	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			С
		MHL080-229	B. WING			12/2024
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HE LEA	RN MORE ENRICHM		IMAC ROAD, S URY, NC 2814			
(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 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
	The complaint was	was completed on 11/12/24. substantiated (intake# ficiencies were cited.				
		sed for the following service C 27G .5400 Day Activity for sability Groups.				
	census of 8. The s	eed for 0 and has a current urvey sample consisted of an ient and 3 current clients.				
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	EALTH CARE PERSONNEL health care personnel into a pr service, every employer at a shall access the Health Care and shall note each incident propriate business files.	3			
	failed to ensure the Registry (HCPR) ha	et as evidenced by: view and interview, the facility Health Care Personnel ad been accessed on behalf o S #1) prior to her date of hire.				
	- A hire date of 8	of FS#1's record revealed: //5/24 reflect the HCPR had been				

STATE FORM

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL080-229	B. WING			C 12/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
THE LEA	ARN MORE ENRICHM		MAC ROAD, S RY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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) COMPLET DATE
V 131	Continued From pa	ge 1	V 131			
	accessed prior to th	ne date of hire for FS #1				
	Director revealed: - She acknowled FS #1's record to re	4 with the Human Resources lged there was no document in eflect the HCPR had been he date of hire for FS #1 as				
	 It was the response Resources Director behalf of prospective Believed she has with her and forwar 	24 with the Owner revealed: onsibility of the Human to access the HCPR on ve employees ad done so and would check d the information to the DHSR Service Regulation) surveyor				
	accessed on behalf	CPR check had been f of FS #1 prior to her date of before the close of the survey				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As to "provider" applies to program and any pu- developmental disa services that is liced Chapter. (b) Requirement A provider licensed un applicant to fill a po- applicant to have an					

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
		MHL080-229	B. WING			C 12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		ENT PROCRAM 214 KLU	MAC ROAD, S	UITE A		
	RN MORE ENRICHM	SALISBU	JRY, NC 2814	4		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLETE DATE
IAO			IAG	DEFICIENC		
V 133	Continued From pa	age 2	V 133			
1 100		-				
		een a resident of this State for				
		, then the offer of employment				
		onsent to a State and national				
		ord check of the applicant. The	9			
		story record check shall				
		the applicant's fingerprints. If				
		een a resident of this State for then the offer is conditioned				
		ate criminal history record				
	check of the applicant. A provider shall not					
	employ an applicant who refuses to consent to a					
	criminal history record check required by this					
		otherwise provided in this				
		ive business days of making				
		r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
	criminal history rec	ord check required by this				
	section or shall sub	mit a request to a private				
	entity to conduct a	State criminal history record				
		his section. Notwithstanding				
	G.S. 114-19.10, the	e Department of Justice shall				
		f national criminal history				
		employment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
		eceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		e provider as to whether the				
		d may affect the employability				
		no case shall the results of the story record check be shared	7			
		Providers shall make available				
						1
	upon request verillo					
	check has been on	cation that a criminal history				
		cation that a criminal history mpleted on any staff covered				
	by this section. A co	cation that a criminal history				

