Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL079-73	B. WING		10/2	R 7/2022
			l .		10/2	112022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
FAITH H	OUSE		SEMONT DRI' .LE, NC 273			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 000	INITIAL COMMENT	S	V 000			
		w up survey was completed 2. Deficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.					
		sed for 4 and currently has a urvey sample consisted of clients.				
V 297	27G .1705 Residen P	tial Tx. Child/Adol - Req. for L	V 297			
	LICENSED PROFE (a) Face to face cli provided in each face week by a licensed provided in each face week by a licensed provided in each face week by a licensed provided in each face individual who holds license issued by the a human service provided in each face carolina. For substant include a licen specialist or a certification of this Rule shall incluited in the recommendation of the recommendation in the recommendation	nical consultation shall be cility at least four hours a professional. For purposes of professional means an a license or provisional are governing board regulating ofession in the State of North tance-related disorders this sed Clinical Addiction fied Clinical Supervisor.				

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	1 ' '	E CONSTRUCTION	(X3) DATE	SURVEY
,	o. oo		A. BUILDING:			
		MHL079-73	B. WING			⋜ 2 7/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
FAITH H	OUSE		SEMONT DRI' LLE, NC 273			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 297	Continued From pa	ge 1	V 297			
	facility failed to prov consultation in the	et as evidenced by: view and interviews, the vide face to face clinical facility at least four hours a ed professional (LP). The				
	Review on 10/25/22 of the LP's record revealed there was no documentation of: -Face to face clinical consultation in the facility at least four hours a week by the LP.					
		22 with client# 1 revealed: apy every week at the office.				
	Professional (QP) r -The Residential Di supervision and no -She received clinic	rector (RD) did her t the LP; cal supervision from the RD, ector (CD) at monthly				
	-He had been empl year, since 3/16/21 -He saw the clients week for thirty minu	at Faith House every other ites individually; o the office for therapy;				
	-The former LP the provide face to face facilityThey did not have facility, and [the LP]	22 with the RD revealed: y had up until recently did e clinical consultation in the privacy, enough space at the was a male; supervision for the QP and the				

Division of Health Service Regulation

STATE FORM 6899 SX1L11 If continuation sheet 2 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					R	
	MHL079-73		B. WING			7/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FAITH H	OUSE		EMONT DRI			
			LE, NC 273			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 297	Continued From pa	ge 2	V 297			
	LP did the individua	l/group therapy at the facility.				
V 537	27E .0108 Client Ri ITO	ghts - Training in Sec Rest &	V 537			
	ISOLATION TIME-(a) Seclusion, physitime-out may be embeen trained and has competence in the to these procedures staff authorized to eprocedures are retrompetence at least (b) Prior to providing disabilities whose traincludes restrictive service providers, evolunteers shall conseclusion, physical and shall not use the training is complete demonstrated. (c) A pre-requisite is demonstrating complete and shall consecutive to the complete demonstrated.	SICAL RESTRAINT AND DUT sical restraint and isolation apployed only by staff who have ave demonstrated proper use of and alternatives s. Facilities shall ensure that employ and terminate these ained and have demonstrated				
	the need for restrict (d) The training sha include measurable measurable measurable testing behavior) on those methods to determi course. (e) Formal refreshe by each service proannually).					

Division of Health Service Regulation STATE FORM

OF DEFICIENCIES		· · · · · · · · · · · · · · · · · · ·			
F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	
	MHL079-73	B. WING		10/2	R 7/2022
				10/2	.,
ROVIDER OR SUPPLIER					
FAITH HOUSE					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
Continued From pa	ge 3	V 537			
the Division of MH/IP Paragraph (g) of thi (g) Acceptable train but are not limited to (1) refresher the use of restrictive (2) guidelines (2) guidelines (understanding immothers); (3) emphasis rights and dignity of concepts of least reincremental steps in (4) strategies of restrictive intervers (5) the use of interventions which assessment and mapsychological well-buse of restrictive interventi (6) prohibited (7) debriefing importance and pur (8) document (6) prohibited (7) debriefing importance and pur (8) document (h) Service provider documentation of in at least three years (1) Document (A) who particulate (B) when and (C) instructor (2) The Divisi review/request this (i) Instructor Qualification (2) The Divisi review/request this (ii) Instructor Qualification (2) The Divisi review/request this (ii) Instructor Qualification (2) The Divisi review/request this (iii) Instructor Qualification (2) The Divisi review/request this (iii) Instructor Qualification (2) The Divisi review/request this (iii) Instructor Qualification (2) The Divisi review/request this (3) Instructor Qualification (4) Instructor Qualification (5) The Divisi review/request this (5) Instructor Qualification (5) The Divisi review/request this (6) Instructor Qualification (6) Instructor (6) The Divisi review/request this (6) Instructor (6	DD/SAS pursuant to sexual Rule. Ining programs shall include, on presentation of: Information on alternatives to desinterventions; Information on alternatives to desinterventions; Information on alternatives to desinterventions; Information on the safety and respect for the sall persons involved (using strictive interventions and an intervention); Information of the safe implementation intions; Information of the physical and desing of the client and the safe ughout the duration of the on; Information of the on; Informati				
o	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS) Continued From particle provider plans to enthe Division of MH/I/Paragraph (g) of thi (g) Acceptable train but are not limited to (1) refresher the use of restrictive (2) guidelines (1) refresher the use of restrictive (2) guidelines (3) emphasis rights and dignity of concepts of least reincremental steps in (4) strategies of restrictive intervet (5) the use of interventions which assessment and more psychological well-buse of restrictive intervential (6) prohibited (7) debriefing (7) debriefing (8) document (8) document (9) document (10) prohibited (11) proposed (12) provider (13) document (14) provider (15) provider	MHL079-73 ROVIDER OR SUPPLIER STREET ADD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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 instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements:	MHL079-73 STREET ADDRESS, CITY, S USE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 3 provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. 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(1) Instructor Qualification and Training Requirements:	MHL079-73 STREET ADDRESS, CITY, STATE, ZIP CODE 1115 ROSEMONT DRIVE REIDSVILLE, NC 27320 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL (REGULATORY OR LS? IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL (REGULATORY OR LS? IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCY ACTORS OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION PREFIX CROSS-REFERENCY ACTORS OF CORRECTION PREFIX CROSS-REFERENCY ACTORS OF CORRECTION PREFIX (PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION CROSS-REFERENCY ACTORS OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION CROSS-REFERENCY ACTORS PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION CROSS-REFERENCY PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION CROSS-REFERENCY PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION CROSS-REFERENCY PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION PROVIDERS PROVIDERS PLAN OF CORRECTION PROVIDERS P

