Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL036-336 09/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4460 HUNTINGTON DRIVE **GUIDING LIGHT** GASTONIA, NC 28056 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 Guiding Light has the 3 mg dosage An annual, complaint, and follow up survey was completed on 09/08/2023. The complaint was melatonin as It is OTC. unsubstantiated (intake #NC00204748). Guiding light has also Deficiencies were cited. Obtained all physician This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Orders for all clients. Treatment for Children or Adolescents. Il staff have been This facility is licensed for 4 and currently has a re-trained in theadministration census of 3. The survey sample consisted of audits of 3 current clients. of medication. Mar's 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 (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 RECEIVED current. Medications administered shall be recorded immediately after administration. The OCT 0 3 2023 MAR is to include the following: (A) client's name; **DHSR-MH Licensure Sect** (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

SORATORT DIRECTOR SOR PROVIDER/SOPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of 16

(X6) DATE

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL036-336 B. WING 09/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4460 HUNTINGTON DRIVE **GUIDING LIGHT** GASTONIA, NC 28056 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 1 V 118 (E) name or initials of person administering the (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 2 of 3 Clients (Clients #1 and #2) and the MAR kept current affecting 1 of 3 Clients (Client #2). The findings are: Finding #1: Review on 09/07/2023 of Client #1's record revealed: -18 years and 8 months old. -Admitted 11/07/2022. -Diagnosed with Intermittent Explosive Disorder, Autism Spectrum Disorder, and Profound Intellectual or Development Disability. -No medication orders for: -Trazodone (Sleep Aid) 50 mg- Take 2 tablets (tabs) by mouth every evening. -Fanapt (Mood Stabilizer) 6 mg- Take 1 tab by mouth twice a day at 8 am and noon.

Division of Health Service Regulation

by mouth at bedtime.

mouth at bedtime.

-Desmopressin (Bedwetting) .1 mg- Take 3 tabs

-Clonidine (Mood Stabilizer) .3 mg- Take 1 tab by

		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION		E SURVEY
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		-Aripiprazole (Mood by mouth every e	Stabilizer) 10 mg- Take 1 tab ning. d) 10 mg- Take 1 cap by g. al Health) Over the Counter y mouth in the am, Stabilizer) 25 mg- Take 1 tab ning. 223 and 09/08/2023 of Client 01/2023 - 09/06/2023 e above medications for 7/2023 at approximately 1:50 dication container revealed: rake 2 tabs by mouth every 8/12/2023. I tab by mouth twice a day at nsed 07/13/2023. g- Take 3 tabs by mouth at 8/12/2023. te 1 tab by mouth at bedtime 3. Take 1 tab by mouth every 8/12/2023. Tensed OTC.	V 118			

