STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL077-087	A. BUILDING: _____ B. WING _____	C 07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE HELPING HANDS, LLC	478 GREENLAKE ROAD ROCKINGHAM, NC 28379

(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) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on July 23, 2024. The complaint was unsubstantiated (intake #NC00219651). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367		

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cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall

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V 367	Continued From page 2 include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are: Review on 7/23/24 of Former Client #4 (FC #4)'s record revealed: -Admisison date of 6/26/24. -Diagnoses of Post -Traumatic Stress Disorder, Chronic; Conduct Disorder, Unspecified; Intermittent Explosive Disorder. Record review on 7/23/24 of internal incident report revealed:	V 367		

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V 367	Continued From page 3 -Report completed by the Owner. -Dated 7/12/24. -Intervention/Activity: "...[FC #4] threw the bottle of water to wet the floor and then swung at me. I blocked her and restrained her. She relaxed her body and stated that she was calm. [FC #4] ran out of the group home. The QP had returned to her shift and attempted to deescalate [FC #4]. She then picked up the chair, threw it, and hit the back of the company van windows. It shattered and she ran out of the gate, making a paradoxical laugh, stating, "I fooled you, I fooled you; you didn't know I could do all this, did you?" Then she entered the gate and begin to throw rocks at the QP car, company van and staff. The QP was walking back towards the group home and [FC #4] acted as if she was going to charge at the QP but kicked the QP bumper on the car repeatedly and ran again. The police were in route. She ten charged at the QP and swung on her, missed and hit the back of the company van and fell to the ground. She jumped up and attempted to attack her again, but the QP restrained her a few minutes before the police arrived. [FC #4] ran from the police and the police stated they were not going to chase her. She then ran back into the yard and the officers asked her what happened and all she could say was that the staff were pathological liars..." -Assessment of Progress Towards Goal: "[FC #4] was hospitalized at (local area hospital). The QP informed the social worker via text. She was transported by the ambulance voluntarily..." Review on 7/23/24 of the North Carolina Incident Response Improvement System (IRIS) for the period of 7/1/24 through 7/23/24 revealed: -There were no reports for the incident that occurred with FC #4 on 7/12/24.	V 367		

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V 367	Continued From page 4 Interview on 7/23/24 at about 11:00 am with Client #2 revealed: -She had been talking on the phone when FC #4 started being aggressive. -She was told by facility staff to hang up, because they needed to call the police. -Facility staff called the police. -She then saw FC #4 outside of the facility and the QP restrained her by the company van. -Police came to the facility. -Emergency Medical Services (EMS) came to the facility. -FC #4 went to the hospital after she got inside the ambulance. Interview on 7/23/24 at about 10:50 am with Client #3 revealed: -She stated: "I saw everything, from the beginning to the end!" -FC #4 had been aggressive to staff and had to be restrained. -Police came to the facility. -EMS also came to the facility. -FC #4 went inside the ambulance and was transported to the hospital. Interview on 7/23/24 at about 10:00 am with Staff #5 revealed: -FC #4 had to be restrained by the Owner and later by Staff #6. -Police were called and came to the facility. -EMS also came to the facility. -FC #4 was transported to the hospital via the ambulance. Interview on 7/23/24 at about 12:23 pm with Staff #6 revealed: -She had just come back to the facility to start her shift. -She saw FC #4 being aggressive and doing	V 367		

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V 367	Continued From page 5 property damage. -She had to restrain FC #4. -Police arrived to the facility and EMS arrived soon after. -FC #4 was transported to the hospital via the ambulance. Interview on 7/23/24 at about 9:15 am with the Owner revealed: -FC #4 became aggressive on 7/12/24. -FC #4 had swung at her and she had restrain her. -FC #4 was restrained for about 2-3 minutes and she was asked if she was calmed. -FC #4 told her she was clamed and she was let go. Once she let go, FC #4 ran outside to the van and broke the window. -FC #4 then ran out to the street, came back and started throwing rocks at the vehicles. -FC #4 started to try to swing to the staff. Staff #6 tried to restrain her again. They then fell to the ground. They got up and she tried to run to the street. -Police came to the facility. Police were trying to talk to her. -EMS also came. -FC #4 then volunteered to go with EMS to the hospital. -FC #4 was then hospitalized. -She tried to do the IRIS report, but had not been able to get through. -She was going to fax the report in. -She acknowledged that she had to turn in information to IRIS within 72 of hours, which had been long overdue.	V 367		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	Continued From page 6 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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 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	V 536		

