | | |
| | | nt as provided in subsection | | | | |
| | (c) of this section. Fo | | | | | |
| | • | "private entity" means a | | | | |
| | business regularly er | | | | | |
| | - | d checks utilizing public | | | | |
| | records obtained from | | | | | |
| | | licant's criminal history one or more convictions of | | | | |
| | | e provider shall consider all | | | | |
| | | rs in determining whether to | | | | |
| | hire the applicant: | is in determining whether to | | | | |
| | • • | iousness of the crime. | | | | |
| | (2) The date of the c | | | | | |
| | | erson at the time of the | | | | |
| | conviction. | | | | | |
| | (4) The circumstance | es surrounding the | | | | |
| | commission of the cr | ime, if known. | | | | |
| | (5) The nexus betwe | en the criminal conduct of | | | | |
| | filled. | b duties of the position to be | | | | |
| | (6) The prison, jail, p | - | | | | |
| | | nployment records of the | | | | |
| | | e the crime was committed. | | | | |
| | (7) The subsequent of a relevant offense. | commission by the person of | | | | |
| | | n of a relevant offense alone | | | | |
| | | employment; however, the | | | | |
| | | considered by the provider. | | | | |
| | | lifies an applicant after | | | | |
| | | elevant factors, then the | | | | |
| | | e information contained in | | | | |
| | | ecord check that is relevant | | | | |
| | to the disqualification | i, but may not provide a copy | | | | |
| | of the criminal history | بسمم مساحم ماد مماد المم | | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | (X3) DATE SURVEY COMPLETED R 08/02/2022 | |
|--------------------------|-----------------------|--|----------------------------|--|--|---------|
| | | BERTH TO ATTOT TO MEET. | A. BUILDING: | | | |
| | | MHL032-441 | B. WING | | | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET | DDRESS, CITY, STATE | , ZIP CODE | | |
| TLC ADUL | T GROUP HOME | | IBAR STREET M, NC 27707 | | | |
| | SUMMARY S | TATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF | | (X5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | LIST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | COMPLET |
| V 133 | Continued From pag | e 5 | V 133 | | | |
| | applicant. | | | | | |
| | (d) Limited Immunity | A provider and an officer | | | | |
| | | vider that, in good faith, | | | | |
| | | ction shall be immune from | | | | |
| | civil liability for: | | | | | |
| | | provider to employ an | | | | |
| | | is of information provided in | | | | |
| | | ecord check of the individual. | | | | |
| | | an employee's history of ne employee's criminal | | | | |
| | | is requested and received in | | | | |
| | compliance with this | • | | | | |
| | - | e As used in this section, | | | | |
| | | eans a county, state, or | | | | |
| | | ry of conviction or pending | | | | |
| | | , whether a misdemeanor or | | | | |
| | felony, that bears up | on an individual's fitness to | | | | |
| | | or the safety and well-being of | | | | |
| | | ntal health, developmental | | | | |
| | • | ance abuse services. These | | | | |
| | | iminal offenses set forth in | | | | |
| | | Articles of Chapter 14 of the | | | | |
| | | ticle 5, Counterfeiting and | | | | |
| | Issuing Monetary Su | ive and Legislative Officers; | | | | |
| | | Article 7A, Rape and Other | | | | |
| | | e 8, Assaults; Article 10, | | | | |
| | | uction; Article 13, Malicious | | | | |
| | Injury or Damage by | | | | | |
| | | Material; Article 14, Burglary | | | | |
| | | akings; Article 15, Arson and | | | | |
| | | cle 16, Larceny; Article 17, | | | | |
| | | Embezzlement; Article 19, | | | | |
| | | Cheats; Article 19A, | | | | |
| | • • • | r Services by False or | | | | |
| | | redit Device or Other Means; | | | | |
| | | Il Transaction Card Crime | | | | |
| | | ts; Article 21, Forgery; Article | | | | |
| | 26, Offenses Against | | | | | 1 |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | E SURVEY PLETED | | | |
|--------------------------|--|---|----------------------|---|--------------------------------|--------------------------|--|--|--|
| | | | A. BUILDING: | | | | | | |
| | | MHL032-441 | B. WING | B. WING | | R 08/02/2022 | | | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | | | | |
| TLC ADU | C ADULT GROUP HOME 603 DUNBAR STREET DURHAM, NC 27707 | | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETI DATE | | | |
| V 133 | Continued From page | e 6 | V 133 | | | | | | |
