	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
				A. BUILDING:		
		MHL067-175	B. WING		R 05/03/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HARRIS	НОМЕ		RLING ROAD	28546		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
		w up survey was completed eficiencies were cited.				
	category: 10A NCA	sed for the following service AC 27G .5600C Supervised th Developmental Disabilities.				
	This facility has a current census of 4. 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 pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	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				
	Based on record re failed to have fire a	et as evidenced by: eview and interviews the facility ind disaster drills held at least ated on each shift. The	,			
	Review on 5/2/24 o	of facility records from 4/1/23 -				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		MHL067-175	B. WING			R 05/03/2024	
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
IARRIS	HOME		RLING ROAD NVILLE, NC 2	8546			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 114	Continued From pa	ge 1	V 114				
	documented on 2nd -2nd quarter (7/01/2 documented on 1st -3rd quarter (10/01/ disaster drills docur Interview on 5/2/24 -He had participate -Everyone gathered disaster. Interview on 5/2/24 -He had participate -Everyone met outs	<ul> <li>23 - 9/30/23): No disaster drills and 2nd shifts.</li> <li>23 - 12/31/23): No fire or nented on 3rd shift.</li> <li>client #2 stated:</li> <li>d in fire and disaster drills.</li> <li>ide at the mailbox for a fire.</li> <li>I in bathroom #1 for a natural</li> <li>client #3 stated:</li> <li>d in fire drills.</li> <li>ide at the mailbox for a fire.</li> <li>I in the bathtub for a natural</li> </ul>	5				
	-Fire and disaster d for every shift. Interview on 5/2/24 stated: -There were 3 shifts 11p - 9a. -Moving forward, he	rills were completed quarterly the Operations Director s (1) 8a-5p, (2) 5p -11p, (3) e would ensure that all shifts e and disaster drills.					
		stitutes a re-cited deficiency					
V 536	27E .0107 Client Ri Int.	ghts - Training on Alt to Rest.	V 536				
	10A NCAC 27E .01 ALTERNATIVES TO						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		MHL067-175	B. WING		R 05/03/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HARRIS	НОМЕ		RLING ROAD NVILLE, NC 2	8546		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF COF(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVE ACTIONREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO THE DEFICIENCY)				ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 536	INTERVENTIONS (a) Facilities shall in practices that emph to restrictive interver (b) Prior to providin disabilities, staff ince employees, student demonstrate compe completing training other strategies for which the likelihood or injury to a person property damage is (c) Provider agence based on state come compliance and der gathered. (d) The training shall include measurable measurable testing behavior) on those methods to determi course. (e) Formal refreshe by each service pro annually). (f) Content of the tr provider wishes to determi (g) Staff shall demo following core areas (1) knowledge people being served (2) recognizin behavior; (3) recognizin	mplement policies and hasize the use of alternatives ntions. In gervices to people with luding service providers, is or volunteers, shall etence by successfully in communication skills and creating an environment in of imminent danger of abuse in with disabilities or others or prevented. The shall establish training opetencies, monitor for interna monstrate they acted on data II be competency-based, learning objectives, (written and by observation of objectives and measurable ne passing or failing the er training must be completed vider periodically (minimum raining that the service employ must be approved by DD/SAS pursuant to s Rule. onstrate competence in the s: e and understanding of the				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	СОМ (°СОМ	E SURVEY PLETED R
		MHL067-175	B. WING			03/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
HARRIS	HOME	103 STEI	RLING ROAD			
		JACKSO	NVILLE, NC 2	8546		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 3	V 536			
	<ul> <li>(4) strategies relationships with periods</li> <li>(5) recognizinal factoric disabilities;</li> <li>(6) recognizinal factoric disabilities;</li> <li>(6) recognizinal factoric assisting in the persion decisions about the (7) skills in assisting behavioric (8) communical and de-escalating pand</li> <li>(9) positive beina for people wand</li> <li>(9) positive beina for people wand</li> <li>(9) positive beina for people wand</li> <li>(1) Documentianal (1) Documentianal (1) Documentianal (1) Documentianal (1) Documentianal (2) instructor</li> <li>(1) Documentianal (2) The Divisi review/request this</li> <li>(1) Instructor Qualification (1) Trainers is by scoring 100% or alimed at preventing need for restrictive (2) Trainers is by scoring a passing instructor training periods</li> </ul>	for building positive ersons with disabilities; ag cultural, environmental and rs that may affect people with ag the importance of and son's involvement in making ir life; ssessing individual risk for ; cation strategies for defusing potentially dangerous behavior; ehavioral supports (providing rith disabilities to choose ctly oppose or replace e unsafe). rs shall maintain itial and refresher training for tation shall include: ipated in the training and the ); where they attended; and 's name; on of MH/DD/SAS may documentation at any time. ications and Training shall demonstrate competence o testing in a training program grade on testing in an				

