Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL0411135 06/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4214 BEECHWOOD DRIVE, SUITE 101 LINDLEY COLLEGE XI GREENSBORO, NC 27410 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 6/26/24. RECEIVED The complaint was substantiated (intake #NC00216069). A deficiency was cited. AUG 0 1 2024 This facility is licensed for the following service **DHSR-MH Licensure Sect** category: 10ANCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 63. The survey sample consisted of audits of 1 current client. CBC-Quality Management (QM) will review 8/23/2024 CBC-Lindley policy regarding training of V 537 V 537 27E .0108 Client Rights - Training in Sec Rest & staff for preventative, defensive, and restrictive techniques. Changes to the policy will be made if warranted. CBC-QM will 10A NCAC 27E .0108 TRAINING IN ensure updates to the policy are cascaded SECLUSION, PHYSICAL RESTRAINT AND to staff if needed. ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation The Training Department will ensure all staff time-out may be employed only by staff who have complete annual preventative, defensive, been trained and have demonstrated and restrictive training according to CBCcompetence in the proper use of and alternatives Lindley policy upon hire and annually to these procedures. Facilities shall ensure that thereafter. In addition, the Day Program staff authorized to employ and terminate these Coordinator/QP will ensure staff only apply procedures are retrained and have demonstrated restrictive techniques based on their competence at least annually. training. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan The QM Department will review all includes restrictive interventions, staff including restrictive techniques within 5 business service providers, employees, students or days of the applied restraint to ensure the volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out restraint was applied appropriately and according to CBC-Lindley policy. and shall not use these interventions until the training is completed and competence is demonstrated. The QP will ensure staff trained who do not (c) A pre-requisite for taking this training is apply restrictive techniques appropriately demonstrating competence by completion of and not according to policy are re-trained within 60 days of applying a restraint training in preventing, reducing and eliminating the need for restrictive interventions. inappropriately.

Division of Health Service Regulation, LABORATORY DIRECTOR'S OR PROVIDER REPRESENTATIVE'S SIGNATURE

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: C B. WING_ MHL0411135 06/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4214 BEECHWOOD DRIVE, SUITE 101 LINDLEY COLLEGE XI GREENSBORO, NC 27410 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 537 V 537 Continued From page 1 (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 (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: refresher information on alternatives to (1) the use of restrictive interventions; guidelines on when to intervene (understanding imminent danger to self and others); 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); strategies for the safe implementation (4) 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 documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years.

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING MHL0411135 06/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4214 BEECHWOOD DRIVE, SUITE 101 LINDLEY COLLEGE XI GREENSBORO, NC 27410 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 537 Continued From page 2 V 537 (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. The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: Trainers shall demonstrate competence (1) by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. 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. 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. 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 course; (C) evaluation of trainee performance; and (D) documentation procedures. Trainers shall be retrained at least (7)

Division of Health Service Regulation

MHL0411135 B.WING CO06/26/2024 MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4214 BEECHWOOD DRIVE, SUITE 101 GREENSBORD, N. C 27410 [X4] ID PREPIX RECOLLEGE XI GREENSPRIVE, SUITE 101 GREENSBORD, N. C 27410 [X4] ID PREPIX RECOLLEGE XI GREENSPRIVE, SUITE 101 GREENSBORD, N. C 27410 [X5] Continued From page 3 V 537 Continued From page 3 V 537 Continued From page 3 V 537 V 537 Continued From page 3 V 537 Trainers shall be currently trained in CPR. (B) Trainers shall be currently trained in CPR. (B) Trainers shall be currently trained in CPR. (B) Trainers shall teach a program on the use of restrictive interventions at least two times with a positive review by the coach. (10) 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. (l) Documentation of initial and refresher instructor training of at least three years. (l) Documentation of initial and refresher instructor training for at least three years. (l) Documentation shall include: (A) who participated in the training and the outcome (pass/fall); (B) when and where they attended; and include: (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 meteral preparation	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
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06/26/2024

