Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		S:	COMPLETED
	MHL051-227	B. WING		C 04/11/2024
NAME OF PROVIDER OR SUPPLI SAVIN GRACE TRANSITIO	1829 OLD	BATTEN R	STATE, ZIP CODE OAD	
PRÉFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
2024. The comp #NC00215101). This facility is lick category: 10A Not Treatment Staff: Adolescents. This facility is lick census of 1. The audit of 1 former V 296 27G .1704 Reside Staffing 10A NCAC 27G REQUIREMENT (a) A qualified properties to reach the times. (b) The minimum required when chepresent and awald (1) two directions, two, three of (2) three differs five, six, several adolescents; and (3) four directions, ten, eleventadolescents. (c) The minimum during child or adfollows: (1) two directions and the composition of the com	laint was unsubstantiated (Intake Deficiencies were cited. ensed for the following service CAC 27G .1700 Residential Secure for Children or ensed for 6 and currently has a survey sample consisted of an client. ential Tx. Child/Adol - Min. 1704 MINIMUM STAFFING Sofessional shall be available by e. A direct care staff shall be facility within 30 minutes at all in number of direct care staff ildren or adolescents are see is as follows: et care staff shall be present for four children or adolescents; rect care staff shall be present in or eight children or enter the care staff shall be present for the care staff shall be present for the care staff shall be present in or eight children or enter the care staff shall be present for the care staff shall be present for the care staff shall be present and or eight children or	V 296	Savin Grace staff will ensure compliance with staffing rations of 04/23/2024, as outlined the Minimum Staffing Requirements. MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility with 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and	os d in be en

STATE FORM

RECEIVED

APR 26 2024

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL051-227	B. WING _		04/1	0 1/2024
NAME	OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	04/1	1/2024
SAVIN	GRACE TRANSITIONS	1829 OLD SELMA, N	BATTEN I	ROAD		
(X4) II PREF TAG	X (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 25	(2) two direct and both shall be aver children or adolesce (3) three direct of which two shall be asleep for nine, ten, adolescents. (d) In addition to the care staff set forth in Rule, more direct cat the facility based on individual needs as a plan. (e) Each facility sha supervision of childrare away from the fachild or adolescent's needs as specified in the sased on interview the minimum number of The findings are: Interview on 4/9/24 sind worked at the facworked second shift-The facility could have worked with one oth six clients.	care staff shall be present vake for five through eight ents; and at care staff shall be present awake and the third may be eleven or twelve children or a minimum number of direct a Paragraphs (a)-(c) of this re staff shall be required in the child or adolescent's specified in the treatment. If be responsible for ensuring en or adolescents when they icility in accordance with the individual strengths and in the treatment plan. The facility failed to ensure the direct care staff was present. It aff #2 stated: It accility for a few months. It (evenings).	V 296	Savin Grace staff will ensur compliance with staffing rat of 04/23/2024, as outlined i Minimum Staffing Requirem MINIMUM STAFFING REQUIREMENTS (a) A qualified professional available by telephone or page. A direct staff shall be able to reach the facility with minutes at all times. (b) The minimum number of care staff required when chi or adolescents are present and awake is as follows: (1) two direct care staff shall present for one, two, three of children or adolescents; (2) three direct care staff shall present for five, six, seven of children or adolescents; and (3) four direct care staff shall present for nine, ten, eleven twelve children or adolescent (c) The minimum number of care staff during child or adolescent sleep hours is as follows:	ios as n the nents. shall be care nin 30 direct ldren d l be or four all be r eight l be or its. direct	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		IDENTIFICATION NUMBER:		G:	(X3) DATE SURVEY COMPLETED	
		MHL051-227	B. WING		C 04/11/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	, STATE, ZIP CODE	04/11/2024	
SAVIN G	GRACE TRANSITIONS	1829 OLD	BATTEN F			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 296	Continued From page -He would mostly surthe female staff would clients. -They did do activities. -The Licensee had surthere staff on all shift staff to cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Interview on 4/8/24 Geometric was currently the orange of the cover them. Int	ge 2 upervised the male clients and ald be with the four female stogether as well. stated she wanted to have fts, but did not have enough Client #1 stated: nly client in the facility. six clients there during her nonths. The was three staf present. The was only two staff present at the to six clients present. The worked with the male clients of who worked with the female with the female of the state of alternatives tions. The plement policies and the size the use of alternatives tions. The providers of the state of th	V 296	CROSS-REFERENCED TO THE APPROP	be ake be rake II be r s. n t this nall ed on in way with idual	
	which the likelihood or injury to a person was property damage is p (c) Provider agencies	reating an environment in of imminent danger of abuse with disabilities or others or revented. s shall establish training etencies, monitor for internal				

