

May 1, 2025.

Mental Health Licensure/Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

Phone: (919) 855-3795 Fax: (919) 715-8078

Re: Re-certification Survey Completed 04/09/2025

To Whom It May Concern:

Enclosed please find the Plan of Correction for TLC for our Rose Street Group Home. All survey findings will be back in compliance by June 8, 2025.

We appreciate your efforts to ensure TLC is doing everything possible to provide the best services and support possible to the individuals we serve and their families.

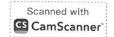
If you have any questions, please do not hesitate to call.

Sincerely,

Jeffrey S Gallagher

Enclosures





Division (of Health Service Re	egulation			-	
STATEMEN	1 OF DEFICIENCIES	(KI) PROVIDER/SUPPLIER/CLIA	Val, man i i i		(DIS) DATE	BURVEY LETED
AND FLAN	OF CORRECTION	DENTIFICATION NUMBER	A BUILDING:		- South	ee i eu
		092-267				
		MHL092-267	B WHO		04/0	9/2026
NAME OF P	ROVIDER OR SUPPLIER	BTREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
		209 ROSE				
ROSE HO	OME	CARY, NO	27611			
(X4) (D	GUMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECT		()(6)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREPIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE SPRIATE	COMPLETE
TAG	HEGULATURY OR I	LBG IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	, maria	,,,,,,
			14000			
V 000	INITIAL COMMEN	TS	V 000			
	An annual and fall	hotelesses seemented				
		ow up survey was completed reficiencies were cited.				
	0117pm 8, 2020. D	eliciencies were ched.				
	This facility is licen	nsed for the following service				
	category: 10A NC/	AC 27G .6600C Supervised				
	Living for Adults w	ith Developmental Disability.				
	This facility is licer	nsed for 4 and has a current				
	audits of 3 current	survey sample consisted of				
	addits of a current	Clients.				
V 108	27G 0202 (E I) D	ersonnel Requirements	V 108	All community residential sta	.66	
V 100	276 .0202 (1-1) 1-6	Bisolitiei Requirements	7 100	training courses will be revie	wed by	6/8/2025
	10A NCAC 27G .0	202 PERSONNEL	1	the training manager on a m		
	REQUIREMENTS			basis to ensure compliance		
		ucation shall be documented.		standard V 108. The QA spe	cialist	
	(g) Employee train	ning programs shall be		will conduct a training session		
		minimum, shall consist of the		all supervisors to emphasize	the	
	following:	izational orientation;		Importance of training and		
		ent rights and confidentiality as		adherence to DHSR standar best practices. We will ensur		
	delineated in 10A	NCAC 27C, 27D, 27E, 27F and		the staff member identified in		
	10A NCAC 26B;			survey is compliant with her		
k.	(3) training to me	et the mh/dd/sa needs of the		and first ald training by June		
		in the treatment/habilitation				
	plan; and	etlaus disasses and				
	bloodborne patho	ctious diseases and gens.				
		nitted under 10a NCAC 27G				
		bchapter, at least one staff				
	member shall be	available in the facility at all				
		nt is present. That staff				
		trained in basic first aid				
		management, currently trained ulmonary resuscitation and				
	trained in the Heir	nlich maneuver or other first aid				
		is those provided by Red Cross,				
		irt Association or their				
	equivalence for re	lleving alrway obstruction.				
Division of h	ealth Service Regulation	1	direct-			(VA) DATE
LABORATOR	MOIRICTOR'S OR PROV	DERVSUPPLIER REPRESENTATIVE'S SIG	MATURE	1. Dille 1	·TIO	(X6) DATE
	ledde	us Sall av	M	Vice President	116	
STATE FOR	M		0000	OVFP11	If continual	tion sheet 1 of 11