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C B. WING __ MHL0411135

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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4214 BEECHWOOD DRIVE, SUITE 101

LINDLEY COLLEGE XI GREENSBORO, NC 27410							
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V 537	Continued From page 4	V 537					
	This Rule is not met as evidenced by:						
	Based on record reviews, and interviews, the						
	facility failed to ensure staff was trained in						
	restrictive interventions before engaging in a						
	physical restraint for 1 of 4 staff (#2). The findings						
	are:						
	Review on 6/25/24 pf client #1's record revealed:						
	-An admission date of 8/4/2009.						
	-An age of 29 years oldDiagnoses of Autism, Disruptive Disorder, Sever						
	Intellectual Development Disabilities, Seizure						
	Disorder.						
	-Treatment Plan date of 10/1/23, no history of						
	receiving restraint due to behaviors.						
	Review on 6/25/24 of Staff #3's record revealed:						
	-Hire date of 11/28/22.						
	-Staff #3 completed prevention intervention training on 10/24/23.						
	-The curriculum she was trained in was "NCI +						
	(National Crisis Intervention Plus").						
	Review on 6/25/24 of Internal "General Event						
	Reports (GER)" report date of 4/12/24 revealed:						
	-"Entered by" : [Staff #2].						
	-Individual: [Client #1].						
	-Site: [local city].						
	-Event Date: 4/5/24.						
	-Report Date: 4/12/24.						
	-Notification Level: MediumInjury cased by Restraints?; No						
	-Restraint Types: 2 Arm Support						
	-" when that happened client #1 got very upset			1			
	and charged towards Former Staff (FS) #1 to						
	punch her wow cursing. Being that he was off						
	balance he was going too far. Ivan for safety put						
	myself behind him to brace his fall wow he was						
	swinging at FS #1 I was then able to get him onto						

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PRINTED: 07/08/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING MHL0411135 06/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4214 BEECHWOOD DRIVE, SUITE 101 LINDLEY COLLEGE XI GREENSBORO, NC 27410 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 537 Continued From page 5 V 537 the ground holding him because he was still irate at FS #1. I then held him till he was on his side on the ground. I held him therefore about 10 minutes until the situation deescalated while calmly talking to him. Even though he was calm while he was down he saw staff number one and wanted to still get to her. During this time I told FS #1 to leave because she was the target and instigator of the whole incident and FS #1 walked to the other side of the van to be out of client number one sight. After FS #1 left his side ask spoke with client #1 along with (Staff#3) and he calmly agreed to get up and sit in a chair that (Staff#3) brought to van". -Plan of Future Corrective Actions: "I plan to ask for help from clinical supervisor if possible and not to restrain a client on the floor. I did this for safety of clients and staff at the day program". -Review/Followup Comments: [I (Qualified Professional) have reviewed this report] I reviewed the incident report of restraint from 4/5 and let Quality Management know it was completed. This was not an approved hold. Interview on 6/25/24 with the Quality Management revealed: -Not all staff have had NCI +Restrictive. -"Only if the person they (staff) are working with has a behavior plan they (staff) will have restrictive part (NCI +Restrictive)." -He (Client #1) does not have a Behavioral Plan. Interview on 6/25/24 with Staff #2 revealed: -NCI training, ... "I've had it and the safety was first priority for the client." -"I did not restrict him getting up."

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Interview on 6/25/24 with Staff #3 revealed: -"She (Staff #2) when they fell, she fell on top of him and then move to the side, holding him saying [client #1] calm down and rubbing his

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING MHL0411135 06/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4214 BEECHWOOD DRIVE, SUITE 101 LINDLEY COLLEGE XI GREENSBORO, NC 27410 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) V 537 Continued From page 6 V 537 arms." -Client #1 has not been restrain in the past year, since she has been working with him one on one. Interview on 6/26/24 with the Qualified Professional revealed: -"Within the year all Direct Support Staff not having restrictive NCI," the policy changed.

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