| | Article 27, Prostitutio 29, Bribery; Article 37 Office; Article 35, Off Peace; Article 36A, F Article 39, Protection Protection of the Fan Intoxication; and Artic Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B impaired in violation G.S. 20-138.5. (f) Penalty for Furnish applicant for employr supplies, or otherwise an employment appli criminal history recor shall be guilty of a CI (g) Conditional Employ employ an applicant obtaining the results check regarding the a following requiremen (1) The provider shal prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as re (2) The provider shal criminal history recor business days after t conditional employm 2001-155, s. 1; 2004 | of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. oyment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five he individual begins | | | | | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---|---|--------------------------------------|-------------------------|
| | | IDENTIFICATION NOMBER. | A. BUILDING: | | | |
| | | MHL032-441 | B. WING | | R 08/02/2022 | |
| IAME OF PI | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | |
| LC ADUL | T GROUP HOME | | | | | |
| | | | M, NC 27707 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE | CTION SHOULD BE O THE APPROPRIATE | (X5) COMPLET DATE |
| V 133 | Continued From page | e 7 | V 133 | | | |
| | | as evidenced by: ew and interview, the facility tate criminal record check | | | | |
| | the conditional offer of three audited staff (# | ve business days of making of employment for one of 1). The findings are: Staff #1's personnel record | | | | |
| | revealed: -Hired date: 7/10/20 ; | as a Habilitation Technician. | | | | |
| | -She and the Qualifier responsible for order check for new employ -She confirmed there state criminal record | ng the state criminal record yees. was no evidence staff #1's | | | | |
| | This deficiency const and must be correcte | itutes a re-cited deficiency d within 30 days. | | | | |
| V 536 | 27E .0107 Client Rig Int. | hts - Training on Alt to Rest. | V 536 | | | |
| | 10A NCAC 27E .010 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall im practices that empha to restrictive interven | RESTRICTIVE plement policies and size the use of alternatives | | | | |

STATE FORM

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | E SURVEY PLETED | |
|--------------------------|--|--|----------------------------|---|---------------------------------|--------------------------|--|
| | | | A. BUILDING: | | | | |
| | | MHL032-441 | B. WING | | 08 | R 08/02/2022 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | | |
| TLC ADU | LT GROUP HOME | | NBAR STREET M, NC 27707 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE | |
| V 536 | Continued From pag | e 8 | V 536 | | | | |
| | disabilities, staff inclue employees, students demonstrate compet completing training in other strategies for c which the likelihood of or injury to a person property damage is p (c) Provider agencie based on state comp compliance and dem gathered. (d) The training shall include measurable I measurable testing (1 behavior) on those of methods to determin course. (e) Formal refresher by each service prov annually). (f) Content of the train provider wishes to er the Division of MH/D Paragraph (g) of this (g) Staff shall demon following core areas: (1) knowledge people being served; (2) recognizing external stressors that disabilities; (4) strategies f relationships with per (5) recognizing | ence by successfully a communication skills and reating an environment in of imminent danger of abuse with disabilities or others or prevented. s shall establish training betencies, monitor for internal onstrate they acted on data be competency-based, earning objectives, written and by observation of bjectives and measurable e passing or failing the training must be completed ider periodically (minimum ining that the service mploy must be approved by D/SAS pursuant to Rule. nstrate competence in the and understanding of the | | | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO | | | E SURVEY PLETED |
|--------------------------|-------------------------|---|----------------------|---|--------------------------------------|-------------------------|
| | | | A. BUILDING: | | | |
| | | MHL032-441 | B. WING | | 08 | R 3/02/2022 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | |
| TLC ADUL | T GROUP HOME | | IBAR STREET | | | |
| | | | M, NC 27707 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE | CTION SHOULD BE O THE APPROPRIATE | (X5) COMPLET DATE |
| V 536 | Continued From pag | e 9 | V 536 | | | |
| | disabilities; | | | | | |
| | • | g the importance of and | | | | |
| | | on's involvement in making | | | | |
| | decisions about their | 5 | | | | |
