		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL064-122	B. WING		08/22/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
BROCKI	NGTON'S HOME HEA	LTHCARE 516 LARI ROCKY M	K LANE MOUNT, NC 2	7803		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
	An annual survey w Deficiencies were c	vas completed on 8/22/24. sited.				
		sed for the following service C 27G .5600F Supervised e Family Living.				
		sed for 2 and has a current urvey sample consisted of clients.				
V 536	27E .0107 Client R Int.	ights - Training on Alt to Rest.	V 536			
	practices that empt to restrictive interver- (b) Prior to providir disabilities, staff inc- employees, studen demonstrate compo- completing training other strategies for which the likelihood or injury to a person 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	D RESTRICTIVE implement policies and nasize the use of alternatives entions. 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				

IND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		08/22/2024		
		DDRESS, CITY, ST	TATE, ZIP CODE			
		516 I AR				
ROCKI	NGTON'S HOME HEA	LTHCARE ROCKY I	MOUNT, NC 2	7803		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLET DATE
				DEFICIENC	Y)	
V 536	Continued From pa	ge 1	V 536			
	(a) Formal refresh	er training must be completed				
		vider periodically (minimum				
	annually).					
		raining that the service				
	provider wishes to employ must be approved by					
	the Division of MH/DD/SAS pursuant to					
	Paragraph (g) of thi					
	(g) Staff shall dem	onstrate competence in the				
		e and understanding of the				
	people being served;					
	(2) recognizing and interpreting human					
	behavior;					
	(3) recognizing the effect of internal and					
		hat may affect people with				
	disabilities;					
		for building positive ersons with disabilities;				
		ng cultural, environmental and				
	()	ors that may affect people with				
	disabilities;					
	(6) recognizir	ng the importance of and				
		son's involvement in making				
	decisions about the					
	. ,	ssessing individual risk for				
	escalating behavior	; cation strategies for defusing				
		potentially dangerous behavior				
	and de-escalating p	botentially dangerous behavior	,			
		ehavioral supports (providing				
		vith disabilities to choose				
		ctly oppose or replace				
	behaviors which are unsafe).					
	(h) Service providers shall maintain					
	at least three years	nitial and refresher training for				
		tation shall include:				
	· · /	sipated in the training and the				
	outcomes (pass/fai					

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If continuation sheet 2 of 7

STATEME	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL064-122		MHL064-122	B. WING		08/22/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
BROCK	INGTON'S HOME HEA	LTHCARE 516 LAR ROCKY I	K LANE MOUNT, NC 2	7803		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 536	Continued From pa	ge 2	V 536			
	 (C) instructor (2) The Division review/request this (i) Instructor Qualific Requirements: (1) Trainers as by scoring 100% or aimed at preventing need for restrictive (2) Trainers as by scoring a passing instructor training performance, and the course is a measurable methods course; (A) The contest approved by the Divito Subparagraph (i) (5) Acceptable shall include but are (A) understand (B) methods course; (C) methods performance; and (D) document (6) Trainers as teaching a training reducing and eliming interventions at least review by the coact (7) Trainers as aimed at preventing at a prevention at least review by the coact (7) Trainers as a aimed at preventing at a prevention at least review by the coact (7) Trainers as a a preventing at a preventing at a preventing at a preventing at a prevention at least review by the coact (7) Trainers and a preventing at a preventing	ion of MH/DD/SAS may documentation at any time. ications and Training shall demonstrate competence in testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence g grade on testing in an rogram. ng shall be , include measurable learning able testing (written and by avior) on those objectives and ds to determine passing or ent of the instructor training the ins to employ shall be vision of MH/DD/SAS pursuant (5) of this Rule. le instructor training programs e not limited to presentation of ding the adult learner; for teaching content of the for evaluating trainee ation procedures. shall have coached experience program aimed at preventing, lating the need for restrictive st one time, with positive				

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TATEMENT OF ON TATEMENT OF O	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í			E SURVEY PLETED
		MHL064-122	B. WING		08/2	22/2024
AME OF PROV	/IDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ROCKING	ON'S HOME HEA		K LANE MOUNT, NC 2	7803		
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 536 Co	ntinued From pa	nge 3	V 536			
(8) ins (j) do tra (1) (A) ou (B) (C (2) rec (k) (1) rec (2) the (3) co tra (1) as Th Ba fai (Li	is Rule is not me is Rule is not me	hitial and refresher instructor three years. mentation shall include: cipated in the training and the l); d where attended; and d's name. ion of MH/DD/SAS may this documentation any time. of Coaches: shall meet all preparation trainer. shall teach at least three times being coached. shall demonstrate mpletion of coaching or truction. shall be the same preparation shall be the same preparation				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL064-122	B. WING		08/	22/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BROCKI	NGTON'S HOME HEA	LTHCARE 516 LAR ROCKY	K LANE MOUNT, NC 2	7803		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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	(X5) COMPLET DATE
V 536	Continued From pa	ige 4	V 536			
	You're Safe, I'm Sa Positive Behavioral Interview on 8/22/2 Assistant for the pr - The Licensee// You're Safe, I'm Sa past year - The Licensee// attend the next You					
	reported: - The provider conscient of the second s	HR Assistant) about it today" chedule something and call				
V 736	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf manner and shall b odor. This Rule is not m Based on observat	d its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: ion and interview, the facility naintained in an orderly	V 736			

J93211

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL064-122	B. WING		08/22/2024	
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ROCKI	NGTON'S HOME HEA	LTHCARE 516 LARI	K LANE /IOUNT, NC 2	7803		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	ge 5	V 736			
	revealed: - Four 15-Passer perpendicular to the - One 15-Passer parallel to the front - One 4-Door Pic grass parallel to the Interview on 8/21/24 - The Licensee/A Provider "runs a ca parked in the front y people" - "They (custome (Licensee/AFL Prov and he gives them a Interview on 8/21/24 wife reported: - The Licensee/A transported people - The Licensee/A transported people - The business of structure at the bac drivers that worked Interview on 8/21/24 reported: - He owned a traa an office for that bu facility - He owned all the the front yard of the	nger Van parked on the grass of the facility ck-up Truck parked on the e front of the facility 4 client #2 reported: Alternative Family Living (AFL) r lot" and rented the vehicles yard of the facility "out to ers) come, they give him vider) a white piece of paper a van." 4 the Licensee/AFL Provider's AFL Provider had started his business AFL Provider had started his business AFL Provider's business to and from appointments office was in a separate ck of the facility and he had 3 for him 4 the Licensee/AFL Provider insportation business and had isiness in the back of the ne vehicles that were parked in				
	vacant lot and parts	s from the vehicles were stolen nicles to the facility "about a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL064-122	B. WING		08/2	22/2024
ME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
ROCKI	NGTON'S HOME HEA		RK LANE MOUNT, NC 2	7803		
X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
RÉFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	ge 6	V 736			
	- Planned to take next few days"	e them to another lot "in the				