	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			-C
		MHL001-169	B. WING			05/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
JUST IN	TIME YOUTH SERVIC	SES II	WOOD DRIVE STON, NC 272	15		
(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 ACT CROSS-REFERENCED TO DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	on March 5, 2025.	take #NC00227099).				
	category: 10A NCA	ed for the following service C 27G .1300 Residential ren and Adolescents.				
		sed for 6 and has a current irvey sample consisted of clients.				
V 536	27E .0107 Client Ri Int.	ghts - Training on Alt to Rest.	V 536			
		D RESTRICTIVE mplement policies and nasize the use of alternatives				
	(b) Prior to providir disabilities, staff inc employees, student demonstrate compe completing training	ing services to people with duding service providers, is or volunteers, shall etence by successfully in communication skills and creating an environment in				
	which the likelihood or injury to a persor property damage is (c) Provider agence based on state com	of imminent danger of abuse with disabilities or others or prevented. ies shall establish training opetencies, monitor for internal				
	gathered. (d) The training sha include measurable	monstrate they acted on data II be competency-based, e learning objectives, (written and by observation of				
		objectives and measurable				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		MHL001-169	B. WING			R-C 03/05/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE			
	TIME YOUTH SERVIC	2ES II 111 DOC	GWOOD DRIVE				
		BURLIN	GTON, NC 272	215			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETI	
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE	
				DEFICIENC	CY)		
V 536	Continued From pa	ige 1	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						
	(g) Staff shall demonstrate competence in the						
	following core areas:						
	(1) knowledge and understanding of the people being served;						
		u, ng and interpreting human					
	behavior;	ig and interpreting namen					
		ng the effect of internal and					
	external stressors t	hat may affect people with					
	disabilities;						
		for building positive					
		ersons with disabilities; ng cultural, environmental and	1				
		ors that may affect people with					
	disabilities;	sie alde may allost poople wat					
	-	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	r.				
	and	solenitary dangerous senavior	,				
		ehavioral supports (providing					
	means for people v	vith disabilities to choose					
		ectly oppose or replace					
	behaviors which are						
	(h) Service provide						
	at least three years	nitial and refresher training for					
		Itation shall include:					

Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL001-169	B. WING		R- 03/0	C 5/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	TIME YOUTH SERVIC	111 DOG		1		
J031 IN		BURLING	TON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 2	V 536			
	 (A) who particle outcomes (pass/fail (B) when and (C) instructor (2) The Divisis review/request this (i) Instructor Qualif Requirements: (1) Trainers as by scoring 100% or aimed at preventing need for restrictive (2) Trainers as by scoring a passing instructor training p (3) The training competency-based objectives, measurable methods failing the course. (4) The contest service provider plat 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 elimination interventions at least review by the coact 	cipated in the training and the l); d where they attended; and d's name; ion of MH/DD/SAS may documentation at any time. ications and Training shall demonstrate competence n 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 must 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 station procedures. shall have coached experience program aimed at preventing, nating the need for restrictive st one time, with positive				

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			-			R-C
		MHL001-169	B. WING		03/	05/2025
IAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
UST IN	TIME YOUTH SERVI	CESII	WOOD DRIVE GTON, NC 272			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 536	Continued From pa	age 3	V 536			
	need for restrictive annually. (8) Trainers instructor training a (j) Service provide documentation of in training for at least (1) Docu (A) who partio outcomes (pass/fa (B) when and (C) instructo (2) The Divis request and review (k) Qualifications of (1) Coaches requirements as a (2) Coaches the course which is (3) Coaches competence by con train-the-trainer ins (I) Documentation as for trainers.	nitial and refresher instructor three years. imentation shall include: cipated in the training and the iil); d where attended; and or's name. sion of MH/DD/SAS may v this documentation any time. of Coaches: shall meet all preparation trainer. shall teach at least three time s being coached. shall demonstrate mpletion of coaching or struction. shall be the same preparation	S			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL001-169	B. WING			R-C 05/2025
AME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
UST IN	TIME YOUTH SERVIC	CES II	WOOD DRIVE GTON, NC 272			
(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 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 536	Continued From pa	age 4	V 536			
	revealed: -Hire date of 1/15/2 -Hired as a Parapro -No documentation restrictive intervent Interview on 3/5/25 -She had not yet ta Institute (CPI) train restrictive intervent -She was schedule -She did not know	ofessional. of training in alternatives to ions. with staff #3 revealed: ken the Crisis Prevention ing course in utilizing ion and crisis de-escalation.				
	Instructor revealed -He was aware Sta training course. -Staff #3 was schee time as other staff annual update of th -When asked, he d only that it was con -Staff #3 never wor	ff #3 had not yet taken the CPl duled to take it at the same were scheduled to take their le CPl course. id not reveal the specific date,				
	Interview on 3/5/25 Professional/Owne -She was not award completed her CPI	r revealed: e that Staff #3 had not yet				
V 537	27E .0108 Client R ITO	ights - Training in Sec Rest &	V 537			
	10A NCAC 27E .01 SECLUSION, PHY	08 TRAINING IN SICAL RESTRAINT AND				