MHL036-336 MHL036-336 MHL036-336 B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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GUIDING LIGHT 4460 HUNTINGTON DRIVE GASTONIA, NC 28056 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 3 -Medication order dated 12/01/2022 revealed: Melatonin Gummies (Sleep Aid) 3 mg- Take 1 by mouth every nightNo medication order for Melatonin Gummies 1.5 mg- Take 2 by mouth every night. Reviews on 09/07/2023 and 09/08/2023 of Client #2's MARs from 06/01/2023 - 09/06/2023 revealed: -Transcription for Melatonin Gummies 3 mg- Take 1 by mouth every nightNo transcription for Melatonin Gummies 1.5 mg- Take 2 by mouth every night. Observation on 09/07/2023 at approximately 2:55 pm of Client #2's medication container revealed:		MHL036-336	B. WING		I .		
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 3 -Medication order dated 12/01/2022 revealed: Melatonin Gummies (Sleep Aid) 3 mg- Take 1 by mouth every night. -No medication order for Melatonin Gummies 1.5 mg- Take 2 by mouth every night. Reviews on 09/07/2023 and 09/08/2023 of Client #2's MARs from 06/01/2023 - 09/06/2023 revealed: -Transcription for Melatonin Gummies 3 mg- Take 1 by mouth every nightNo transcription for Melatonin Gummies 1.5 mg- Take 2 by mouth every night. Observation on 09/07/2023 at approximately 2:55 pm of Client #2's medication container revealed:	CLIMANA DV				OBBECTION	0/5	
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Melatonin Gummies (Sleep Aid) 3 mg- Take 1 by mouth every night. -No medication order for Melatonin Gummies 1.5 mg- Take 2 by mouth every night. Reviews on 09/07/2023 and 09/08/2023 of Client #2's MARs from 06/01/2023 - 09/06/2023 revealed: -Transcription for Melatonin Gummies 3 mg- Take 1 by mouth every night. -No transcription for Melatonin Gummies 1.5 mg- Take 2 by mouth every night. Observation on 09/07/2023 at approximately 2:55 pm of Client #2's medication container revealed:	V 118 Continued From	From page 3	V 118				
-Melatonin Gummies 1.5 mg dispensed OTCNo Melatonin Gummies 3 mg dispensed OTC. Interview on 09/08/2023 with the Qualified Professional/Owner revealed: -"The 1.5 mg Melatonin (Gummies) is over the counter. The 3 mg gummies were not available at the store, so I purchased the 1.5 mg (Melatonin Gummies). I will ensure correction moving forward." -"The prescription transfer report will be replaced with the electronic prescription from [local pharmacy]." -Medication issues would be corrected moving forward. Interview on 09/08/2023 with the Executive Director revealed: -"We had to get 1.5 mg (Melatonin) gummies when we went to pick up medications, because there was not 3 mg (Melatonin Gummies) available."	-Medication order Melatonin Gumm mouth every niging -No medication or mg- Take 2 by mouth every niging -No medication or mg- Take 2 by mouth every -No transcription Take 2 by mouth every -No transcription Take 2 by mouth every -No Melatonin Gumm -No Melatonin Gumm -No Melatonin Gumm -No Melatonin Gumm -No man every -No melatonin Gumm -No melatonin Gumm -No melatonin Gummies). I will forward. " -"The prescription with the electron from [local pharm -Medication issue forward. Interview on 09/0 Director revealed -"We had to get when we went to there was not 3 medication is suffered as a suffered every -No man eve	order dated 12/01/2022 revealed: Gummies (Sleep Aid) 3 mg- Take 1 by y night. tion order for Melatonin Gummies 1.5 by mouth every night. 09/07/2023 and 09/08/2023 of Client from 06/01/2023 - 09/06/2023 on for Melatonin Gummies 3 mg- Take every night. ption for Melatonin Gummies 1.5 mg-nouth every night. on 09/07/2023 at approximately 2:55 t #2's medication container revealed: Gummies 1.5 mg dispensed OTC. In Gummies 3 mg dispensed OTC. In 09/08/2023 with the Qualified II/Owner revealed: g Melatonin (Gummies) is over the e 3 mg gummies were not available at the 1.5 mg (Melatonin I will ensure correction moving ription transfer report will be replaced extronic prescription on the properties of the corrected moving in 09/08/2023 with the Executive ealed: get 1.5 mg (Melatonin) gummies ent to pick up medications, because					

	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
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V 118	Continued From page	ge 4	V 118		
	medication administ determined if clients as ordered by the ph	titutes a re-cited deficiency			
V 182 27G .1303 (B-G) Residential Tx - Operations		V 182	(1 1 1 becc	- 1 4 1	
	other responsible ad development of plan transition to a less re (c) Education. Child residing in a resident receive appropriate ethrough a facility-bas services, or through a facility-bas services, or through a Transition to a public of the treatment plan (d) Age Limitation. I birthday while receivifacility, he may contir months or until the erwhichever is longer. (e) Clothing. Each chis own clothing and in its selection and ca (f) Personal Belonging adolescent shall be epersonal belongings of counter-indicated in tl (g) Hours of Operatic operate 24 hours per	ent. Family members or ults shall be involved in s in order to assure a smooth estrictive setting. If you and adolescents it it reatment facility shall educational services, either ed school, 'home-based' a day treatment program. school setting shall be part. If an adolescent has his 18th ng treatment in a residential nue in the facility for six and of the state fiscal year, whild or adolescent shall have shall have training and help are. Ings. Each child or intitled to age-appropriate unless such entitlement is the treatment plan.		Guiding Tight has a waver sequest to Party a Pridgen. Currently a response.	out my

