Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
		MHL100-023	B. WING			2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CALLOW	AY COTTAGE	35 CELO BURNSVI	STREET LLE, NC 28	714		
(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)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	гѕ	V 000			
	completed on 10/12	p and complaint survey was 2/23. The complaint was NC208173). Deficiencies				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire platarea-wide disaster shall be approved be authority. (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at least repeated for each sunder conditions the	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	facility failed to hold	et as evidenced by: view and interviews, the d fire and disaster drills on quarterly. The findings are:				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				R		
		MHL100-023	B. WING			2/2023
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
CALLOV	VAY COTTAGE	35 CELO S BURNSVII	STREET LLE, NC 287	714		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	`	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLÉTE DATE
V 114	Continued From pa	ge 1	V 114			
V 114	Review on 10/10/23 -There was no door been conducted on April-June 2023There was no door been conducted on January-March 202 July-September 202 -There was no door been conducted on January-March 202 Review on 10/10/23 -There was no door having been conducted from January-March 202 -There was no door having been conducted from January-March 202 -There was no door having been conducted from January-March 2019-September 202 -There was no door having been conducted from January-March 202 -There was no door	3 of fire drills revealed: Jumentation of fire drills having 1st shift in the quarter from Jumentation of fire drills having 2nd shift in the quarter from 23, April-June 2023, 23. Jumentation of fire drills having 3rd shift in the quarter from 23, July-September 2023. 25 of disaster drills revealed: Jumentation of disaster drills Cted on 1st shift in the quarter 2023, April-June 2023 or 2022. Jumentation of disaster drills Cted on 2nd shift in the quarter 2023, April-June 2023, 23. Jumentation of disaster drills Cted on 3rd shift in the quarter 2023, July-September 2023. 26 with Client #1 revealed: 27 rills) every month. We go out 28 evan or out the back to the	V 114			
		23 with Client #2 revealed: lls but didn't remember the last				
		23 with Client #3 revealed: an or the tree for fire drills.				
	Professional (QP) r	23 with the Qualified evealed: s three 8-hour shifts.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		` '	E CONSTRUCTION	(X3) DATE		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
MHL100-023		B. WING		R 10/12/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CALLOV	VAY COTTAGE	35 CELO S				
	Г		LLE, NC 287			
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	just retired the end completed the fire a find her documenta -The Residential Te	am Lead would now be ing that fire and disaster drills				
V 536	27E .0107 Client Ri Int.	ghts - Training on Alt to Rest.	V 536			
	practices that emph to restrictive interverse (b) Prior to providir disabilities, staff incomployees, student demonstrate competer completing training other strategies for which the likelihood or injury to a persor property damage is (c) Provider agenci based on state composed on state composed on the training shall include measurable measurable testing behavior) on those methods to determicourse. (e) Formal refreshers	mplement policies and nasize the use of alternatives entions. In services to people with eluding service providers, is or volunteers, shall etence by successfully in communication skills and creating an environment in to fimminent danger of abuse in with disabilities or others or				