Division	of Health Service Re	egulation				APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		MHL080-229	B. WING	B. WING		C 12/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		ENT DROGRAM 214 KLU	MAC ROAD, S	UITE A		
THE LEA	RN MORE ENRICHM	ENT PROGRAM SALISBU	JRY, NC 2814	4		
(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 ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
V 133	Continued From pa	ge 3	V 133			
	the Division of Crim	ninal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
		ord check required by this				
		ousiness days of the employment by the provider.				
		information received by the				
		itial and may not be disclosed,				
		ant as provided in subsection				
		or purposes of this				
	subsection, the terr	n "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained fro					
	• • •	pplicant's criminal history				
		Is one or more convictions of the provider shall consider all				
		tors in determining whether to				
	hire the applicant:					
		eriousness of the crime.				
	(2) The date of the					
		person at the time of the				
	conviction.					
		ces surrounding the				
	commission of the					
		een the criminal conduct of				
		job duties of the position to be				
	filled. (6) The prison, jail,	probation parale				
		employment records of the				
		ate the crime was committed.				
	•	t commission by the person of				
	a relevant offense.	,				
		on of a relevant offense alone				
	shall not be a bar to	o employment; however, the				
		be considered by the provider.				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL080-229	B. WING		C 11/12/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
THE LEA	ARN MORE ENRICHM		MAC ROAD, S			
			IRY, NC 2814			()(7)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 4	V 133			
	consideration of the provider may disclo the criminal history to the disqualificatio of the criminal histor applicant. (d) Limited Immunit or employee of a pr complies with this s civil liability for: (1) The failure of th individual on the bat the criminal history (2) Failure to check criminal offenses if history record chec compliance with thi (e) Relevant Offense" n federal criminal hist indictment of a crim felony, that bears u have responsibility persons needing m disabilities, or subs crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Art	ualifies an applicant after e relevant factors, then the ose information contained in record check that is relevant on, but may not provide a copy ory record check to the ty A provider and an officer rovider that, in good faith, section shall be immune from e provider to employ an usis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in s section. se As used in this section, neans a county, state, or tory of conviction or pending he, whether a misdemeanor or pon an individual's fitness to for the safety and well-being of ental health, developmental tance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the Article 5, Counterfeiting and ubstitutes; Article 5A, ative and Legislative Officers; cor Material; Article 14, Burglary eakings; Article 15, Arson and ticle 16, Larceny; Article 17, , Embezzlement; Article 19,	F			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
			A. BUILDING:				
		MHL080-229	B. WING	B. WING		C 11/12/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
HE LEA	RN MORE ENRICHM		MAC ROAD, S JRY, NC 28144				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 133	Continued From pa	ige 5	V 133				
		nd Cheats; Article 19A,					
		or Services by False or					
		Credit Device or Other Means; ial Transaction Card Crime					
		uds; Article 21, Forgery; Article					
		st Public Morality and					
	Decency; Article 26A, Adult Establishments;						
	Article 27, Prostitution; Article 28, Perjury; Article						
		31, Misconduct in Public					
		Offenses Against the Public					
		Riots and Civil Disorders;					
		on of Minors; Article 40,					
		amily; Article 59, Public ticle 60, Computer-Related					
		es also include possession or					
		lation of the North Carolina					
		ces Act, Article 5 of Chapter					
		Statutes, and alcohol-related					
		ale to underage persons in					
		B-302 or driving while					
		n of G.S. 20-138.1 through					
	G.S. 20-138.5.	iching Folco Information Any					
		ishing False Information Any yment who willfully furnishes,					
		ise gives false information on					
		plication that is the basis for a					
		ord check under this section					
	shall be guilty of a	Class A1 misdemeanor.					
		ployment A provider may					
		t conditionally prior to					
		s of a criminal history record					
		e applicant if both of the					
	following requireme	all not employ an applicant					
		e applicant's consent for					
		ord check as required in					
		is section or the completed					
		required in G.S. 114-19.10.					

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		MUU 000 220	B. WING			C	
		MHL080-229			11/	12/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
THE LEA	RN MORE ENRICHM		IMAC ROAD, S URY, NC 2814				
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 133	Continued From pa	ige 6	V 133				
	business days after conditional employ 2001-155, s. 1; 200	ord check not later than five r the individual begins ment. (2000-154, s. 4;)4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)					
	Based on record re failed to ensure a c was requested with conditional offer of	et as evidenced by: eview and interview, the facility riminal history record check in 5 business days of a employment affecting 1 1) and current staff (#2, #3 and are:					
	- A hire date of 8	ory record check was					
	- A hire date of 7	ory record check was					
	- A hire date of 7	ory record check was					
	- A hire date of 9	ory record check was					
	Interview on 11/5/24	4 with the Human Resources					