Division	of Health Service Re	gulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL067-175	B. WING			R 03/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HARRIS	НОМЕ		RLING ROAD	8546		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
V 536	Continued From pa	ge 4	V 536			
	measurable method failing the course. (4) The conterservice provider plat approved by the Divito Subparagraph (i) (5) Acceptablishall include but are (A) understan (B) methods course; (C) methods performance; and (D) document (6) Trainers steaching a training preducing and elimina interventions at lease review by the coach (7) Trainers steaching a training preducing and elimina interventions at lease review by the coach (7) Trainers steaching a training at (3) Trainers steaching at preventing need for restrictive farmed at preventing need f	e instructor training programs a not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee ation procedures. hall have coached experience orogram aimed at preventing, ating the need for restrictive st one time, with positive hall teach a training program i, reducing and eliminating the interventions at least once hall complete a refresher t least every two years. s shall maintain itial and refresher instructor three years. nentation shall include: ipated in the training and the ); where attended; and 's name. on of MH/DD/SAS may this documentation any time. f Coaches: shall meet all preparation				

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			СОМ	E SURVEY PLETED	
	MHL067-175	B. WING			R 05/03/2024	
PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE			
НОМЕ			8546			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From pa	ge 5	V 536				
the course which is (3) Coaches competence by con train-the-trainer inst	being coached. shall demonstrate npletion of coaching or ruction.					
Based on record re- failed to ensure thre Professional, and D received annual trai	view and interview, the facility ee of three staff (#1, Qualified virector of Operations) ining updates in alternatives to					
-Date of hire: 7/15/1 -CPI (Crisis Prevent in alternatives to rest 3/24/24. -No current training	4 tion Institute) training updates strictive interventions expired updates in alternatives to					
record revealed: -Date of hire: 6/03 -CPI training update interventions expire -No current training	es in alternatives to restrictive d 3/24/24. updates in alternatives to					
	OF CORRECTION PROVIDER OR SUPPLIER HOME SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa (2) Coaches s the course which is (3) Coaches s competence by contrain-the-trainer inst (1) Documentation s as for trainers. This Rule is not me Based on record ref failed to ensure thref Professional, and D received annual trai restrictive interventi Review on 5/2/24 of -Date of hire: 7/15/1 -CPI (Crisis Preventinting Review on 5/2/24 of record revealed: -Date of hire: 6/03 -CPI training update interventions expire -No current training	OF CORRECTION       IDENTIFICATION NUMBER:         IMHL067-175       I03 STER         PROVIDER OR SUPPLIER       STREET ADD         HOME       103 STER         JACKSON       SUMMARY STATEMENT OF DEFICIENCES         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Continued From page 5         (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.         (1)       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 three of three staff (#1, Qualified Professional, and Director of Operations) received annual training updates in alternatives to restrictive interventions. The findings are:         Review on 5/2/24 of staff #1's record revealed: -Date of hire: 7/15/14 -CPI (Crisis Prevention Institute) training updates in alternatives to restrictive interventions expired 3/24/24.         -No current training updates in alternatives to restrictive interventions.         Review on 5/2/24 of Qualified Professional's record revealed:	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL067-175       B. WING         *ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         HOME       103 STERLING ROAD         JACKSONVILLE, NC 28546       PROVIDER'S PLAN OF (EACH DEFICIENCY WIDE BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID       PROVIDER'S PLAN OF (EACH DEFICIENCY WIDE BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D       PROVIDER'S PLAN OF (EACH CORRECTIVE ACI (COSS-REFERENCED TO DEFICIENC         Continued From page 5       V 536       V 536       Coaches shall teach at least three times the course which is being coached.       V 536         (3)       Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.       V 536         (1)       Documentation shall be the same preparation as for trainers.       SIMMARY and 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 three of three staff (#1, Qualified Professional, and Director of Operations) received annual training updates in alternatives to restrictive interventions. The findings are:         Review on 5/2/24 of staff #1's record revealed: -Date of hire: 6/03       -Professional's record revealed: -Date of hire: 6/03         -OPE of training updates in alternatives to restrictive interventions.       Staff and thermatives to restrictive intering updates in alternatives to restrictive intering updates in al	OF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       COM         MHL067-175       B. WING       05/         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       103 STERLING ROAD         JACKSONVILLE, NC 28546       JACKSONVILLE, NC 28546       PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFIDIENCY         Continued From page 5       V 536       V 536         (2)       Coaches shall teach at least three times the course which is being coached.       V 536         (3)       Coaches shall teach at least three times the course which is being coached.       V 536         (1)       Documentation shall be the same preparation as for trainer instruction.       V 536         (1)       Documentation shall be the same preparation as for trainers.       V 536         This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure three of three staff (#1, Qualified Professional, and Director of Operations)) received annual training updates in alternatives to restrictive interventions. The findings are:       Review on 5/2/24 of staff #1's record revealed: -Obate of hire; 7/15/14         -Obate of hire; 6/03       -OCH training updates in alternatives to restrictive interventions.       Review on 5/2/24 of Qualified Professional's record revealed: -Date of hire; 6/03         -OCH training updates in alternatives to restrictive interventions.       CReview on 5/2/24 of 3/24/24.	

