STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-739	A. BUILDING: _____ B. WING _____	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY TREATMENT ALTERNATIVES II	4901 ROSENA DRIVE CHARLOTTE, NC 28227

(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 An annual survey was completed on 1/9/25. 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 currently has census of 4. The survey sample consisted of audits of 3 current client.	V 000		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present	V 296	RECEIVED JAN 28 2025 DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Regina Nielsen TITLE: Community Treatment Alternatives, Inc. (X6) DATE: 1-24-2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-739	A. BUILDING: _____ B. WING _____	01/09/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-739	A. BUILDING: _____ B. WING _____	01/09/2025

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V 296	Continued From page 1	V 296		

and both shall be awake for five through eight children or adolescents; and
(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.
(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.
(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to have two direct care staff present for up to four adolescents while the adolescents were awake or asleep affecting 3 of 4 audited clients (#1, #3, and #4). The findings are:

Review on 1/9/25 of client #1's record revealed:
- Admission date: 4/9/20
- Age: 15
- Diagnoses: Post-Traumatic Stress Disorder (PTSD); Oppositional Defiant Disorder (ODD), Severe; Major Depressive Disorder, Single Episode, Moderate; Excoriation (skin picking

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	MHL060-739	A. BUILDING: _____ B. WING _____	01/09/2025

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COMMUNITY TREATMENT ALTERNATIVES II	4901 ROSENA DRIVE CHARLOTTE, NC 28227

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V 296	Continued From page 2 disorder); and Mild Intellectual Disability Review on 1/9/25 of client #3's record revealed: - Admission date: 10/1/24 - Age: 10 - Diagnoses: PTSD; Unspecified Anxiety Disorder; and Major Depressive Disorder, Recurrent, Severe. Review on 1/9/25 of client #4's record revealed: - Admission date: 4/9/20 - Age: 14 - Diagnoses: ODD, Attention-Deficit Hyperactivity Disorder; Enuresis; Encopresis; and Unspecified Trauma and Stressor Related Disorder Interview on 1/8/25 with client #1 revealed: - On Thursday when she and the other clients came to the facility after school only one staff was working. - On the weekends only one staff member worked. - During the week one staff member worked at night. Interview on 1/9/25 with client #3 revealed: - When she came home from school "there is two staff but one goes home early like 6 (pm) or 7 (pm)." - When she woke up in the morning "sometimes there is one (staff) and sometimes there is two (staff)." - On the weekends "one staff works the whole weekend." Interview on 1/8/25 with client # 4 revealed: - Recently the Program Manager/staff #1 worked alone. - She "feels" at night only one staff worked.	V 296		

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	MHL060-739	A. BUILDING: _____ B. WING _____	01/09/2025

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V 296	Continued From page 3 Interview on 1/9/25 with the Associate Professional revealed: - "Normally when I work, I fill in." - "There has been a few times one staff has worked." - When one staff was at the facility it was usually because the second staff was "running late" or the second staff was taking a client to an appointment. Interview on 1/9/25 with the Program Manager/staff #1 revealed: - On 3rd shift there is usually one staff who worked. - On the weekends "someone might call out and I come in." Interview on 1/9/25 with the Qualified Professional revealed: - The facility had a "staff shortage." - "...we do have one staff there sometimes." Interview on 1/9/25 with the Licensee revealed: - The only time one staff worked was when the second staff would take another client to an appointment, school or day program. Attempted interview on 1/9/25 with the Licensed Professional: - Left voicemail message and did not receive a return call.	V 296		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COMMUNITY TREATMENT ALTERNATIVES II	4901 ROSENA DRIVE CHARLOTTE, NC 28227

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V 536	Continued From page 4 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 external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities;	V 536		

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V 536	Continued From page 5 (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 competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or	V 536		

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V 536	Continued From page 6	V 536		

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:
(1) Coaches shall meet all preparation requirements as a trainer.
(2) Coaches shall teach at least three times the course which is being coached.

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COMMUNITY TREATMENT ALTERNATIVES II	4901 ROSENA DRIVE CHARLOTTE, NC 28227

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V 536	Continued From page 7 (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 reviews and interviews, the facility failed to ensure staff completed training on alternatives to restrictive interventions at least annually affecting 3 of 3 staff (Qualified Professional (QP), Associate Professional (AP) and Licensed Professional (LP)). The findings are: Review on 1/8/25 of the QP's record revealed: - No current training in alternatives to restrictive interventions. Review on 1/9/25 of the AP's record revealed: - Alternatives to restrictive interventions training was completed by a local school on 1/7/25. The training was not a North Carolina Division of Mental Health approved curricula for restrictive interventions. Review on 1/8/24 of the LP's record revealed: - No current training in alternatives to restrictive interventions. Attempted interview on 1/9/25 with the LP: - Left voicemail message and did not receive a	V 536		

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V 536	Continued From page 8 return call. Interview on 1/9/25 with the QP revealed: - She had not completed training on alternatives to restrictive interventions in a year. - "We should be due for another one." Interview on 1/9/25 with the AP revealed: - She had completed training on alternatives to restrictive interventions "a week or so ago." Interview on 1/9/25 with the Licensee revealed: - She did not know that the LP was supposed to have training on alternatives to restrictive interventions. She thought the staff present with the LP would implement the training with the clients if needed. - She thought that the QP had current training on alternatives to restrictive interventions.	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	V 537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-739	A. BUILDING: _____ B. WING _____	01/09/2025

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COMMUNITY TREATMENT ALTERNATIVES II	4901 ROSENA DRIVE CHARLOTTE, NC 28227