Scanned with
CS CamScanner

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION O(3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 04/09/2025 MHL092-267 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 209 ROSE STREET **ROSE HOME CARY, NC 27511** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 108 Continued From page 1 V 108 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure one of three audited staff (#6) had current First Aid training. The findings are: Review on 4/9/25 of staff #6's personnel record revealed: -Hire date was 11/15/10. -She was hired as a Direct Support Professional. -No documentation of current First Aid certification. Interview on 4/9/25 with Staff #6 revealed: -She thought she had completed her first aid training. Observation on 4/9/25 of Staff #6 revealed: -Staff #6 was observed transporting clients to their Day Program. Interview on 4/9/25 with the Quality Assessment/Quality Improvement Specialist revealed: -She thought the staff had completed the training. -She was planning to have an updated first aid training in the next few weeks and would register Staff #6. -She confirmed Staff #6 did not have a current

rivision of Health Service Regulation

TATE FORM

0899

OVFP11

If continuation sheet 2 of 11



Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA **DOMESTIPLE CONSTRUCTION** COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** A BUILDING B WING MHL092-267 04/09/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **209 ROSE STREET ROSE HOME CARY, NC 27811** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (XS) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY V 108 V 108 Continued From page 2 first aid training certification. V 118 27G .0209 (C) Medication Requirements V 118 The nursing department is set to 6/08/2025 conduct comprehensive in-service 10A NCAC 27G .0209 MEDICATION training for all supervisors and staff. REQUIREMENTS focusing on the vital policies and (c) Medication administration: procedures surrounding medication (1) Prescription or non-prescription drugs shall management. This training will only be administered to a client on the written emphasize the critical importance of order of a person authorized by law to prescribe not only distributing medications accurately but also meticulously (2) Medications shall be self-administered by documenting each administration. In clients only when authorized in writing by the addition, we will implement random client's physician. monthly reviews of medication (3) Medications, including injections, shall be practices to ensure adherence to administered only by licensed persons, or by established standards and protocols. unlicensed persons trained by a registered nurse, For any staff member who falls to pharmacist or other legally qualified person and comply with medication management privileged to prepare and administer medications. guidelines, additional training (4) A Medication Administration Record (MAR) of sessions will be required to reinforce all drugs administered to each client must be kept our commitment to maintaining the current. Medications administered shall be highest levels of safety and recorded Immediately after administration. The compliance in medication MAR is to include the following: administration. (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

Division of Health Service Regulation

STATE FORM

6899

OVFP11

If continuation sheet 3 of 11



Division	of Health Bervice Ru		4		, armira i markino
PATENCE AND PLAN	nt by the residence Little connection	1911 PROVIDER COFFEEN LIA BENTERCATERN BURNER	4 -9	k collittilletioli	EN ESTA CHIEF
		MHL002-207	B WHO		04/09/2025
NAME OF	PROVIDER DA BUFFLIER	nineri Al	OUNESS, CITY, 8	TATE, ZIP COUL	
NOSE H		CARY, N	E STREET C 27811		
(NA) BO PRIFFER TAG	PERMANY BYA JEACH DETICENCY RESULATION OR L	TEMENT OF DEFICENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX TAG	Phoviden's PLAN DE CONDECTIÓN (EACH CONNECTIVE ACTION SHOULD CROSS REFERENCED TO THE AFFRORE DEFICIENCY)	ikie vojajene
	This Rule is not me Based on observation interview, the facility current affecting two end #2). The finding Review on 4/8/26 of -Admission date of a -Diagnoses of Cerel Betzures, Spastic Di Encephalopathy, Hy Encephalopathy, -Physician's order of -Boost Reg -Physician's order of -Docusate Bodic (mg) (Constipation), every morning -Lamotrigine Ext (Setzures), take one a morning (take with 1 -Lamotrigine Ext (Getzures), take one a morning (take with 1 -Lamotrigine Ext (Getzures), take one a morning (Constipation), every morning -Phillip's Colon Hospaule (Constipation), every morning form). -Phillip's Colon Hospaule (Constipation), every morning -Quetiapine Fumend/or Manie, Depresentation at bedtime. -Topiramete Ext (Capsules by mouth or -Vitamin B-12 Deficie 2000mog) by mouth	et as evidenced by en, record reviews and plated to keep the MARs of three audited clients (#1) ps are: Client #1's record revealed: M7/2024. bral Palsy, Complex Partial iplegia, Static poxic induced deted 11/20/24: furitional supplement), give 1 fular with afternoon sneck: faled 9/17/24: furitional supplement), give 1 fular with afternoon sneck: faled 9/17/24: furitional supplement), give 1 fular with afternoon sneck: faled 9/17/24: furitional supplement), give 1 fular with afternoon sneck: faled 9/17/24: fular with afternoon sneck: faled 11/20/24: fular with afternoon sneck: faled 9/17/24: fular with afternoon sneck: faled 11/20/24: fular with afternoon sneck: faled 11/20/24: fular with afternoon sneck: faled 11/20/24: fular with afternoon sneck: fular wit	V 118		
10	Observation on 4/9/20	of Client #1's medications			

