

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>FREEDOM CARE SERVICES, LLC #6</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>34 SHALLOW FORD STREET CAMERON, NC 28326</b>		
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V 000	INITIAL COMMENTS  An annual survey was completed on May 21, 2025. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.  This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 513	27E .0101 Client Rights - Least Restrictive Alternative  10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use.	V 513		

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

TITLE

(X6) DATE

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V 513	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure the least restrictive and most appropriate settings and methods were used affecting 3 of 5 clients. The findings are:</p> <p>Review on 5/21/25 of client #1's record revealed: -Admitted on 6/4/18. -Diagnosis of Paranoid Schizophrenia. -No documentation of detailed reason for the rights restriction or restriction reviewed by a QP as required every 7 days.</p> <p>Review on 5/21/25 of client #3's record revealed: -Admitted on 6/21/19. -Diagnoses of Schizophrenia undifferentiated and Unspecified Disruptive, Impulse Control and Conduct Disorder, Insomnia due to other mental disorder. -No documentation of detailed reason for the rights restriction or restriction reviewed by a QP as required every 7 days.</p> <p>Review on 5/21/25 of client #5's record revealed: -Admitted on 5/28/24. -Diagnosis of Schizophrenia. -No documentation of detailed reason for the rights restriction or restriction reviewed by a QP as required every 7 days.</p> <p>Observation on 5/20/25 at approximately 6:30pm a tour of the facility revealed: -A black wire wrapped around the refrigerator's door handles. -A lock on the pantry containing snacks, drinks, can goods, etc.</p>	V 513		

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V 513	<p>Continued From page 2</p> <p>Interview on 5/19/25 client #1 stated: The pantry and refrigerator were kept locked. -He did not have access to the key for the pantry and refrigerator. -He "just ask sometimes they will give it to you." -He could only get a drink of choice at dinner otherwise he drank water.</p> <p>Interview on 5/19/25 client #3 stated: -The refrigerator and pantry were kept locked.</p> <p>Interview on 5/20/25 client #5 stated: -The refrigerator and pantry were kept locked so no one can steal food. -He does not know where the key is kept. -He received snacks at snack time.</p> <p>Interview on 5/20/25 staff #1 stated: -The refrigerator and pantry were kept locked. -Two clients had rights restrictions. -Client were allowed to get whatever they wanted they would just have to ask.</p> <p>Interview on 5/21/25 staff #2 stated: -The refrigerator and pantry were kept locked. -He was unsure why the refrigerator and pantry were locked. -The client asked staff to get whatever they wanted.</p> <p>Interview on 5/21/25 the Qualified Professional (QP) stated: -There was an individual who took food. -Client # 4 took spices and tried to smoke it about a month ago. -There is a monthly meeting to see if there is still a need for the restriction on rights. -The restriction is not reviewed more often.</p>	V 513		

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V 513	Continued From page 3  Interview on 5/19/25 the Licensee/QP stated: -The clients had access to the key. -The facility reviews restrictions monthly during the clinical meetings. -The facility would do an incident report or service note if there was an issues. -She did not have any incident reports for the last 3 months. -The restriction was not evaluated every 7 days or documented in the client's record.	V 513		
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. (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.	V 536		

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V 536	Continued From page 4  (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). (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);	V 536		

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V 536	Continued From page 5  (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, 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	V 536		

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STATE FORM

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V 536	Continued From page 7  revealed: -Hire date: -No documentation of a current annual training in alternatives to restrictive interventions.  Interview on 5/20/25 the L/QP stated: -The facility did not use physical restrictive interventions. -Her alternatives to restrictive interventions had expired. -She was scheduled to for annual alternatives to restrictive interventions on 5/27/25.	V 536		