Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL0601227	B. WING		11/0	1/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, ST	ATE, ZIP CODE		
MERANCA	AS COTTAGE		NT PETERS LA WS, NC 28105	NE, SUITE 300		
(X4) ID PREFIX TAG	PREFIX (EACH DEFIC ENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
∨ 000	11-1-22. The complai (NC00193855).Defici This facility is license category: 10A NCAC Residential Treatmen	w up was completed on nt was unsubstantiated	V 000	V 536 Correction: 1. The staff/agency nurse identified in audit as being out of compliance has registered for Therapeutic Crisis Intertraining on December 6-9, 2022 and work in the cottage until TCI training is completed.TCI curriculum covers both alternatives to restrictive interventions protective interventions, and physical restaints.	been vention will not s	By 1/1/2023
		d for six and currently has a survey sample consisted of		2. Nursing Supervisor will complete a of all nursing staff (including agency r to determine compliance with Thomps Training and ensure that they are in the Relias system for tracking and training completion.	iurses) son ne	By 12/6/22
V 536	27E .0107 Client Right Int. 10A NCAC 27E .0107 ALTERNATIVES TO INTERVENTIONS		V 536	3. Any nurses out of compliant with trawill enroll in and complete the next ful training class or refresher TCI class p by Thompson, if applicable. Prevention:	I TCI	By 1/1/2023
	to restrictive intervent (b) Prior to providing disabilities, staff inclu employees, students demonstrate compete completing training in other strategies for cr which the likelihood or injury to a person of property damage is p (c) Provider agencies based on state comprompliance and demonstrated.	size the use of alternatives tions. services to people with ding service providers, or volunteers, shall ence by successfully communication skills and reating an environment in firmminent danger of abuse with disabilities or others or revented. It is shall establish training etencies, monitor for internal constrate they acted on data		1. Nursing supervisor will ensure that and existing nurses (agency and staff enrolled in TCI training courses and rethat all nurses complete required train prior to providing direct care. Nursing Supervisor will register new staff and agency nurses into TCI training once identified for hire or once identified by nursing agency. Supervisor will monit through weekly reports generated by Learning Managment System that nurstaff and agency staff have completed required TCI trainings prior to schedu staff on shift. If trainings are not comp staff will be removed from the schedu required TCI trainings are completed. Monitoring: 1. Nursing supervisor will receive a weekled.	are equire equire new ethe or Relias rsing the ling eleted, le until	1/1/2023 Weekly/
	include measurable le measurable testing (v	be competency-based, earning objectives, vritten and by observation of ojectives and measurable		automated report from Relias Learnin Management System to track training completions of all staff and agency nu monitor coming due or past due.		ongoing

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Chief Performance & Quality Officer 11/23/2022

TITLE (X6) DATE

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Division of Health Service Regulation

DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA	(X2) MULT PLE CONSTRUCTION (X2)		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL0601227	B. WING		44/04/2022	
		WINL0001227			11/01/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS CITY STA	TE ZIP CODE		
		6750 SAII	NT PETERS LAI	NE, SUITE 300		
MERANCA	AS COTTAGE	MATTHEV	VS, NC 28105			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFIC ENCIES		PROVIDER'S PLAN OF CORRECTIO	N (VE)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	D PREFIX	(EACH CORRECTIVE ACTION SHOULD	()	
TAG	REGULATORY OR I	SC IDENT FY NG INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE	
				DEFICIENCY)		
V 536	Continued From page	e 1	V 536			
	methods to determine	e passing or failing the				
	course.	paceting of family and				
		training must be completed				
		der periodically (minimum				
	annually).	asi periodicany (ilininiani				
	(f) Content of the trai	ning that the service				
		nploy must be approved by				
	the Division of MH/DI					
	Paragraph (g) of this	•				
		strate competence in the				
	following core areas:					
	•	and understanding of the				
	people being served;	_				
		and interpreting human				
	behavior;	· · ·				
	` ,	the effect of internal and				
		it may affect people with				
	disabilities;					
		or building positive				
	relationships with per					
		cultural, environmental and				
	-	that may affect people with				
	disabilities;					
	` '	the importance of and				
	0 1	n's involvement in making				
	decisions about their					
		essing individual risk for				
	escalating behavior;	tion of water view for all free in a				
	(8) communication strategies for defusing					
	and de-escalating potentially dangerous behavior;					
	and (0) positive behavioral supports (providing					
	(9) positive behavioral supports (providing					
	means for people with disabilities to choose activities which directly oppose or replace					
	behaviors which are u	•				
	(h) Service providers					
		al and refresher training for				
	at least three years.					
	(1) Documenta	tion shall include:				