STATEME	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL067-175	B. WING		R 05/03/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	HOME	103 STEF	RLING ROAD			
HARRIS	HOME	JACKSO	NVILLE, NC 2	8546		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 6	V 536			
	interventions expire -No current training restrictive interventi Interview on 5/2/24 stated: -He was aware staf current training upd restrictive interventi	es in alternatives to restrictive ed 3/24/24. updates in alternatives to ions. the Director of Operations f were required to have lates in alternatives to				
V 537	27E .0108 Client Ri ITO	ights - Training in Sec Rest &	V 537			
	ISOLATION TIME-( (a) Seclusion, physical time-out may be em- been trained and hat competence in the to these procedures staff authorized to em- procedures are retri- competence at lease (b) Prior to providing disabilities whose traincludes restrictive service providers, em- volunteers shall cor seclusion, physical and shall not use the training is completed demonstrated. (c) A pre-requisited	SICAL RESTRAINT AND OUT sical restraint and isolation ployed only by staff who have ave demonstrated proper use of and alternatives s. Facilities shall ensure that employ and terminate these ained and have demonstrated				

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN	OF CORRECTION	DENTIFICATION NUMBER:			СОМ	PLETED
		MHL067-175	B. WING		R 05/03/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	LIONE	103 STEI	RLING ROAD			
HARRIS		JACKSO	NVILLE, NC 2	8546		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PREFIX	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 7	V 537			
	the need for restrict (d) The training sha include measurable measurable testing behavior) on those methods to determi course. (e) Formal refreshe by each service pro annually). (f) Content of the tr provider plans to en the Division of MH/I Paragraph (g) of thi (g) Acceptable train but are not limited to (1) refresher the use of restrictive (2) guidelines (understanding imm others); (3) emphasis rights and dignity of concepts of least re incremental steps in (4) strategies of restrictive interve (5) the use of interventions which assessment and mo psychological well-tu use of restraint thro restrictive interventi (6) prohibited (7) debriefing importance and pur	Il be competency-based, learning objectives, (written and by observation of objectives and measurable ne passing or failing the er training must be completed vider periodically (minimum raining that the service nploy must be approved by DD/SAS pursuant to s Rule. ning programs shall include, o, presentation of: information on alternatives to e interventions; s on when to intervene ninent danger to self and on safety and respect for the f all persons involved (using estrictive interventions and n an intervention); for the safe implementation ntions; emergency safety include continuous onitoring of the physical and being of the client and the safe ughout the duration of the on; procedures; strategies, including their pose; and ation methods/procedures.				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL067-175	B. WING		R 05/03/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HARRIS	LOME	103 STEF	RLING ROAD			
ΠΑΚΚΙΟ		JACKSO	NVILLE, NC 2	8546		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 8	V 537			
Division of H	at least three years (1) Documen (A) who partic outcomes (pass/fail (B) when and (C) instructor (2) The Divisi review/request this (i) Instructor Qualif Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s by scoring 100% or teaching the use of and isolation time-o (3) Trainers s by scoring a passin instructor training p (4) The traini competency-based objectives, measura observation of beha measurable method failing the course. (5) The conte service provider pla approved by the Div to Subparagraph (j) (6) Acceptabl shall include, but no of: (A) understan (B) methods course;	tation shall include: ipated in the training and the ); I where they attended; and 's name. on of MH/DD/SAS may documentation at any time. ication and Training whall demonstrate competence interventions. whall demonstrate competence interventions. whall demonstrate competence interventions. whall demonstrate competence interventions. whall demonstrate competence interventions. I demonstrate competence interventions. I demonstrate competence g grade on testing in an rogram. ng shall be include measurable learning able testing (written and by wior) on those objectives and ds to determine passing or ent of the instructor training the ns to employ shall be <i>i</i> ision of MH/DD/SAS pursuant				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NOWBER.	A. BUILDING:		COM	