| | | sessing individual risk for | | | | |
| | escalating behavior; | | | | | |
| | | ation strategies for defusing | | | | |
| | | otentially dangerous behavior; | | | | |
| | and | | | | | |
| | | havioral supports (providing | | | | |
| | | th disabilities to choose | | | | |
| | • • | tly oppose or replace | | | | |
| | behaviors which are | | | | | |
| | (h) Service provider | | | | | |
| | documentation of init | tial and refresher training for | | | | |
| | at least three years. | - | | | | |
| | (1) Documenta | ation shall include: | | | | |
| | | pated in the training and the | | | | |
| | outcomes (pass/fail) | | | | | |
| | (B) when and | where they attended; and | | | | |
| | (C) instructor's | s name; | | | | |
| | (2) The Divisio | on of MH/DD/SAS may | | | | |
| | review/request this d | ocumentation at any time. | | | | |
| | (i) Instructor Qualific | ations and Training | | | | |
| | Requirements: | | | | | |
| | (1) Trainers sh | all demonstrate competence | | | | |
| | by scoring 100% on | testing in a training program | | | | |
| | | reducing and eliminating the | | | | |
| | need for restrictive in | | | | | |
| | | all demonstrate competence | | | | |
| | | grade on testing in an | | | | |
| | instructor training pro | - | | | | |
| | (3) The trainin | | | | | |
| | | include measurable learning | | | | |
| | - | ble testing (written and by | | | | |
| | | vior) on those objectives and | | | | |
| | | s to determine passing or | | | | |
| | failing the course. | nt of the instructor training the | | | | |
| | (4) The conter | n or the instructor training the | 1 | | | 1 |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CC | | | E SURVEY PLETED | |
|---------------|---|--|----------------------------|--|-----------------|--------------------|--|
| | | | A. BUILDING: | | | | |
| | | MHL032-441 | B. WING | B. WING | | R 08/02/2022 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE, | ZIP CODE | | | |
| TLC ADUI | T GROUP HOME | | BAR STREET /I, NC 27707 | | | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | - CORRECTION | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | THE APPROPRIATE | COMPLETI DATE | |
| V 536 | Continued From page | e 10 | V 536 | | | | |
| | to Subparagraph (i)(6 (5) Acceptable shall include but are (A) understandi (B) methods for course; (C) methods for performance; and (D) documentat (6) Trainers sh teaching a training pr reducing and elimina interventions at least review by the coach. (7) Trainers sh aimed at preventing, need for restrictive in annually. (8) Trainers sh 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 v (C) instructor's (2) The Divisio request and review th (k) Qualifications of a (1) Coaches sh requirements as a tra (2) Coaches sh the course which is b | sion of MH/DD/SAS pursuant 5) of this Rule. instructor training programs not limited to presentation of: ing the adult learner; or teaching content of the or evaluating trainee tion procedures. all have coached experience rogram aimed at preventing, ting the need for restrictive one time, with positive all teach a training program reducing and eliminating the terventions at least once all complete a refresher least every two years. shall maintain ial and refresher instructor the 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: nall meet all preparation ainer. nall teach at least three times being coached. nall demonstrate | | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | SURVEY PLETED |
|--------------------------|--|--|----------------------------|---|--------------------------------------|-------------------------|
| | | MHL032-441 | B. WING | | | R / 02/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | · | |
| ILC ADU | LT GROUP HOME | | IBAR STREET M, NC 27707 | | | |
| (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 DEFICIE! | CTION SHOULD BE) THE APPROPRIATE | (X5) COMPLET DATE |
| V 536 | train-the-trainer instru | | V 536 | | | |
| | failed to ensure one of had current training of restrictive intervention Review on 8/2/22 of 3 revealed: - Hired date of 6/1/20 - Evidence Based Pro- expired 7/30/22. - There was no evide Interview on 8/2/22 w -Confirmed staff #2's -The Qualified Profes ensuring staff training -Staff #2 would be sc | ew and interview, the facility of three audited staff (#2) in the use of alternatives to ns. The findings are: Staff #2's personnel record 14. Detective Intervention training nce of current EBPI training. With the Owner revealed: EBPI training expired. Usional was responsible for ps were current. heduled for EBPI training. | | | | |