Division of Health Service Regulation

STATE FORM 6899 HB1L11 If continuation sheet 2 of 9

Division of Health Service Regulation

V 536 Continued From page 2 (A) who participated in the training and the outcomes (pass/fall); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall 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 program. (3) The training shall be competence by scoring a passing with the properties of the program objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods 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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MERANCAS COTTAGE SUMMARY STATEMENT OF DEFICENCIES DEFICENCY MUST BE PRECEDED BY FULL PREFIX TAG							
MATTHEWS, NO. 28105 PRECINAL PROPERTY AND PROPERTY SHAPE	MHL0601227		MHL0601227	B. WING		11/0	1/2022
CALL DEPTICE SUMMARY STATEMENT OF DEFICE ENDIES	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS CITY STA	TE ZIP CODE		
(A) ID SUMMARY STATEMENT OF DEFIC ENDIES BY FULL TAG REGULATORY OR LSC (DENT FY NO INFORMATION) V 536 Continued From page 2 (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (I) Instructor Qualifications and Training Requirements: (1) Trainers shall 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 program. (3) The training shall be competence-by scoring and passing grade on testing in an instructor training program. (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/S) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive	MEDANC	AS COTTACE	6750 SAIN	FPETERS LAN	NE, SUITE 300		
PREFIX TAG REGULATORY OR LSC IDENT FY NG INFORMATION) V 536 Continued From page 2 (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods 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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and attaining the redefined for restrictive	WERANCA	43 COTTAGE	MATTHEW	S, NC 28105			
(A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall 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 program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods 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/G) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive	PREFIX	(EACH DEFIC ENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
outcomes (pass/fall); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall 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 program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods 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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive	V 536	Continued From page	2	V 536			
interventions at least one time, with positive review by the coach.		(A) who particip outcomes (pass/fail); (B) when and w (C) instructor's (2) The Division review/request this do (i) Instructor Qualificat Requirements: (1) Trainers shat by scoring 100% on to aimed at preventing, need for restrictive inf (2) Trainers shat by scoring a passing instructor training pro (3) The training competency-based, in objectives, measurable methods failing the course. (4) The content service provider plans approved by the Divist to Subparagraph (i)(5) (5) Acceptable shall include but are r (A) understanding (B) methods for course; (C) methods for performance; and (D) documentat (6) Trainers shat teaching a training proveducing and eliminat interventions at least	where they attended; and name; nof MH/DD/SAS may ocumentation at any time. actions and Training all demonstrate competence esting in a training program reducing and eliminating the terventions. all demonstrate competence grade on testing in an an an an ary man. I shall be include measurable learning le testing (written and by iter) on those objectives and it to determine passing or at of the instructor training the is to employ shall be sion of MH/DD/SAS pursuant it of this Rule. Instructor training programs and limited to presentation of: ing the adult learner; in teaching content of the instructor training the instructor training programs and limited to presentation of: ing the adult learner; in teaching content of the instructor training trainee in procedures. all have coached experience ogram aimed at preventing, iting the need for restrictive				

Division of Health Service Regulation

STATE FORM 6899 HB1L11 If continuation sheet 3 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULT PLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0601227		B. WING		11/01/2022		
NAME OF PROVI	DER OR SUPPLIER	STREET A	DDRESS CITY STA	TE ZIP CODE		
MERANCAS C	OTTAGE		NT PETERS LAN	IE, SUITE 300		
			WS, NC 28105		_	
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	TEMENT OF DEFIC ENCIES 'MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 536 Co	ntinued From page	3	V 536			
ain ne an (8) ins (j) doo tra (1) (A) ou (B) (C) (2) rec (k) (1) rec (2) the (3) cool tra (l) as	ned at preventing, red for restrictive intinually. Trainers shat tructor training at less service providers secumentation of initial ining for at least threshold by the providers secumentation of initial ining for at least threshold by the providers (pass/fail); when and we have an	educing and eliminating the erventions at least once all complete a refresher east every two years. Shall maintain all and refresher instructor ee years. Intation shall include: ated in the training and the of there attended; and name. In of MH/DD/SAS may its documentation any time. Coaches: all meet all preparation ner. all teach at least three times being coached. It all demonstrate detion of coaching or action. In all be the same preparation are serious evidenced by: It also e				