6WVL11

If continuation sheet 5 of 11

Division	of Health Service Re	egulation			FURI	IAPPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL001-169	B. WING			R-C 05/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
JUST IN	TIME YOUTH SERVIC	SES II	WOOD DRIVE STON, NC 272			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETE
V 537	Continued From pa	ge 5	V 537			
	time-out may be en- been trained and ha competence in the to these procedures staff authorized to e- procedures are retr competence at lease (b) Prior to providin disabilities whose tr includes restrictive service providers, e- volunteers shall cor seclusion, physical and shall not use th training is complete demonstrated. (c) A pre-requisite demonstrating com training in preventing the need for restrict (d) The training sha include measurable measurable testing behavior) on those methods to determing course. (e) Formal refreshe by each service pro- annually). (f) Content of the tr provider plans to er the Division of MH// Paragraph (g) of thi	sical restraint and isolation poloyed only by staff who have ave demonstrated proper use of and alternatives s. Facilities shall ensure that employ and terminate these ained and have demonstrated at annually. g direct care to people with reatment/habilitation plan interventions, staff including employees, students or mplete training in the use of restraint and isolation time-out rese interventions until the d and competence is for taking this training is petence by completion of ag, reducing and eliminating tive interventions. Il be competency-based, e learning objectives, (written and by observation of objectives and measurable ne passing or failing the er training must be completed wider periodically (minimum raining that the service mploy must be approved by DD/SAS pursuant to is Rule.				
	but are not limited t	information on alternatives to				

Division	of Health Service Re	equilation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL001-169	B. WING		R· 03/0	-C) 5/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		111 DOG				
JUSTIN	TIME YOUTH SERVIC	BURLING	STON, NC 272	215		
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 6	V 537			
Division of H	 (2) guidelines (understanding immothers); (3) emphasis rights and dignity of concepts of least re- incremental steps in (4) strategies of restrictive interver (5) the use of interventions which assessment and mo- psychological well-tuse use of restraint thro- restrictive interventi (6) prohibited (7) debriefing importance and pur (8) document (h) Service provider documentation of in at least three years (1) Documen (A) who partice 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 100% or 	s on when to intervene ninent danger to self and on safety and respect for the all persons involved (using estrictive interventions and n an intervention); for the safe implementation entions; emergency safety include continuous onitoring of the physical and being of the client and the safe ughout the duration of the on; procedures; strategies, including their pose; and tation methods/procedures. s shall maintain nitial and refresher training for tation shall include: ipated in the training and the); where they attended; and 's name. on of MH/DD/SAS may documentation at any time. ication and Training shall demonstrate competence n testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence n testing in a training program seclusion, physical restraint				