Division of Health Bervice Regulation STATE FORM

8000

OVEPH

If continuation sheet 4 of 11



Division	Division of Health Service Regulation			CONSTRUCTION	DOD DATE	SURVEY	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TE CONSTRUCTION		COMPLETED	
win Lrad	Will break to consecue		w angriuin "		1		
		AAU 043 247	B WHG		64/0	0/2026	
		MHL092-267	2 71111	ure macche		po the transfer of the transfe	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	IATE, EIP CODE			
ROSE H	DME	200 ROS	ESTREET				
110000			7	PROVIDER'S PLAN OF CORRECT	пон	(3(5)	
(NA) ID PREFIX	MACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOP CROSS REFERENCED TO THE APPR	AD BE	CONFLETS DATE	
YAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	est treat F	Earl E	
			1				
V 118	Continued From pa	age 4	V 118				
	revealed:		1 1				
	-All medications lis	ted were available.					
		d Olives Male MADe from					
	Review on 4/9/25 (of Client #1's MARs from ough April 9, 2025 revealed:					
	-No staff initials to	Indicate the medication was					
	administered for th						
	-March:	-					
	-Docusate Soc	tium 100 mg: 3/10 and 3/24.					
	-Lamotrigina E	R 50 mg: 3/10 and 3/24. R 100 mg: 3/10 and 3/24.					
	-Lamoingine c	Health 3B cell: 3/5, 3/10, 3/11,					
	and 3/24.		1 1				
	-Topiramate E	R 100 mg: 3/23 and 3/30.	1 1				
1	-Vitamin B-12	1000 mg:3/10 and 3/24.	1 1				
	the state of the s	3/1-3/7, 3/9-3/29, 3/31.					
	-April: -Boost Liquid;	AIT-AIA AIR					
	-poosi ciquia,	ना रजान, नाए।					
		of Client #2's record revealed:					
	-Admission date o	1 1/27/1997.					
	-Diagnoses of Sev	vere Intellectual/Developmental					
	Disorder, Selzure -Physician orders	UISOITIBI. dated 6/12/24					
1	-Mariesa 3v2	3, Outer 0.15- 0.03 (Birth		1			
1	Control) 1 tablet t	by mouth once daily					
	-Polyethylene	Glycol 3350 17 grams (GM)/1					
1	dose powder (Cor	stipation), Mix 17 GM into 6-8					
1		ge of choice and drink by mouth	1				
1	once daily	Some Elema (Constitution) 2					
1	-Senexon-S b	.6mg-50mg (Constipation), 2					
	-Physician orders						
1	-Carbamazen	ine ER 400mg (Seizures), 1					
1	tablet by mouth tw						
1	-Culturelle Pro	-Well 15 Billion (15B) Cell Cap					
1	(Diarrhea), 1 caps	ule by mouth once daily					
1	-Divalproex S	odium 250mg (Selzures), 4					
1	tablets by mouth t	wice daily					
1	-Docusate So	dium 100mg (Constipation), 1	1				