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findings are:

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
		MHL0601227			11/0	1/2022
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
MERANCA	AS COTTAGE		S, NC 28105	NE, SUITE 300		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 536	Review on 10-26-22 of RN#1 revealed: -He was a contract nurse. -Permanent nursing dated 11-2019. -Had no documentation of training to restrictive interventions. Interview on 10-26-22 with RN#1 revealed: -He had been trained but he thinks it was around 2015. Interview on 11-1-22 with the Chief Performance Quality Officer revealed: -She would make sure that all the contract nurses would be trained in alternatives to restrictive interventions as soon as possible.		V 536 V 537 Correction: 1. The staff/agency nurse identified in this audi as being out of compliance has been registered for Therapeutic Crisis Intervention training on December 6-9, 2022 and will not work in the cottage until TCI training is completed.TCI curriculum covers both alternatives to restrictive interventions, protective interventions, and physical restaints. 2. Nursing Supervisor will complete an audit of all nursing staff (including agency nurses) to determine compliance with Thompson Training and ensure that they are in the Relias system for tracking and training completion. 3. Any nurses out of compliant with training will enroll in and complete the next full TCI training class or refresher TCI class provided by		registered ning on in the TCI restrictive and audit of ses) to Training system sining will I training	By 1/1/2023 By 12/6/22 By 1/1/2023
V 537	10A NCAC 27E .0108 SECLUSION, PHYSIC ISOLATION TIME-OU (a) Seclusion, physic time-out may be emp been trained and hav competence in the proto these procedures. staff authorized to emprocedures are retrain competence at least at (b) Prior to providing a disabilities whose treat includes restrictive int service providers, em volunteers shall comp seclusion, physical re	CAL RESTRAINT AND JT ral restraint and isolation loyed only by staff who have e demonstrated oper use of and alternatives Facilities shall ensure that aploy and terminate these ned and have demonstrated annually. direct care to people with atment/habilitation plan terventions, staff including ployees, students or olete training in the use of straint and isolation time-out se interventions until the	V 537	Thompson, if applicable. Prevention: 1. Nursing supervisor will ensure that a and existing nurses (agency and staff) enrolled in TCI training courses and re all nurses complete required training p providing direct care. Nursing Supervis register new staff and new agency nur TCI training once identified for hire or identified by the nursing agency. Super monitor through weekly reports genera Relias Learning Managment System the nursing staff and agency staff have conthe required TCI trainings prior to schest staff on shift. If trainings are not completed. Monitoring: 1. Nursing supervisor will receive a weautomated report from Relias Learning Management System to track training completions of all staff and agency numerical monitor coming due or past due.	are equire that vior to sor will reses into conce ervisor will ated by nat mpleted eduling leted, staff il required eekly	1/1/2023

