STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY
		MHL092-954	B. WING		03/*	5/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	·	
ROSE RE	ESIDENTIAL SERVICE	ES 1408 SIL	VER VALLEY DALE, NC 27	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			,
	An annual survey w 2024. Deficiencies	as completed on March 15, were cited.				
	This facility is licens category: 10A NCA Living for Alternative	ed for the following service C 27G .5600F Supervised e Family Living.				
		ed for 2 and currently has a rvey sample consisted of clients.				
V 108	27G .0202 (F-I) Per	sonnel Requirements	V 108			
	<ul> <li>(g) Employee traini provided and, at a n following:</li> <li>(1) general organiz</li> <li>(2) training on client</li> </ul>	ation shall be documented. ng programs shall be ninimum, shall consist of the ational orientation; it rights and confidentiality as		· · ·		
	10A NCAC 26B; (3) training to meet client as specified ir plan; and	CAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the the treatment/habilitation				
	.5602(b) of this Sub					
	times when a client member shall be tra including seizure ma to provide cardiopul	is present. That staff lined in basic first aid anagement, currently trained monary resuscitation and				
	techniques such as the American Heart	ich maneuver or other first aid those provided by Red Cross, Association or their eving airway obstruction.		. · ·		

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LABORATOPY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE STATE

(X6) DATE TITLE 08IJ11 continuation sheet 1 of 6

**RECEIVED BY** MHL & C 4/3/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE COMP	SURVEY
		MHL092-954			03/15/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	ESIDENTIAL SERVICI	=s 1408 SIL\	ER VALLE	Y DRIVE		
		KNIGHTD	ALE, NC 2	7545		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
V 108	Continued From pa	ge 1	V 108	Managing Agency will assist	licensee to	
	<ul> <li>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</li> </ul>			ensure all trainings are in compliance f all backup staff. Staff#1 training was in compliance. However, licensee did not the recent training certificate. Training completed on 8/3/2022.		for 1 t have
	failed to ensure 1 o aid/cardiopulmonar The findings are: Review on 3/15/24	et as evidenced by: view and interview the facility f 3 staff (#1) had current first y resuscitation (CPR) training. of staff #1's personnel record				
	revealed: - hired 2/15/21 - first aid/CPR ce in 2 years	ertificate dated 3/19/20, expire	•			
	reported: - staff #1 was ba an errand - staff #1 filled in (Licensee) to run er	3/15/24 the Licensee ckup staff if she needed to run 6 months ago for her rands was responsible for ensuring				
V 536	staff trainings were - thought staff #1		V 536			
	Int. 10A NCAC 27E .01 ALTERNATIVES TO INTERVENTIONS	07 TRAINING ON				

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If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-954	B. WING		03/	03/15/2024	
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
		1408 SII	VER VALLEY				
KUSE KI	ESIDENTIAL SERVIC	ES KNIGHTI	DALE, NC 278	545			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	HEAPPROPRIATE	COMPLE DATE	
V 536	Continued From pa	nge 2	V 536				
	practices that empl to restrictive interve (b) Prior to providi disabilities, staff ind employees, studen demonstrate comp completing training other strategies for which the likelihood or injury to a persoi property damage is (c) Provider agence based on state com compliance and de gathered. (d) The training sha include measurable measurable testing behavior) on those methods to determ course. (e) Formal refresh by each service pro annually). (f) Content of the t provider wishes to the Division of MH/ Paragraph (g) of th (g) Staff shall dem following core area	Ing services to people with cluding service providers, ts or volunteers, shall etence by successfully in communication skills and creating an environment in d of imminent danger of abuse in with disabilities or others or prevented. ies shall establish training inpetencies, monitor for internal monstrate they acted on data all be competency-based, e learning objectives, (written and by observation of objectives and measurable ine passing or failing the er training must be completed ovider periodically (minimum raining that the service employ must be approved by DD/SAS pursuant to is Rule. onstrate competence in the s: e and understanding of the					
	behavior; (3) recognizir external stressors t disabilities;	ng and interpreting human ng the effect of internal and hat may affect people with for building positive					