Division of Health Service Regulation

STATE FORM

OVFP11

If continuation sheet 5 of 11



Division	of Health Service Ru	paulation			Name of the last o	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (N1) PROVIDENSIN-PLIERALIA RUENTIFICATION MARRIER		A BUILDING	a) MULTIPLE CONSTRUCTION MULTIPLE CONSTRUCTION		COMPLETED (ca) DATE SURVEY	
		MHL002-307	B WHO		04/0	9/2025
NAME OF	PROVIDER OR BUPPLIER	STREET AD	ORESS. CITY,	STATE, ZIP GODE		
ROSE HOME 200 ROSE CARY, NO		in the same and a				
(H) ID PREFIX TAB	(EACH DEFICIENCY	TEMENT OF DEFICIENCES Y MUST BE PRECEDED BY FULL BG IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER & PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION BHOUL CROSS REFERENCED TO THE APPROX (DEFICIENCY)	D BE	COMPLETE DATE
V 118	by mouth twice dail -Levetiracetam by mouth twice dail -Vitamin B-6 10 1 tablet by mouth o -Vitamin D3 10 D Deficiency), 1 ca Observation on 4/9 revealed: -All medications list Review on 4/9/25 o March 1, 2025 thro -No staff initials to i administered for the -Carbamazepir dose and 3/25 8:00 -Culturelle ProDivalproex Sociose. -Docusate Soci -Gabapentin 30 -Levetiracetam -Marlissa 3x28, -Polyethylene G powder on 3/20. -Senexon-S 8:6 -Vitamin B-6 10 -Vitamin D3 100 Interview with Quali 4/9/25 revealed -He was sware that MAR after administer	once daily Domg (Seizures), 2 capsules y 500mg (Seizures), 2 tablets y Domg (Vitamin B-6 Deficiency), noe daily Ou (25mcg) softgel (Vitamin psule by mouth once daily /25 of Client #2's medications led were evailable. If Client #1's MARs from ugh March 31, 2025 revealed: ndicate the medication was le ER 400mg on 3/20 8:00 am long pm dose. Well 15B on 3/20. Jum 250mg on 3/20 8:00 am om 100mg on 3/20 8:00 am dose. Well 15B on 3/20. Jum 250mg on 3/20 8:00 am om 400mg on 3/20 8:00 am om 500mg on 3/20 8:00 am dose. Cuter 0,15- 0.03 on 3/20. Juycol 3350 17G/1 dose mg-50mg on 3/20. Juycol 3350 17G/1 dose mg-60mg on 3/20. Juycol 3350 17G/1 dose	V 110			
		been initialed by staff.				0

Division of Health Service Regulation STATE FORM

OVEP11

If continuation sheet 6 of 11



Division of Health Berylca Regulation (R3) DATE SURVEY that they be constitue from PRIME STATE OF PRIMERAL (3.1) PROMOREMUTER BRICHA REPORTED AND REPORTED AND FRANCE CYMPRY INN COMPLETED A BURE MINIS ... MHL092 207 IN WHINTS 04/09/2028 BANK OF PRODUCTION OR BUTTO IN BIREET AUURESS, CITY, STATE, 2IP COUE 209 ROSE STREET ROSE NOME CARY, NO 27811 SUBBRARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY RUST BE PRECEDED BY FULL REGULATORY OR LBC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION JEACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCEU TO THE APPROPRIATE COMPLETE DATE (84) E) PREFIX PREFER **DEFICIENCY** V 118 | Continued From page 6 V 118 He had staff complete an additional paper copy of the MAR for the missed days/doses in the previous month. He stated the updating of the MAR had to be done by the 15th of each month. -The March 2025, and April 2025 MARs had not been updated regarding this process yet. Due to the failure to accurately document medication administration, it could not be determined if the clients received their medication as ordered by the physician. V 536 27E .0107 Client Rights - Training on Alt to Rest. V 838 All community residential staff 0/08/2025 training courses will be reviewed by the training 10A NCAC 27E .0107 TRAINING ON manager on a monthly basis to **ALTERNATIVES TO RESTRICTIVE** INTERVENTIONS ensure compliance with (a) Facilities shall implement policies and standard V 536. The QA practices that emphasize the use of alternatives specialist will conduct a training to restrictive interventions. session with all supervisors to (b) Prior to providing services to people with emphasize the importance of disabilities, staff including service providers. training and adherence to employees, students or volunteers, shall demonstrate competence by successfully DHSR standards and best completing training in communication skills and practices. We will ensure that other strategies for creating an environment in the staff member identified in which the likelihood of Imminent danger of abuse the survey is compliant with or injury to a person with disabilities or others or their NCI training by June 8. property damage is prevented. 2025 (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