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 4 of 7 SX1L11

Division of Health Service Regulation

DIVISION	Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					F	.	
		MHL079-73	B. WING			7/2022	
					10/2	.,	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
FAITH H	NISE	1115 ROS	EMONT DRI	VE			
1711111	300L	REIDSVIL	LE, NC 273	20			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	PRIAIE	DAIL	
				,			
V 537	Continued From pa	ge 4	V 537				
	by scoring 100% or	testing in a training program					
	aimed at preventing	, reducing and eliminating the					
	need for restrictive	interventions.					
	(2) Trainers s	shall demonstrate competence					
	by scoring 100% or	testing in a training program					
		seclusion, physical restraint					
	and isolation time-o						
		shall demonstrate competence					
		g grade on testing in an					
	instructor training p						
		ng shall be					
		, include measurable learning					
		able testing (written and by					
		vior) on those objectives and					
		ds to determine passing or					
	failing the course.	ent of the inetrustor training the					
		ent of the instructor training the					
		ns to employ shall be vision of MH/DD/SAS pursuant					
	to Subparagraph (j)						
		le instructor training programs					
		ot be limited to, presentation					
	of:	or be inflicted to, presentation					
		ding the adult learner;					
		for teaching content of the					
	course;						
	•	n of trainee performance; and					
		ation procedures.					
		hall be retrained at least					
		nstrate competence in the use					
		al restraint and isolation					
	time-out, as specific	ed in Paragraph (a) of this					
	Rule.						
		shall be currently trained in					
	CPR.						
		shall have coached experience					
		of restrictive interventions at					
		a positive review by the					
coach.							

6899

Division of Health Service Regulation STATE FORM

SX1L11 If continuation sheet 5 of 7

Division	<u>of Health Service Re</u>	egulation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION (X3) DATE COMF		SURVEY PLETED	
		MHL079-73	B. WING		10/2	₹ 7/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
FAITH HOUSE		EMONT DRI					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 537	use of restrictive intannually. (11) Trainers sinstructor training a (k) Service provide documentation of ir training for at least (1) Documen (A) who particoutcome (pass/fail) (B) when and (C) instructor (2) The Divisireview/request this (I) Qualifications of (1) Coaches requirements as a t (2) Coaches times, the course w (3) Coaches	shall teach a program on the terventions at least once shall complete a refresher t least every two years. It least every two years are shall maintain nitial and refresher instructor three years. It tation shall include: Supated in the training and the strain of MH/DD/SAS may documentation at any time. If Coaches: Shall meet all preparation trainer. It shall teach at least three which is being coached. Shall demonstrate inpletion of coaching or truction.	V 537				
	facility failed to ensi Licensed Professio seclusion, physical	et as evidenced by: view and interviews, the ure 1 of 6 audited staff (the nal) (LP) was trained in restraint and isolation time out ervices to clients. The findings					
	-Review on 10/25/2	2 of the I P's record revealed:					

Division of Health Service Regulation

-No documentation of training in seclusion,

STATE FORM 6899 If continuation sheet 6 of 7 SX1L11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				R		
		MHL079-73	B. WING		10/2	7/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FAITH H	OUSE		EMONT DRI LE, NC 273			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 537	physical restraint and Interview on 10/25/2 Director (RD) reveating -The facility staff we Crisis Prevention Intervention trainin	nd isolation time out. 22 with the Residential sled: ere trained in and utilized estitute (CPI) as their restrictive	V 537			

Division of Health Service Regulation STATE FORM