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 5 of 9 HB1L11

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Division of Fleath Service Regulation			1				
	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA	(X2) MULT PLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL0601227	B. WING		11/0	1/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS CITY STA	TE ZIP CODE			
		6750 SAIN	IT PETERS LAN	NE. SUITE 300			
MERANCA	AS COTTAGE		VS, NC 28105	, 55 2 555			
	CLIMMA DV CT		<u> </u>	DDOVIDEDIC DI ANI OF CODDECTI	ON		
(X4) ID PREFIX		ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL	D PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG	•	LSC IDENT FY NG INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE	
				DEFICIENCY)			
V 537	Continued From page	e 5	V 537				
	demonstrated.						
		r taking this training is					
		etence by completion of					
		, reducing and eliminating					
	the need for restrictive						
		be competency-based,					
	include measurable le						
		vritten and by observation of					
		ojectives and measurable					
	methods to determine	e passing or failing the					
	course.						
	(e) Formal refresher	training must be completed					
	by each service provi	der periodically (minimum					
	annually).						
	(f) Content of the trai	_					
		ploy must be approved by					
	the Division of MH/DI	•					
	Paragraph (g) of this						
		ng programs shall include,					
	but are not limited to,	•					
	()	formation on alternatives to					
	the use of restrictive i						
		on when to intervene nent danger to self and					
	others);	ioni danger to sen and					
	,	n safety and respect for the					
		ill persons involved (using					
		rictive interventions and					
	incremental steps in a						
		or the safe implementation					
	of restrictive interventions;						
	(5) the use of emergency safety						
	interventions which include continuous						
	assessment and mon	itoring of the physical and					
		ing of the client and the safe					
		ghout the duration of the					
	restrictive intervention						
	(6) prohibited p	rocedures;					
		trategies, including their					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '		ATE SURVEY OMPLETED	
	MHL0601227		B. WING		11/01/2022		
MERANCAS COTTAGE 6750 SAIN			DRESS CITY STA T PETERS LAN IS, NC 28105				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES		D PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
V 537	(h) Service providers documentation of initi at least three years. (1) Documentation of initi at least three years. (1) Documentation of initi at least three years. (A) who particip outcomes (pass/fail); (B) when and with the content of the c	ose; and ion methods/procedures. shall maintain al and refresher training for tion shall include: ated in the training and the where they attended; and name. In of MH/DD/SAS may ocumentation at any time. In a training program reducing and eliminating the terventions. In a training program reducing and eliminating the terventions. In a training program reducing and eliminating the terventions. In a training program reducing and eliminating the terventions. In a training program reducing and eliminating the terventions. In a training program reducing and eliminating the terventions in a training program reclusion, physical restraint in all demonstrate competence grade on testing in an an an area. In shall be include measurable learning le testing (written and by or) on those objectives and to determine passing or it of the instructor training the is to employ shall be sion of MH/DD/SAS pursuant	V 537				

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA			(X3) DATE SURVEY	,	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
		MHL0601227	B. WING		11/01/2022		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS CITY STA	TE ZIP CODE			
MEDANO	MERANCAS COTTAGE 6750 SAIN			NE, SUITE 300			
WERANCA	AS COTTAGE	MATTHEV	VS, NC 28105				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)		D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLI	ETE	
V 537	Continued From page	e 7	V 537				
V 537	(B) methods for course; (C) evaluation of (D) documentation of seclusion, physical time-out, as specified Rule. (8) Trainers share in teaching the use of least two times with a coach. (10) Trainers share in teaching the use of least two times with a coach. (10) Trainers share in teaching the use of least two times with a coach. (11) Trainers share instructor training at left (k) Service providers documentation of initititraining for at least the (1) Documentation of initititraining for at least the (1) Documentation of initititraining for at least the (1) Documentation of instructor's (2) The Division review/request this documentation of C1) Coaches share quirements as a train (2) Coaches share, the course white (3) Coaches share and coaches share in the course white (3) Coaches share and coaches share in the course white (3) Coaches share and coaches share in the course white (3) Coaches share in the course white (4) Coaches share in the course white (4) Coaches share in the course white (5) Coaches share in the course white (6) Coaches shar	of trainee performance; and ion procedures. all be retrained at least trate competence in the use restraint and isolation in Paragraph (a) of this all be currently trained in all have coached experience frestrictive interventions at positive review by the all teach a program on the eventions at least once all complete a refresher east every two years. shall maintain al and refresher instructor ree years. Ition shall include: ated in the training and the evention at any time. It is of MH/DD/SAS may be competed at least three chis being coached. It is being coached. It is demonstrate	V 537				
	competence by comp train-the-trainer instru (m) Documentation s	iction.					

Division of Health Service Regulation

STATE FORM 6899 HB1L11 If continuation sheet 8 of 9

Division of Health Service Regulation

STATEMENT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT PLE CONSTRUCTION A. BUILDING:		JRVEY TED
		MHL0601227	B. WING	B. WING		1/2022
NAME OF PR	ROVIDER OR SUPPLIER		DRESS CITY STA	TE ZIP CODE		
MEDANCA	AS COTTACE	6750 SAIN	IT PETERS LAI	NE, SUITE 300		
WERANCA	AS COTTAGE	MATTHEV	VS, NC 28105			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)		D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	Continued From page	· 8	V 537			
	preparation as for trai	ners.				
	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL					

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