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPF					SURVEY PLETED
		MHL051-227	B. WING _		C 04/11/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		11/2021
SAVING	GRACE TRANSITIONS	1829 OLD	BATTEN I	ROAD		
		SELMA, N	IC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 536	Continued From pag	ge 3	V 536			
	compliance and der gathered. (d) The training shall include measurable measurable testing behavior) on those of methods to determine course. (e) Formal refreshe by each service provannually). (f) Content of the traprovider wishes to eathe Division of MH/D Paragraph (g) of this (g) Staff shall demo 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; (4) strategies for recognizing organizational factors disabilities; (6) recognizing assisting in the person decisions about their (7) skills in assisting in the person decisions about their (7) skills in assist escalating behavior; (8) communication and de-escalating por and (9) positive behavior;	I be competency-based, learning objectives, (written and by observation of objectives and measurable ne passing or failing the reprivation of objectives and measurable ne passing or failing the reprivation of objectives and measurable ne passing or failing the reprivation of objectives and measurable ne passing or failing the remaining that the service mploy must be approved by D/SAS pursuant to Rule. Instrate competence in the and understanding of the grand interpreting human at may affect of internal and at may affect people with or building positive resons with disabilities; cultural, environmental and at that may affect people with the importance of and on's involvement in making				

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I an arrangement and a second	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
		MHL051-227	B. WING _			C 11/2024
	PROVIDER OR SUPPLIER GRACE TRANSITIONS	1829 OLD SELMA, N	BATTEN F	, STATE, ZIP CODE ROAD		1112024
(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 APPROFICIENCY)	DBE	(X5) COMPLETE DATE
	activities which direct behaviors which are (h) Service provided documentation of interest at least three years. (1) Document (A) who particity outcomes (pass/fail) (B) when and (C) instructor's (2) The Division review/request this of (i) Instructor Qualified Requirements: (1) Trainers shot by scoring 100% on aimed at preventing, need for restrictive in (2) Trainers shot years are shot years and instructor training profession of the provider of the competency-based, in the competency-based, in the content observation of behave measurable methods failing the course. (4) The content service provider plant approved by the Division Subparagraph (i) (5) Acceptable shall include but are in (A) understanding (B) methods for performance; and	ctly oppose or replace unsafe). The shall maintain itial and refresher training for ation shall include: pated in the training and the shall include; where they attended; and shame; on of MH/DD/SAS may documentation at any time. Cations and Training and eliminating the atterventions. In all demonstrate competence grade on testing in an anogram. It of the instructor training or to the instructor training the sto employ shall be sion of MH/DD/SAS pursuant.	V 536	Savin Grace staff members obtain Nonviolent Crisis Intervention (NCI) certification prior to commencing active employment, ensuring compliance with pre-employ requirements. Savin Grace training schedule has been modified to reflect NCI occurs prior to active employment.	ment le	

B2P411

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL051-227 B. WING			C 11/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	1 3 11	
SAVIN	GRACE TRANSITIONS	1829 OLD SELMA, N	BATTEN F	ROAD		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536	pa,		V 536			
	teaching a training preducing and elimin interventions at leas review by the coach (7) Trainers saimed at preventing need for restrictive in annually. (8) Trainers saimstructor training at (j) Service providers documentation of interaining for at least the saim of the said of the saim of the	hall teach a training program , reducing and eliminating the interventions at least once hall complete a refresher least every two years. Is shall maintain Itial and refresher instructor hree years. Inentation shall include: pated in the training and the ; where attended; and Is name. In of MH/DD/SAS may his documentation any time. Coaches: hall meet all preparation ainer. hall teach at least three times being coached. hall demonstrate pletion of coaching or				