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				DEFICIENCY)		ACCOUNT OF THE PARTY OF THE PAR
V 182	Continued From page	ge 5	V 182			
	This Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure the age limitation of an adolescent in treatment upon reaching 18 years or until the end of the fiscal year affecting 1 of 3 audited clients (Client #1). The findings are:					
	Pavious on 00/07/200	22 -5 01:+ #41-				
	revealed:	23 of Client #1's record				
	-18 years and 8 mon	iths old.				
	-Admitted 11/07/202					
	-Diagnosed with Inte	rmittent Explosive Disorder,				
	Autism Spectrum Dis	sorder, and Profound				
	Intellectual or Develo	ppment Disability.				
	Review on 09/07/202	23 of the Division of Health				
	Service Regulation (I					
	revealed:	- vicini, racini, roraci				
	-Facility was licensed	as a 27G .1300 Level II				
	Residential Treatmer	nt for Children or				
	Adolescents.	oro ollowing the facility to				
		ers allowing the facility to				
		ollowing her 18th birthday.				
	,	and the second of the second o				
		23 with Client #1 revealed:				
	-"I think I am 18."					
	Interview on 00/00/00	122 with the Quelified				
	Professional/Owner r	23 with the Qualified				
		iver for Client #1 to remain				
	at the facility.	To the chart with the remain				
		r) process is that we needed				
	something for the LM	E/MCO (Local Management				

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V 182	Entity/Manage Care receive the informat waiver." Interview on 09/08/2 Director revealed: -Did not request a wat the facility"I know the rules, but the wrong place. I s (Department of Socio DHSR."	Organization) and once we ion, we will submit the 023 with the Executive aiver for Client #1 to remain at I submitted the waiver to ubmitted the waiver to DSS al Services) and not to	V 182		
	Int. 10A NCAC 27E .010 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall im practices that empha to restrictive intervent (b) Prior to providing disabilities, staff inclu employees, students demonstrate compete completing training in other strategies for cr which the likelihood o or injury to a person v property damage is pr (c) Provider agencies based on state compete compliance and demogathered.	plement policies and 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 fimminent danger of abuse with disabilities or others or revented. s shall establish training etencies, monitor for internal constrate they acted on data	V 536	Guiding light hos retrained Sterff in CPI techniques. All Certificates Show the duration Of I year. Sterff will be travel and staff files will revenue Quarterly	n runly be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The second second	IPLE CONSTRUCTION NG:		TE SURVEY MPLETED
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V 53	o similada i fom pa		V 536			
	behavior) on those of methods to determine course. (e) Formal refreshed by each service provannually). (f) Content of the traprovider wishes to each service provider wishes to each the Division of MH/D Paragraph (g) of this (g) Staff shall demost following core areas: (1) knowledge people being served (2) recognizing behavior; (3) recognizing external stressors the disabilities; (4) strategies for relationships with performal stressors the disabilities; (5) recognizing organizational factors disabilities; (6) recognizing assisting in the person decisions about their (7) skills in assescalating behavior; (8) communication and de-escalating portion and (9) positive behaviors which direct behaviors which are used.	s Rule. Instrate competence in the strate competence in the strate and understanding of the strate and understanding of the strategies for defusing tentially dangerous behavior; avioral supports (providing n disabilities to choose ly oppose or replace unsafe).				

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL036-336 09/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4460 HUNTINGTON DRIVE **GUIDING LIGHT** GASTONIA, NC 28056 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 536 Continued From page 8 V 536 at least three years. (1) Documentation shall include: who participated in the training and the (A) 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: Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. 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.

Division of Health Service Regulation

reducing and eliminating the need for restrictive interventions at least one time, with positive

PRINTED: 09/20/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL036-336 09/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4460 HUNTINGTON DRIVE **GUIDING LIGHT** GASTONIA, NC 28056 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 536 Continued From page 9 V 536 review by the coach. Trainers shall teach a training program (7)aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8)Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. Documentation shall include: (1)(A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2)The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: Coaches shall meet all preparation (1) 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. (I) Documentation shall be the same preparation as for trainers.

This Rule is not met as evidenced by:

Based on record review and interview, the facility failed to ensure refresher training alternatives to restrictive interventions was completed at least

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY
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V 536	Continued From pa	ge 10	V 536			
		of 3 audited staff (Qualified Owner (O)). The findings are:				
	Review on 09/08/20 record revealed: -Hire date 08/01/20	23 of the QP/O's personnel				
	-Initial Nonviolent C (CPI) Training in alto interventions expire	risis Prevention & Intervention ernatives to restrictive d 10/04/2022. raining in alternatives to				
		2023 with the QP/O revealed: her (CPI) training and ensure ally."				
	Director revealed:	2023 with the Executive r ensuring staff trainings were				
	-"I was under the as completed every 2 y	sumption that CPI could be ears. It (Refresher CPI rrected moving forward."		Sec above		
	This deficiency cons and must be correct	titutes a re-cited deficiency ed within 30 days.				
V 537	27E .0108 Client Rig ITO	hts - Training in Sec Rest &	V 537			
	ISOLATION TIME-O (a) Seclusion, physitime-out may be empleen trained and have competence in the pto these procedures.	ICAL RESTRAINT AND UT cal restraint and isolation ployed only by staff who have				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING _ MHL036-336 09/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