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	IT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-954	B. WING		03/15/2024		
IAME OF I	PROVIDER OR SUPPLIEF	STREET A	DDRESS, CITY, S				
ROSE RI	ESIDENTIAL SERVIC	JES	DALE, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
V 536	Continued From p	age 3	V 536				
	relationships with (5) recogniz organizational fact disabilities; (6) recogniz assisting in the pe decisions about th (7) skills in a escalating behavio (8) commun and de-escalating and (9) positive I means for people activities which dir behaviors which a (h) Service provid documentation of at least three year (1) Docume (A) who parti outcomes (pass/fa (B) when an (C) instructor Qual Requirements: (1) Trainers by scoring 100% c aimed at preventir need for restrictive (2) Trainers by scoring a passi instructor training	persons with disabilities; ing cultural, environmental and cors that may affect people with ing the importance of and rson's involvement in making eir life; assessing individual risk for or; ilcation strategies for defusing potentially dangerous behavior behavioral supports (providing with disabilities to choose ectly oppose or replace re unsafe). ers shall maintain initial and refresher training for s. ntation shall include: icipated in the training and the ill); id where they attended; and or's name; sion of MH/DD/SAS may a documentation at any time. ifications and Training shall demonstrate competence on testing in a training program ig, reducing and eliminating the interventions. shall demonstrate competence on grade on testing in an					
	competency-based objectives, measu	d, include measurable learning rable testing (written and by lavior) on those objectives and				:	

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If continuation sheet 4 of 6

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		03/15/2024			
AME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·		
		1408 SIL	VER VALLEY I	ORIVE			
OSE RE	SIDENTIAL SERVIC	E3	DALE, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
V 536	Continued From pa	age 4	V 536	· · · · · · · · · · · · · · · · · · ·			
	measurable methor failing the course. (4) The cont service provider pla approved by the Di to Subparagraph (i (5) Acceptat shall include but ar (A) understar (B) methods course; (C) methods performance; and (D) documen (6) Trainers teaching a training reducing and elimin interventions at lea review by the coac (7) Trainers aimed at prevention need for restrictive annually. (8) Trainers instructor training a (j) Service provide documentation of in training for at least (1) Docu (A) who partie outcomes (pass/fai (B) when and (C) instructor (2) The Divis request and review (k) Qualifications of	ds to determine passing or ent of the instructor training the ans to employ shall be ivision of MH/DD/SAS pursuant )(5) of this Rule. ble instructor training programs e not limited to presentation of: nding the adult learner; for teaching content of the for evaluating trainee tation procedures. shall have coached experience program aimed at preventing, nating the need for restrictive st one time, with positive h. shall teach a training program g, reducing and eliminating the interventions at least once shall complete a refresher at least every two years. rs shall maintain nitial and refresher instructor three years. mentation shall include: cipated in the training and the il); d where attended; and r's name. ion of MH/DD/SAS may r this documentation any time.					
	requirements as a						

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If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL092-954	B. WING		03/1	03/15/2024
	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
	ESIDENTIAL SERVICI	=s 1408 SILV	/ER VALLE	Y DRIVE		
		KNIGHT	ALE, NC 2	7545		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLE DATE
V 536	Continued From page 5 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.		V 536	Managing Agency will assi ensure all trainings are in c all staff including back up s intervention training will be 4-30-24.	compliance for staff. The restriction	/e ,
	failed to ensure 1 o intervention refresh Review on 3/15/24 - hired 2/15/21 - a restrictive inte 2/11/21, expire in 1 During interview on reported: - staff #1 was ba an errand - staff #1 filled in (Licensee) to run er - she (Licensee) staff trainings were	view and interview the facility f 3 staff (#1) had restrictive er training. The findings are: of staff #1's personnel record ervention certificate dated years 3/15/24 the Licensee ckup staff if she needed to run 6 months ago for her rands was responsible for ensuring			•	

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