		MHL067-175	B. WING		R 05/03/2024	
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ARRIS	НОМЕ		RLING ROAD			
			NVILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 537	Continued From pa	ge 9	V 537			
	<ul> <li>(7) Trainers s annually and demoi of seclusion, physic time-out, as specific Rule.</li> <li>(8) Trainers s CPR.</li> <li>(9) Trainers s in teaching the use least two times with coach.</li> <li>(10) Trainers s use of restrictive int annually.</li> <li>(11) Trainers s instructor training a (k) Service provide documentation of in training for at least (1) Documen (A) who partic outcome (pass/fail)</li> <li>(B) when and (C) instructor (2) The Divisi review/request this</li> <li>(I) Qualifications of (1) Coaches requirements as a t (2) Coaches (3) Coaches</li> </ul>	nitial and refresher instructor three years. tation shall include: sipated in the training and the ; I where they attended; and 's name. ion of MH/DD/SAS may documentation at any time. Coaches: shall meet all preparation rainer. shall teach at least three thich is being coached. shall demonstrate npletion of coaching or truction. n shall be the same				

STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IDEINTH IOATION NOWIDER.	A. BUILDING:	·····		
		MHL067-175	B. WING			R 03/2024
NAME OF PROVIDE	R OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HARRIS HOME			RLING ROAD			
			NVILLE, NC 2			
	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 537 Conti	nued From pa	age 10	V 537			
This						
Base facilit Quali Opera seclu	d on record re y failed to ens fied Professic ations) receiv sion, physical	et as evidenced by: eviews and interviews, the sure three of three staff (#1, onal, and Director of ed annual training updates in restraint and isolation				
Revie -Date	ime-out. The findings are: Review on 5/2/24 of staff #1's record revealed: Date of hire: 7/15/14 CPI (Crisis Prevention Institute) training in					
seclu expire -No c	sion, physical ed 3/24/24.	restraint and isolation time-ou g in seclusion, physical	t			
recor -Date -CPI isolat	d revealed: of hire: 6/03 training in sec ion time-out e	of Qualified Professional's clusion, physical restraint and expired 3/24/24. g in seclusion, physical				
Revie		ion time-out. of Director of Operations record	ł			
-CPI isolat -No c	of hire: 12/2 training in sec ion time-out e urrent training	clusion, physical restraint and expired 3/24/24. g in seclusion, physical				
		on time-out. the Director of Operations				
		ff were required to have seclusion, physical restraint				

STATE FORM

	IDENTIFICATION NUMBER:	A. BUILDING:		COM	E SURVEY PLETED
				R	
	MHL067-175	B. WING	· · · · · · · · · · · · · · · · · · ·	05/03/2024	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HOME			99546		
SUMMARY STA					(X5)
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	COMPLET DATE
Continued From pa	ge 11	V 537			
	(EACH DEFICIENC) REGULATORY OR L Continued From pa and isolation time-c	ROVIDER OR SUPPLIER STREET A	ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, S'         HOME       103 STERLING ROAD         JACKSONVILLE, NC 2       JACKSONVILLE, NC 2         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 11       V 537         and isolation time-out.       V	Invited interview       ROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       IOME     103 STERLING ROAD       JACKSONVILLE, NC 28546       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY       Continued From page 11     V 537       and isolation time-out.     V 537	Initiation from page 11       Initiation from page 11       V 537         Initiation from time-out.       Initiation from page 11       Initiation from page 11