Division	of Health Service Re	egulation			FORM A	PPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE S COMPLE	
		MHL001-169	B. WING		R-C 03/05) / 2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		111 DOG		E		
JUSTIN	TIME YOUTH SERVIC	BURLING	TON, NC 27	/215		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		VINDED WIT MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)		COMPLETE DATE
V 537	Continued From pa	ge 7	V 537			
	(3) Trainers s	shall demonstrate competence				
	by scoring a passin	g grade on testing in an				
	instructor training p					
		ng shall be				
		, include measurable learning				
		able testing (written and by avior) on those objectives and				
		ds to determine passing or				
	failing the course.					
		ent of the instructor training the				
		ins to employ shall be				
		vision of MH/DD/SAS pursuant				
	to Subparagraph (j)					
		le instructor training programs				
	of:	ot be limited to, presentation				
		ding the adult learner;				
		for teaching content of the				
	course;					
	(C) evaluation	n of trainee performance; and				
		ation procedures.				
		shall be retrained at least				
		nstrate competence in the use				
		al restraint and isolation				
	Rule.	ed in Paragraph (a) of this				
		shall be currently trained in				
	CPR.					
	(9) Trainers s	shall have coached experience				
	in teaching the use	of restrictive interventions at				
		a positive review by the				
	coach.					
		shall teach a program on the				
		erventions at least once				
	annually. (11) Trainers s	hall complete a refresher				
		t least every two years.				
	(k) Service provide					
		nitial and refresher instructor				l
	ealth Service Regulation		1	1		

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED R-C
		MHL001-169	B. WING			05/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
JUST IN	TIME YOUTH SERVIC	SES II	GWOOD DRIVE			
(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 537	Continued From pa	ige 8	V 537			
	 (A) who particle outcome (pass/fail) (B) when and (C) instructor (2) The Division review/request this (I) Qualifications of (1) Coachessing (2) Coachessing times, the course with the	tation shall include: cipated in the training and the d where they attended; and d's name. ion of MH/DD/SAS may documentation at any time. f Coaches: shall meet all preparation trainer. shall teach at least three which is being coached. shall demonstrate npletion of coaching or truction. n shall be the same				
	failed to ensure 1 o received initial train restraint and isolati services. The findi	view and interview, the facility f 3 audited staff (staff #3) had ing in seclusion, physical on time-out prior to providing				
	revealed: -Hire date of 1/15/2 -Hired as a Parapro	25.				
		with staff #3 revealed: ken the Crisis Prevention				

STATE FORM

6WVL11

If continuation sheet 9 of 11

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			
		MHL001-169	B. WING			R-C 05/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
JUST IN	TIME YOUTH SERVIC	SES II	WOOD DRIVE GTON, NC 272			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETI DATE
V 537	Continued From pa	ge 9	V 537			
	restrictive interventi -She was schedule	ng course in utilizing ion and crisis de-escalation. d to take it soon. he specific date scheduled for				
	Instructor revealed: -He was aware Stat training course. -Staff #3 was scheo time as other staff v annual update of th -When asked, he d only that it was com -Staff #3 never wor	ff #3 had not yet taken the CP duled to take it at the same were scheduled to take their e CPI course. id not reveal the specific date,				
	Interview on 3/5/25 Professional/Owner -She was not aware completed her CPI	r revealed: e that Staff #3 had not yet				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
		on and interview, the facility in a safe, clean, and				
	Observation on 3/5/	/25 between 9:30 am to 9:45				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or connection	DENTIFICATION NOMBER.	A. BUILDING:			
		MHL001-169	B. WING			R-C 05/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
IUST IN	TIME YOUTH SERVIC	CES II	VOOD DRIVE TON, NC 272			
(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 DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	age 10	V 736			
	about 3 inches wide the tub. Section of -Stairway: The There were holes a edges of 3 steps an the carpet was sho was dirty/stained. A was on top of every were observed at e hand rail had paint length of the rail. Interview on 3/5/25 revealed: -Facility was in the -They were in the p from the stairs. -They were going to downstairs bathroo -He acknowledged maintained in a saft manner.	: There was a hole on the floor e and 2 inches deep in front of flooring was soft/rotten. carpet was worn out/old. about 4 inches wide along the nd the wood floor underneath wing on the edges. The carpet A dark gray dusty substance y carpeted step. Nail heads each end of every step. The chipped off all throughout the with the Program Director process of making repairs. process of changing the carpet to change/fix the floor in the m. that facility failed to be e, clean and attractive				