GUIDING LIGHT

4460 HUNTINGTON DRIVE GASTONIA, NC 28056

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
	Continued From page 11 procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) 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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service 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);	V 537		

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED
			A. BUILDIN	G:		
		MHL036-336	B. WING _			R 08/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
GUIDING	G LIGHT		ITINGTON			
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	A, NC 280			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 12	V 537			
		for the safe implementation				
	of restrictive interve					
	(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	s shall maintain				
	at least three years.	tial and refresher training for				
		ation shall include:				
	(A) who partici	pated in the training and the				
	outcomes (pass/fail) (B) when and	where they attended; and				
	(C) instructor's	s name.				
		on of MH/DD/SAS may locumentation at any time.				
	(i) Instructor Qualific	cation and Training				
	Requirements:	-				
	(1) Trainers sh	nall demonstrate competence testing in a training program				
	aimed at preventing.	reducing and eliminating the				
	need for restrictive in	iterventions.				
	(2) Trainers sh	all demonstrate competence testing in a training program				
	teaching the use of s	eclusion, physical restraint				
	and isolation time-ou	t.				
	(3) Trainers sh by scoring a passing	all demonstrate competence grade on testing in an				
	instructor training pro	gram.				
	(4) The training					
	competency-based, i	nclude measurable learning ble testing (written and by				
	observation of behav	ior) on those objectives and				
		The relative section of the section				

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	G:	COI 09 ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE		
		MHL036-336	B. WING _			R 09/08/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
GUIDING	SLIGHT		ITINGTON A, NC 280				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES					
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETE DATE	
V 537	Continued From page	ge 13	V 537				
	measurable method failing the course. (5) The conte service provider plan approved by the Div to Subparagraph (j)(6) Acceptable shall include, but no of: (A) understand (B) methods for course; (C) evaluation (D) documenta (7) Trainers shannually and demon of seclusion, physical time-out, as specified Rule. (8) Trainers shall in teaching the use of least two times with a coach. (10) Trainers shall instructor training at I (k) Service providers documentation of inititraining for at least th (1) Documenta (A) who participoutcome (pass/fail); (B) when and voice instructor's instructor's	It sto determine passing or Int of the instructor training the rest to employ shall be rision of MH/DD/SAS pursuant (6) of this Rule. It is instructor training programs to be limited to, presentation of the limited limited to, presentation of the limited limit	V 537				
		n of MH/DD/SAS may					

	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE	ESURVEY
/ 110 1 27	N OF CONNECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G:	СОМ	PLETED
		MHL036-336	B. WING _		R 09/08/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
GUIDIN	G LIGHT		NTINGTON			
(VA) ID	SHAMAADV STA		IA, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	review/request this of (I) Qualifications of (1) Coaches is requirements as a tr (2) Coaches is times, the course who (3) Coaches is competence by competenc	documentation at any time. Coaches: shall meet all preparation rainer. shall teach at least three nich is being coached. shall demonstrate spletion of coaching or ruction. shall be the same ainers. as evidenced by: iews and interviews, the re 1 of 3 audited (Qualified wner (O)) completed seclusion, physical restraint, t. The findings are: as of the QP/O's personnel as. sis Prevention & Intervention usion, physical restraint, and ired 10/4/2022. aining in seclusion, physical in time out. as with the QP/O revealed: afresher training and ensure	V 537			
	Director revealed:	23 with the Executive ensuring staff trainings were				

	TOT TIOURIT OCTVICE TO					
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TPLE CONSTRUCTION	(X3) DATE SURVEY	
74,12,12,4	NOT SOMESTION	IDENTIFICATION NUMBER:	A. BUILDIN	NG:	COV	MPLETED
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		MHL036-336	B. WING _		09	/08/2023
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	. NO VIDEN ON OUT FEEL			Y, STATE, ZIP CODE		
GUIDIN	G LIGHT		NTINGTON			
040.15	OLIMAN PLANTA		IIA, NC 280	156		
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG			COMPLETE DATE
				DEFICIENCY)		
V 537	Continued From pa	ge 15	V 537			
		3				
	up to date.	ssumption that CPI could be				
	completed every 2	ears. It (Refresher CPI				
	Trainings) will be co	rrected moving forward."				
	, , , , , , , , , , , , , , , , , , ,	moded moving forward.				
	This deficiency cons	stitutes a re-cited deficiency				
	and must be correct	ted within 30 days.				
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