Division of Health Service Regulation

STATE FORM

OVFP11

If continuation sheet 1 of 11



Division	of Health Service Re	egulation			7 697 657	770 7700 7500
GTATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER	(X2) MULTI A BUILDIN	PLE CONSTRUCTION G	(A3) DATE GURVEY COMPLETED	
		MHL092-267	B WING_		04/	09/2025
NAME OF PROVIDER OR SUPPLIER STREET AD		DRESS, CITY	, STATE, ZIP CODE			
ROSE HOME 209 ROSE CARY, NC		11 May 16 G 40000 All 15				
(I4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDEFICIENCY)	DBE	COMPLETE DATE
	course. (e) Formal refreshed by each service programually). (f) Content of the transport of the Division of MH/I Paragraph (g) of this (g) Staff shall demonstrate following core areas (1) knowledge people being served (2) recognizing external stressors the disabilities; (3) recognizing external stressors the disabilities; (4) strategies relationships with perfect organizational factor disabilities; (6) recognizing organizational factor disabilities; (7) skills in assessalating in the persections about their (7) skills in assessalating behavior; (8) communication organizations organizations de-escalating persections organizations organizations de-escalating persections organizations orga	ar training must be completed wider periodically (minimum raining that the service employ must be approved by DD/SAS pursuant to significant to see and understanding of the significant to see a se	V 536	DEFICIENCY)		
		tion shall include:				

Division of Health Service Regulation

STATE FORM

9610

OVFP11

If continuation sheet 8 of 11



Division of Health Service Regulation							
The state of the s		(I/2) MULTIPLE CONSTRUCTION A BUILDING		(K3) DATE SURVEY COMPLETED			
		MHL092-267	B WIND		04/09	/2025	
NAME OF F	ROYDER OR SUPPLIER	BTREET ADI	DRESS, CITY, B	TATE, ZIP CODE			
ROSE HO	OME	209 ROSE CARY, NO					
(H4) ID PREFIR TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED (CROSS-REFERENCE)	DN DBE PRIATE	COMPLETE DATE	
V 630	outcomes (pass/fa (B) when an (C) Instructo (2) The Divis review/request this (i) Instructor Quali Requirements: (1) Trainers by scoring 100% o aimed at preventin need for restrictive (2) Trainers by scoring a passis instructor training (3) The train competency-based objectives, measur observation of beh measurable metho failing the course. (4) The cont service provider pl approved by the D to Subparagraph ((5) Acceptal shall include but as (A) understas (B) methods course; (C) methods performance; and (D) documen (6) Trainers teaching a training reducing and elimi interventions at lear review by the coac	cipated in the training and the iii); discrete when attended; and r's name; sion of MH/DD/BAS may a documentation at any time. Incations and Training shall demonstrate competence in testing in a training program g, reducing and eliminating the interventions. In a shall demonstrate competence in grade on testing in an program. In a shall be did include measurable learning rable testing (written and by avior) on those objectives and add to determine passing or sent of the instructor training the ansito employ shall be ivision of MH/DD/BAS pursuant (a)(5) of this Rule. Die instructor training programs are not limited to presentation of inding the adult learner; a for teaching content of the instructor training programs are not limited to presentation of the after evaluating trainee station procedures. It is the program aloned at preventing, analing the need for restrictive action time, with positive the content of time in time, with positive the content of time and time, with positive the content of time.					
	(7) Trainers	shall teach a training program					