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		MHL080-229	B. WING			C 11/12/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
THE LEA	ARN MORE ENRICHM		MAC ROAD, S RY, NC 2814				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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) COMPLET DATE	
V 133	Continued From pa	ge 7	V 133				
	checks on behalf or and #4) within five I offer of employmen	quested criminal history record f the FS#1 and staff (#2, #3 business days of a conditional it as required 24 with the Owner revealed:					
	 He was responsible for ensuring criminal history record checks were completed on FS#1, and staff (#2, #3 and #4) He acknowledged the criminal history record checks had been requested late 						
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 comp completing training other strategies for which the likelihood or injury to a persor property damage is (c) Provider agenc based on state com compliance and de gathered. (d) The training sha	D RESTRICTIVE mplement policies and hasize 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 a prevented. ies shall establish training inpetencies, monitor for internal monstrate they acted on data all be competency-based,					
	gathered. (d) The training sha include measurable measurable testing	-					

Division	of Health Service Re	egulation	-		1	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL080-229	B. WING		C 11/12/2024	
					1 10	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST MAC ROAD, S			
THE LEA	RN MORE ENRICHM		JRY, NC 2814			
(X4) ID			ID			(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
V 536	Continued From pa	age 8	V 536			
		ine passing or failing the				
	course.					
		er training must be completed				
		ovider periodically (minimum				
	annually). (f) Content of the training that the service					
	provider wishes to employ must be approved by					
		DD/SAS pursuant to				
	Paragraph (g) of th	•				
		onstrate competence in the				
	following core area					
	(1) knowledge and understanding of the					
	people being served; (2) recognizing and interpreting human					
	(2) recognizii behavior;	ng and interpreting numan				
	,	ng the effect of internal and				
		that may affect people with				
	(4) strategies	s for building positive				
		ersons with disabilities;				
	()	ng cultural, environmental and				
	organizational facto disabilities;	ors that may affect people with				
		ng the importance of and				
		son's involvement in making				
	decisions about the					
	(7) skills in a escalating behavior	ssessing individual risk for r				
		cation strategies for defusing				
		potentially dangerous behavior	· .			
	and	, , ,				
	(9) positive b	ehavioral supports (providing				
	means for people v	vith disabilities to choose				
		ectly oppose or replace				
	behaviors which ar					
	(h) Service provide					
	at least three years	nitial and refresher training for				
		Itation shall include:				
			1			1

Division	of Health Service Re	aulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL080-229	B. WING		C 11/12/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
THEIE	ARN MORE ENRICHM		MAC ROAD, S			
		SALISBU	IRY, NC 2814	4		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 9	V 536			
Division of H	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 a passin instructor training p (3) The trainin competency-based objectives, measura observation of beha measurable method failing the course. (4) The conte service provider pla approved by the Div to Subparagraph (i) (5) Acceptabl shall include but are (A) understan (B) methods performance; and (D) document (6) Trainers s teaching a training p reducing and elimin interventions at leas review by the coach	I where they attended; and 's name; ion of MH/DD/SAS may documentation at any time. ications and Training shall demonstrate competence 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, ating the need for restrictive st one time, with positive				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		COM	E SURVEY PLETED	
		MHL080-229	B. WING			C 11/12/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
HE LEA	ARN MORE ENRICHM		MAC ROAD, S JRY, NC 2814				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 536	Continued From pa	age 10	V 536				
	need for restrictive annually. (8) Trainers s instructor training a (j) Service provide documentation of in training for at least (1) Docu (A) who partic outcomes (pass/fai (B) when and (C) instructor (2) The Divis request and review (k) Qualifications of (1) Coaches requirements as a (2) Coaches the course which is (3) Coaches competence by cor train-the-trainer ins (I) Documentation as for trainers.	nitial and refresher instructor three years. mentation shall include: cipated in the training and the il); d where attended; and r's name. sion 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					

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED	
		MHL080-229	B. WING	B. WING		C 11/12/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
THE LEA	ARN MORE ENRICHM		MAC ROAD, S JRY, NC 28144				
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 536	Continued From pa	ige 11	V 536				
	 A hire date of 9 No evidence to trained in alternativ 	of staff #4's record revealed: /18/24 reflect staff #4 had been es to restrictive interventions ervices to persons with					
	- Confirmation fr	4 with staff #4 revealed: om staff #4 she had not in alternatives to restrictive					
	- The person wh on behalf of his sta due to the recent w North Carolina	24 with the Owner revealed: o typically provided the training ff was currently unavailable reather events in Western ting to find someone else to g for his staff)				
V 537	27E .0108 Client R ITO	ights - Training in Sec Rest &	V 537				
	ISOLATION TIME- (a) Seclusion, physical sectors in the sector of the sec	SICAL RESTRAINT AND OUT sical restraint and isolation nployed only by staff who have ave demonstrated proper use of and alternatives s. Facilities shall ensure that employ and terminate these rained and have demonstrated					