PRINTED: 04/15/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
				J	С	
		MHL051-227	B. WING _		04/11/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	, STATE, ZIP CODE		
SAVIN G	RACE TRANSITIONS		D BATTEN F NC 27576	ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PPOVIDED'S DI AN OF CODDECTION	N.	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE	
V 536	Continued From page	ge 6	V 536			
	failed to ensure one (FS#1) were trained Intervention prior to are:	view and interview the facility of one audited former staff in Alternative to Restrictive employment. The findings				
	Review on 4/2/24 of -Hire date of 3/13/24 -No evidence of train Restrictive Intervent	ning in Alternative to				
	-FS #1 had worked to an altercation with F-FS #1 was not train. Intervention prior to receive all their trains with other trained stars -Staff was usually train when they are hiredThe plan was to have finished the week shows the start of the plan was to have finished the week shows the start of the plan was to have finished the week shows the start of the plan was to have finished the week shows the plan was to have the pl	ve FS #1 trainings to be e started working.				
	10A NCAC 27E .0108 SECLUSION, PHYSI ISOLATION TIME-OR (a) Seclusion, physic time-out may be emp been trained and hav competence in the pr	CAL RESTRAINT AND JT cal restraint and isolation loyed only by staff who have	V 537	Savin Grace staff members obtain Nonviolent Crisis Intervention (NCI) certificati prior to commencing active employment, ensuring compliance with pre-employ requirements.	on	

Division of Health Service Regulation STATE FORM

	AND PLAN OF CORRECTION (X1) PROVIDER/SUP			PLE CONSTRUCTION IG:		E SURVEY PLETED
		MHL051-227	B. WING		C 04/11/2024	
NAME OF	F PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	, STATE, ZIP CODE	1 04/	TITEOLY
0.00	00405 7044		BATTEN I	90000 40000 0		
SAVIN	GRACE TRANSITIONS	SELMA, N				
(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	staff authorized to e procedures are retra competence at leas (b) Prior to providing disabilities whose tri includes restrictive i service providers, et volunteers shall com seclusion, physical rand shall not use the training is completed demonstrated. (c) A pre-requisite for demonstrating compatraining in preventing the need for restrictif (d) The training shall include measurable measurable testing (behavior) on those of methods to determinate course. (e) Formal refresher by each service provannually). (f) Content of the training provider plans to em the Division of MH/D Paragraph (g) of this (g) Acceptable training but are not limited to (1) refresher in the use of restrictive (2) guidelines of the provider provide in the use of restrictive (2) guidelines of the compatible training the use of restrictive (guidelines of the compatible training the use of restrictive (2) guidelines of the compatible training the use of restrictive (2)	mploy and terminate these ained and have demonstrated to annually. It direct care to people with eatment/habilitation plan interventions, staff including imployees, students or implete training in the use of restraint and isolation time-out ese interventions until the diand competence is interventions. It is competency-based, learning objectives, written and by observation of impleted in the implementation of the passing or failing the interventions. In the interventions in the implementation of impresentation of impresentation of impresentation of impresentation on alternatives to	V 537	Savin Grace training schedule has been modified to reflect that No occurs prior to active employment.		
	others); (3) emphasis or rights and dignity of a	on safety and respect for the all persons involved (using trictive interventions and				

I	AND PLAN OF CORRECTION (X1)		IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	G:		TE SURVEY MPLETED	
			MHL051-227	B. WING			С	
			WITIE051-227			04	/11/2024	
NAM	E OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE			
SAV	'IN G	RACE TRANSITIONS		BATTEN	ROAD			
			SELMA, N	IC 27576				
) ID EFIX AG	(EACH DEFICIENCY	FEMENT 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	537	Continued From pag	ge 8	V 537				
		incremental steps in (4) strategies of restrictive interver (5) the use of interventions which i assessment and mo psychological well-bu use of restraint throu restrictive interventio (6) prohibited (7) debriefing i importance and purp (8) documenta (h) Service providers documentation of init at least three years. (1) Documenta (A) who particip outcomes (pass/fail) (B) when and v (C) instructor's (2) The Division review/request this d (i) Instructor Qualific Requirements: (1) Trainers sh by scoring 100% on t aimed at preventing, need for restrictive in (2) Trainers sh by scoring 100% on t teaching the use of se and isolation time-out (3) Trainers sh by scoring a passing instructor training pro (4) The training competency-based, in	an intervention); for the safe implementation ntions; emergency safety include continuous initoring of the physical and eing of the client and the safe ughout the duration of the on; procedures; strategies, including their lose; and ation methods/procedures. Is shall maintain tial and refresher training for ation shall include: loated in the training and the loated in the training and the loated in the training all demonstrate competence lesting in a training program reducing and eliminating the terventions. all demonstrate competence lesting in a training program reducing and eliminating the terventions. all demonstrate competence lesting in a training program lectusion, physical restraint it. all demonstrate competence grade on testing in an gram.	V 537				