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STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION WHILIDO-023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714 (KA) IDENTIFYING INFORMATION) PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 3 (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing outlural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the persons with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (a) positive behavioral supports (providing means for people with disabilities; the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; and (9) positive behavioral supports (providing means for people with disabilities with directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least the approvent of the person of the pers	Division	<u>of Health Service Re</u>	egulation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714 [KA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLUL TAG (FOR CHAPTER TAG) (FOR CONTINUE OF THE TRING INFORMATION) V 536 Continued From page 3 (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing and interpreting human behavior; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for	` '		` '				
NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714 DEPROVIDER'S PLAN OF CORRECTION STATE PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 3 (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DID/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) Knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for	AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:		COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714 CALLOWAY COTTAGE SUMMARY STATEMENT OF DEFICIENCIES CENTER SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG			D WING		•		
CALLOWAY COTTAGE X4) D SUMMARY STATEMENT OF DEFICIENCES SURNAVILLE, NC 28714 X64 D GEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	MHL100-023		B. WING		10/1	2/2023	
CALLOWAY COTTAGE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION CASC PROFINE TAG PROVIDER'S PLAN OF CORRECTION PROFINE PROVIDER'S PLAN OF CORRECTION CASC PROFINE PROVIDER'S PLAN OF CORRECTION CASC PROFINE PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 536 Continued From page 3 V 536	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES DEFRICE PROVIDER'S PLAN OF CORRECTION OXS)	CALLOW	INV COTTAGE	35 CELO	STREET			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 3 (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (6) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for	CALLOW	AICOTIAGE	BURNSVII	LLE, NC 287	714		
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provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for	V 536	Continued From pa	ge 3	V 536			
(1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name;	V 330	(f) Content of the treprovider wishes to end the Division of MH/I Paragraph (g) of this (g) Staff shall demorated following core areas (1) knowledge people being server (2) recognizing behavior; (3) recognizing external stressors to disabilities; (4) strategies relationships with phorogenizational factor disabilities; (6) recognizing assisting in the personal decisions about the (7) skills in assescalating behavior (8) communication de-escalating pend (9) positive behaviors which direst behaviors which direst behaviors which direst behaviors which direst three years (1) Document (A) who particulated to the provided document (B) when and (B) when (B) whe	raining that the service employ must be approved by DD/SAS pursuant to is Rule. Instrate competence in the size and understanding of the digram and interpreting human and that may affect people with a for building positive ersons with disabilities; and cultural, environmental and that may affect people with a for building positive ersons with disabilities; and cultural, environmental and that may affect people with the service in the service of and son's involvement in making in life; assessing individual risk for significant strategies for defusing to the service of th	V 330			

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<u>Divisio</u> n	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL100-023		B. WING		R 10/12/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CALLOW	VAY COTTAGE	35 CELO				
CALLON	AI COTTAGE	BURNSVI	LLE, NC 287	714		
(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 536	Continued From pa	ge 4	V 536			
	review/request this (i) Instructor Qualif Requirements: (1) Trainers is by scoring 100% or aimed at preventing need for restrictive (2) Trainers is by scoring a passin instructor training p (3) The trainin competency-based objectives, measura observation of beha measurable method failing the course. (4) The conte service provider pla approved by the Dir to Subparagraph (i) (5) Acceptable shall include but are (A) understan (B) methods course; (C) methods performance; and (D) document (6) Trainers is teaching a training reducing and elimin interventions at leas review by the coach (7) Trainers is aimed at preventing need for restrictive annually. (8) Trainers is	documentation at any time. ications and Training shall demonstrate competence in testing in a training program greducing and eliminating the interventions. Shall demonstrate competence grade on testing in an rogram. In shall be grade on testing in an rogram. In shall be grade on the structor training the include measurable learning able testing (written and by avior) on those objectives and dis to determine passing or sent of the instructor training the insit of this Rule. It is instructor training programs are not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee The structor training programs are not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee The structor training programs are not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee The structor training programs are not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee The structor training programs are not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee The structor training programs are not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee				

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DIVISION	of Health Service Re	guiation				
AND DUAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL100-023		B. WING		R 10/12/2023		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		35 CELO S	, ,	<u>-, -</u>		
CALLOW	VAY COTTAGE		LLE, NC 28	714		
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 536			V 536			
	Continued From page 5 (j) Service providers shall maintain documentation of initial and refresher instructor 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 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: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers.					
	Record review on 1 -Date of Hire was 4	0/10/23 for Staff #1 revealed: /8/19				

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Interview on with Staff #1 revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		R		
NAME OF I		MHL100-023			10/1	2/2023
	PROVIDER OR SUPPLIER	35 CELO		STATE, ZIP CODE		
CALLOW	/AY COTTAGE		LLE, NC 28	714		
(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 536	V 536 Continued From page 6		V 536			
	-Had not had Pro A	ct training this year.				
	Interview on with th revealed: -The previous QP ju was still catching up were due or past du -Staff #1 was imme class on 10/13/23.	e Qualified Professional (QP) ust left in September, and he o with plans and trainings that ue. diately scheduled for Pro Act stitutes a recited deficiency				

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