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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 at least three years.
(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;
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualifications and Training Requirements:
(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(3) The training shall be

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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, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program 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.
(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:

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V 536	Continued From page 9 (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two of three audited staff (#5 and the Owner) received annual training updates in alternatives to restrictive interventions. The findings are: Review on 7/23/24 of Staff #5's personnel record revealed: -Hire date of 6/5/21. -She was hired as a Residential Paraprofessional. -Certificate for Nonviolent Crisis Intervention: Refresher Bluecard expired on 7/18/24. -There was no current training updates in alternatives to restrictive interventions. Review on 7/23/24 of the Owner's personnel record revealed: -Hire date of 4/22/21. -She was hired as the Chief Executive Officer. -Certificate for Nonviolent Crisis Intervention:	V 536		

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V 536	Continued From page 10 Refresher Bluecard expired on 5/25/24. -No current training updates in alternatives to restrictive interventions. Interview on 7/23/24 with the Owner revealed: -She was not aware that Certificates for Nonviolent Crisis Intervention for her and Staff #5 had just expired. -She thought the Certificates were good for a later date in July. -She had contacted the training instructor and scheduled a date for the training for 7/29/24. -She acknowledged that her and staff #5's training on alternatives to restrictive interventions had just expired.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these 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.	V 537		

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V 537	Continued From page 11 (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); (4) strategies for the safe implementation of restrictive interventions; (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	V 537		

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V 537	Continued From page 12 (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher 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 they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) 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. (5) 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 (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the	V 537		

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course;
(C) evaluation of trainee performance; and
(D) documentation procedures.
(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.
(8) Trainers shall be currently trained in CPR.
(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.
(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.
(11) Trainers shall complete a refresher instructor training at least every two years.
(k) 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 outcome (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.
(l) 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.
(m) Documentation shall be the same preparation as for trainers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL077-087	A. BUILDING: _____ B. WING _____	C 07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE HELPING HANDS, LLC	478 GREENLAKE ROAD ROCKINGHAM, NC 28379

(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) COMPLETE DATE
V 537	Continued From page 14	V 537		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure two of three audited staff (Staff #5 and the Owner) had current training in the use of seclusion, physical restraints and isolation time-out. The findings are:

Review on 7/23/24 of Staff #5's personnel record revealed:
-Hire date of 6/5/21.
-She was hired as a Residential Paraprofessional.
-Certificate for Nonviolent Crisis Intervention: Refresher Bluecard expired on 7/18/24.
-There was no current training updates in the use of seclusion, physical restraints and isolation time-out.

Review on 7/23/24 of the Owner's personnel record revealed:
-Hire date of 4/22/21.
-She was hired as the Chief Executive Officer.
-Certificate for Nonviolent Crisis Intervention: Refresher Bluecard expired on 5/25/24.
-No current training updates in the use of seclusion, physical restraints and isolation time-out.

Interview on 7/23/24 with the Owner revealed:
-She was not aware that Certificates for Nonviolent Crisis Intervention for her and Staff #5 had just expired.
-She thought the Certificates were good for a later date in July.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL077-087	A. BUILDING: _____ B. WING _____	C 07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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) COMPLETE DATE
V 537	Continued From page 15 -She had contacted the training instructor and scheduled a date for the training for 7/29/24. -She acknowledged that her and staff #5's training on the use of seclusion, physical restraints and isolation time-out had just expired.	V 537		