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL051-227	B. WING _		04	C 11/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	Y, STATE, ZIP CODE	1 04/	11/2024	
SAVIN	GRACE TRANSITIONS		BATTEN				
SAVIN	GRACE TRANSITIONS	SELMA, N					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 537	Continued From page	ge 9	V 537				
	observation of behameasurable method failing the course. (5) The contesservice provider planapproved by the Divito Subparagraph (j)(6) Acceptable shall include, but not of: (A) understand (B) methods for course; (C) evaluation (D) documenta (7) Trainers shannually and demons of seclusion, physical time-out, as specified Rule. (8) Trainers shouse of least two times with a coach. (10) Trainers shouse of restrictive internally. (11) Trainers shannually. (12) Trainers shannually. (13) Trainers shannually. (14) Trainers shannually. (15) Trainers shannually. (16) Service providers shannually. (17) Trainers shannually. (18) Trainers shannually. (19) Trainers shannually. (11) Trainers shannually. (11) Trainers shannually. (12) Trainers shannually. (13) Trainers shannually. (14) Trainers shannually. (15) Trainers shannually. (16) Acceptable shall include, but not shannually. (17) Trainers shannually. (18) Trainers shannually. (19) Trainers shannually. (11) Trainers shannually. (11) Trainers shannually. (12) Trainers shannually. (13) Trainers shannually. (14) Trainers shannually. (15) Trainers shannually.	vior) on those objectives and is to determine passing or and of the instructor training the instructor shall be ision of MH/DD/SAS pursuant 6) of this Rule. It is instructor training programs to be limited to, presentation along the adult learner; for teaching content of the					

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	PLE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAI	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G:		PLETED
				100000000000000000000000000000000000000	1 ,	С
		MHL051-227	B. WING _		1	11/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
SAVING			BATTEN			
SAVING		SELMA, I	NC 27576			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 537	Continued From page	ge 10	V 537			
	(2) The Divisi review/request this (I) Qualifications of (1) Coaches s requirements as a tr (2) Coaches s times, the course where (3) Coaches s (3)	on of MH/DD/SAS may documentation at any time. Coaches: shall meet all preparation rainer. shall teach at least three nich is being coached. shall demonstrate pletion of coaching or ruction. shall be the same	V 337			
	failed to ensure one (FS#1) were trained prior to employment.	iew and interview the facility of one audited former staff in Restrictive Intervention The findings are: FS #1's record revealed:				
	-FS #1 had worked to an altercation with FC -FS #1 was not trained prior to working with the -The Licensee stated receive all their training with other trained state -Staff was usually train when they are hired.	ed in Restrictive Intervention the clients. that staff have 90 days to ngs since they were working				

B2P411

PRINTED: 04/15/2024 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			A. BOILDIN	G			
		MHL051-227	B. WING _			C 04/11/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY	, STATE, ZIP CODE			
SAVIN G	RACE TRANSITIONS		D BATTEN I NC 27576	ROAD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF C	ORRECTION	(1/6)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 537	Continued From page	ge 11	V 537				
	finished the week sh -New plan going for complete prior to wo	ward is to have all trainings				-	

Training Schedule for New Hires:

Week 1:

Day 1-10: Orientation and Basic Trainings

- Day 1:
 - Welcome and Introduction to Savin Grace
 - Savin Grace Orientation
 - Review of Company Policies and Procedures
 - Sexual Abuse and Molestation Training
 - Documentation Training
- Day 2-10:
 - First Aid/CPR Certification
 - Nonviolent Crisis Intervention (NCI+) Training
 - Seizure Management Training
 - Bloodborne Pathogens Training
 - Medication Administration Training

Week 2-4:

Month 1:

Client Rights and Confidentiality Training

Week 5-8:

Month 2:

- Introduction to Mental Health/Developmental Disabilities/Substance Abuse (MH/DD/SA) Services
- Incident Reporting and Writing Training

Week 9-12:

Month 3:

- Emergency Preparedness Training
- Special Populations Training

Please note that this schedule is subject to change based on facility needs and any additional trainings that may arise.