Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ MHL036-332 B. WING 03/21/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1089 X RAY DRIVE FREEDOM GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint, and follow-up survey was completed on 03/21/2025. The complaints were unsubstantiated (Intakes #NC00227319, #NC00227321, and #NC00228357). A deficiency RECEIVED was cited. This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital DHSR-MH Licensure Sect 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 536 27E .0107 Client Rights - Training on Alt to Rest. V 536 Identified staff who are out of compliance Int. with NCI Approved Criteria Relias 5/20/2025 Curriculum which includes De-escalation 10A NCAC 27E .0107 TRAINING ON Alternatives to Restrictive Interventions ALTERNATIVES TO RESTRICTIVE will complete the training by 5/20/2025. INTERVENTIONS The staff member's supervisor as well as (a) Facilities shall implement policies and the executive director will monitor practices that emphasize the use of alternatives completion of training. to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, All staff will complete NCI Approved employees, students or volunteers, shall Relias Curriculum prior to providing Ongoing demonstrate competence by successfully services. Staff member's supervisor will monitor this and ensure it is being completing training in communication skills and completed. Executive director will monitor other strategies for creating an environment in as well 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.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Muleelue whom I con (IA) (1) Etective Director 4/15/25 If continuation sheet 1 of 6

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(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).		EFIX REGULATORY OR LSC IDENTIFYING INFORMATION) 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		V 536				

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Division of Health Service Regulation

(B)

(D)

course: (C)

performance; and

methods for teaching content of the

Trainers shall have coached experience

methods for evaluating trainee

documentation procedures.

teaching a training program aimed at preventing,

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	ioin of Hea	This Rule is not met a	as evidenced by: ew and interview, the facility					

Division of Health Service Regulation

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		failed to ensure staf Alternatives to Rest providing services a (#1 and the Clinical Review on 03/12/20 record revealed: -Hire date 11/07/202 -Employed as a Beh -No evidence of Initi Management and De -Pyramid Health Car Safety Care Crisis M	ff were trained in Initial rictive Interventions prior to ffecting 2 of 3 audited Staff Director). The findings are: 25 of Staff #1's personnel 24. avioral Health Techician. al Safety Care Crisis e-Escalation Training. re "PHC" Inpatient-Annual	V 335			
		Review on 03/12/202 personnel record rev-Hire date 07/08/202-Employed as the CI-No evidence of Initia Management and De-PHC Inpatient-Annu Management and Decompleted on 01/31/202-Started with the age-"We took the train Crisis Management a	inical Director. al Safety Care Crisis e-Escalation Training. al Safety Care Crisis e-Escalation Training was 2025.				
	1	Interview on 03/18/20 revealed: -"It (Annual Safety Ca De-Escalation Trainin training."	2025). It was the first time				

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