STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-332	A. BUILDING: _____ B. WING _____	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREEDOM	1089 X RAY DRIVE GASTONIA, NC 28054

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V 000	INITIAL COMMENTS An annual, complaint, and follow-up survey was completed on 03/21/2025. The complaints were unsubstantiated (Intakes #NC00227319, #NC00227321, and #NC00228357). A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers and 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders. This facility is licensed for 30 and currently has a census of 20. The survey sample consisted of audits of 2 current clients and 2 former clients.	V 000		
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 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.	V 536		

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V 536	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 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; (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).	V 536		

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V 536	Continued From page 2 (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 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,	V 536		

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V 536	Continued From page 3 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. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility	V 536		

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V 536	Continued From page 4 failed to ensure staff were trained in Initial Alternatives to Restrictive Interventions prior to providing services affecting 2 of 3 audited Staff (#1 and the Clinical Director). The findings are: Review on 03/12/2025 of Staff #1's personnel record revealed: -Hire date 11/07/2024. -Employed as a Behavioral Health Techician. -No evidence of Initial Safety Care Crisis Management and De-Escalation Training. -Pyramid Health Care "PHC" Inpatient-Annual Safety Care Crisis Management and De-Escalation Training was completed on 01/31/2025. Review on 03/12/2025 of the Clinical Director's personnel record revealed: -Hire date 07/08/2024. -Employed as the Clinical Director. -No evidence of Initial Safety Care Crisis Management and De-Escalation Training. -PHC Inpatient-Annual Safety Care Crisis Management and De-Escalation Training was completed on 01/31/2025. Interview on 3/18/2025 with Staff #1 revealed: -Started with the agency on 8/12/2024. -"...We took the training (Annual Safety Care Crisis Management and De-Escalation Training) here (the facility) and then took the exam on Relias." Interview on 03/18/2025 with the Clinical Director revealed: -"It (Annual Safety Care Crisis Management and De-Escalation Training) was an in-person training." -"I took it in January (2025). It was the first time that I took the training."	V 536		

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V 536	Continued From page 5 Interview on 3/21/2024 with the Executive Director revealed: -The facility's previous Safety Care Crisis Management and De-Escalation training coordinator resigned. -"We got a new training coordinator and had to go through the process of getting her trained so could train staff."	V 536		