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V 537	Continued From page 9	V 537		

seclusion, physical restraint and isolation time-out and shall not use these 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 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

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COMMUNITY TREATMENT ALTERNATIVES II	4901 ROSENA DRIVE CHARLOTTE, NC 28227

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V 537	Continued From page 10	V 537		

restrictive intervention;
(6) prohibited procedures;
(7) debriefing 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.
(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-739	A. BUILDING: _____ B. WING _____	01/09/2025

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V 537	Continued From page 11 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. (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	V 537		

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	MHL060-739	A. BUILDING: _____ B. WING _____	01/09/2025

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V 537	Continued From page 12 competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff completed training in restrictive interventions for 3 of 3 staff (Qualified Professional (QP), Associate Professional (AP) and Licensed Professional (LP)). The findings are: Review on 1/8/25 of the QP's record revealed: - No current training in restrictive interventions Review on 1/9/25 of the AP's record revealed: - Restrictive interventions training was completed by a local school on 1/7/25. The training was not a North Carolina Division of Mental Health approved curricula for restrictive interventions. Review on 1/8/24 of the LP's record revealed: - No current training in restrictive interventions Attempted interview on 1/9/25 with the LP: - Left voicemail message and did not receive a return call. Interview on 1/9/25 with the QP revealed: - She had not completed training in restrictive interventions in a year. - "We should be due for another one." Interview on 1/9/25 with the AP revealed:	V 537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COMMUNITY TREATMENT ALTERNATIVES II	4901 ROSENA DRIVE CHARLOTTE, NC 28227

(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 13 - She had completed training in restrictive interventions "a week or so ago." Interview on 1/9/25 with the Licensee revealed: - She did not know that the LP was supposed to have training in restrictive interventions. She thought the staff present with the LP would implement the training with the clients if needed. - She thought that the QP had current training in restrictive interventions.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe and attractive manner. The findings are: Observation on 1/8/24 at 10:08 am - 10:10 am of the exterior of the facility revealed: - A car in the driving that was missing both back wheels. - A car door leaning up against the fence. - Car parts in the grass. - A shower door was leaning up against the exterior of the facility. - A sticker on the driver's side window, "Warning No Parking-Towing." Date on sticker was "8/6/24." Interview on 1/9/25 with the Qualified Professional revealed: - The car without the back wheels parked in the	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-739	A. BUILDING: _____ B. WING _____	01/09/2025

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V 736	Continued From page 14 facility driveway was her car. - She had an accident near the facility in August 2024 and had the car towed to the facility. - A neighbor who lived in the same neighborhood as the facility was a mechanic. He was supposed to repair her car. - The car parts in the grass belonged to her as well. - The local city trash service would not pick up the shower doors.	V 736		

Community Treatment Alternatives, Inc.
PO Box 215
Matthews, NC 28106

Community Treatment Alternatives II, 4901 Rosena Drive, Charlotte, NC 28227

V 296: 27G .1704 Residential Tx. Child/Adol-Min Staffing:
Executive Director held staff meeting with all staff to address staffing issues. Executive Director will ensure that facility meets minimum staffing requirements of at least two staff for every one through four children present in the home or community. Executive Director will perform unannounced checks on every shift to ensure that there are two staff present at all times on every shift. Executive Director and Qualified Professional will ensure that staff schedule reflects the appropriate staffing ratio of at least two staff for every one through four children, and that they are present in the home or community. **Completion Date: 01/20/2025. Ongoing.**

V 536: 27E. 0107 Client Rights- Training On Alt to Rest. Int.:
HR Department met to review the facility's policies and procedures related to the use of alternatives to restrictive interventions. HR department tasked with the ongoing responsibility of ensuring that all staff are provided with the appropriate training designated for the facility as it relates to the use of alternatives to restrictive interventions prior to the start of employment an at minimum annually. HR department has revised process to include an annual audit and review of all staff HR records to ensure training has been completed at least annually. Process modified to also include that prior to 60 days of expiration of training, staff will be enrolled and required to complete annual training before resuming staffing duties. **Completion Date: 01/20/2025. Ongoing.**

V 537: 27E .0108 Client Rights- Training in Sec Rest & ITO:
HR Department met to review the facility's policies and procedures related to the use of alternatives to restrictive interventions. HR department tasked with the ongoing responsibility of ensuring that all staff are provided with the appropriate training designated for the facility as it relates to the use of alternatives to restrictive interventions prior to the start of employment an at minimum annually. HR department has revised process to include an annual audit and review of all staff HR records to ensure training has been completed at least annually. Process modified to also include that prior to 60 days of expiration of training, staff will be enrolled and required to complete annual training before resuming staffing duties. QM Department to review curricula for restrictive interventions to ensure that meets approved curricula for restrictive interventions. **Completion Date: 01/20/2025. Ongoing.**

V 736: 27G. 0303 (c) Facility and Grounds Maintenance

Executive Director modified facility's policy for its grounds to include that inoperable vehicles are not to be stored or left on property. Inoperable vehicles must be towed and not left or stored on property for any reason(s). Staff was informed of policy during staff meeting held with all staff. Executive Director has made contact with appropriate service provider to have shower doors removed from property. Executive Director has modified policy for facility to include House Manager notifying Executive Director of items no longer in use and in need of pick up by the appropriate service provider. House Manager and Safety Committee will perform facility health and safety checks to ensure that facility is safe, clean and being maintained in an orderly manner. **Completion Date: 01/20/2025. Ongoing.**