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-229		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL080-229	B. WING		C 11/12/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			MAC ROAD, S	SUITE A		
THE LEA	RN MORE ENRICHM	ENT PROGRAM SALISBU	RY, NC 2814	14		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 537	Continued From pa	ge 12	V 537			
	volunteers shall complete training in the use of					
		restraint and isolation time-out				
		ese interventions until the				
	training is completed and competence is					
	demonstrated.					
	(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 determ	ine passing or failing the				
	course.					
		er training must be completed				
	annually).	ovider periodically (minimum				
		raining that the service				
		nploy must be approved by				
	the Division of MH/DD/SAS pursuant to					
	Paragraph (g) of this Rule.					
		ning programs shall include,				
	but are not limited t					
	()	information on alternatives to				
	the use of restrictiv					
		s on when to intervene ninent danger to self and				
	others);	nineni uanger io sen anu				
	(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 interve					
	(5) the use of emergency safety					
		include continuous				
		onitoring of the physical and being of the client and the safe				
	payonological well-i					
Nivisian of L	ealth Service Regulation					

		(X1) PROVIDER/SUPPLIER/CLIA				
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 11/12/2024	
MHL080-229		MHL080-229				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	RN MORE ENRICHM		/IAC ROAD, S RY, NC 2814			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 537	Continued From page 13		V 537			
	use of restraint throughout the duration of the					
	restrictive intervention;					
	(6) prohibited procedures;					
		strategies, including their				
	importance and purpose; and					
	(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.					
		shall demonstrate competence testing in a training program				
		seclusion, physical restraint				
	and isolation time-o					
		shall demonstrate competence				
	by scoring a passin	g grade on testing in an				
	instructor training p					
	(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 pla	ins to employ shall be				
		vision of MH/DD/SAS pursuant				
	to Subparagraph (j)	(6) of this Rule.				

Division	of Health Service Re	egulation			FORM	APPROVED	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			3) DATE SURVEY COMPLETED	
		MHL080-229	B. WING			C 12/2024	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
		ENT PROGRAM 214 KLUI	MAC ROAD, S	SUITE A			
		SALISBU	RY, NC 2814	14			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
V 537	Continued From pa	ge 14	V 537				
	 shall include, but no of: (A) understan (B) methods course; (C) evaluation (D) document (7) Trainers s annually and demote of seclusion, physic time-out, as specifie Rule. (8) Trainers s CPR. (9) Trainers s in teaching the use least two times with coach. (10) Trainers s instructor training at (k) Service provide document (1) Document 	nitial and refresher instructor three years. tation shall include:					
	outcome (pass/fail) (B) when and (C) instructor (2) The Divisi review/request this (I) Qualifications of	l where they attended; and 's name. ion of MH/DD/SAS may documentation at any time.					
Division of U	requirements as a t (2) Coaches						

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
						C 11/12/2024	
		MHL080-229					
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
HE LEA	RN MORE ENRICHM		MAC ROAD, SI JRY, NC 28144				
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE	
V 537	Continued From page 15		V 537				
	 (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. 						
	failed to ensure 1 o received initial train restraint and isolation	et as evidenced by: view and interview, the facility f 4 audited staff (staff #4) had ing in seclusion, physical on time-out prior to providing s with disabilities. The findings					
	 A hire date of 9 No evidence to trained in seclusion 	reflect staff #4 had been , physical restraint and rior to providing services to					
	- Confirmation fro	4 with staff #4 revealed: om staff #4 she had not in seclusion, physical restraint ut					
	- The person who on behalf of his stat due to the recent w North Carolina	24 with the Owner revealed: o typically provided the training ff was currently unavailable eather events in Western ting to find someone else to	9				