Division of Health Service Regulation STATE FORM

OVFP11

If continuation sheet 9 of 11



Division of Health Service Regulation							
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (C1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION 3:		SURVEY	
		MHL092-267	B. WING_		04/0	9/2025	
NAME	OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE			
ROS	HOME	209 ROSE CARY, NO					
PREI TAI	K (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
V	need for restrictive annually. (8) Trainers instructor training a (j) Service provide documentation of literaining for at least (1) Documentation of literaining for at least (1) Documentation of literaining for at least (1) Documentation of literaining for at least (2) The Divisor request and review (k) Qualifications of (1) Coaches requirements as a (2) Coaches the course which is (3) Coaches competence by contrain-the-trainer instinations of the course which is (3) Coaches competence by contrain-the-trainer instinations of the course which is (3) Coaches competence by contrain-the-trainer instinations of the course which is (3) Coaches competence by contrain-the-trainer instinations of the course which is (3) Coaches competence by contrain-the-trainer instinations of the course which is (3) Coaches competence by contrain-the-trainer instinations of the course which is (4) Coaches competence by contrain-the-trainer instinations of the course which is (4) Coaches competence by contrain-the-trainer instinations of the course which is (4) Coaches competence by contrain-the-trainer instinations of the course which is (4) Coaches competence by contrain-the-trainer instinations of the course which is (4) Coaches competence by contrain-the-trainer instinations of the course which is (4) Coaches course	g, reducing and eliminating the interventions at least once shall complete a refresher at least every two years. It least every three years, I mentation shall include: cipated in the training and the lip; if where attended; and it least extended; and it least extended; and it least every time. It least extended in three times hall teach at least three times being coached. It least extended in pletion of coaching or	V 536				
	facility failed to ensured received annual train	t as evidenced by: riews and interviews, the ire 1 of 3 audited staff (#6) ning in alternatives to ons. The findings are:					

Division of Health Service Regulation

STATE FORM

0890

OVFP11

If continuation sheet 10 of 11



Organo of Hesith Service Regulation						
STATEMENT OF CRITICALS (FT) PROVIDED IN THE STATE OF		(A2) MILITPLE CONSTRUCTION (A3) DATE SURVEY COMPLETED				
ASSIG PLASS	OF COMPLETION	CENTRICATION NUMBER	A BALING			
			1		1	1
		MHL092-267	E AURC		64/09/	2025
NAME OF F	HOVCAR CA SIPPLER			TATE, ZIP CODE		
BOSE HO	2448	200 ROSE	STREET			- 1
PAPE PA	/m5	CARY, NO	27511			
(9.4) (9)	SURMAPY STA	TEMENT OF DEFICIENCIES	D .	PROVIDER'S PLAN OF CORRECTS		(23)
PREFU		MAJST BE PRECEDED BY FULL	PREFUL	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	PRIGIDATORY ON L	SC ELENTIFYING INFORMATION)	TAG	DEFICIENCY	2002	
V 633	Continued From pa	ige 10	V 536			
	Berteuro ADDS	of Staff #6's personnel record				
	revealed:	or even ad a beraging record				- 1
	-Hire data of 11/15	40				
		Support Professional.				
		alternatives to restrictive				
		ation for Staff #6 was dated				
	4/1/22					
		rumentation of current training	1		1	
		estrictive interventions.			- 1	
		5 with Staff #6 revealed:				
	-She was not awar	e of any of her trainings being				
	expired.					
	Interview on 4/9/25					
	Assessment/Qualit	ty Improvement Specialist				
	revealed:					
		forth Carolina Intervention Plus				
		as their training for alternatives	1		1	
	to restrictive interv					
		estrictive interventions.				
		re Staff #6's NCI+ training had				
	expired.					
		scheduled to take it at the next				
		of the training. No date was				
		ext available training.				
		aff #6's training on alternatives				
	to restrictive interv	entions had expired.				
	Interdes Amore	Ludth the Qualified				
	Interview on 4/9/25					
	Professional revea	The state of the s				
		that Staff #3's NCI+ training				
	had expired.	#####				
		ff #6's training on alternatives entions had expired.				
l	to restrictive interv	enuons nad expired.				
1					1	
			1			
			1			
			1			

Division of Health Service Regulation STATE FORM

OVFP11

0,000

If continuation sheet 11 of 11

