STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED. B. WING MHL034-066 05/29/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 941 WEST STREET YWCA-HAWLEY HOUSE WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 RECEIVED An annual survey was completed on 5/29/25. A deficiency was cited. This facility is licensed for the following service DHSR-MH Licensure Sect category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. Program Director + Administration Team will revise and applate The facility is licensed for 9 and currently has a census of 5. The survey sample consisted of Alternatives to Restrictive audits of 3 current clients. Interventions Policy will in 60 days from exit date V 536 27E .0107 Client Rights - Training on Alt to Rest. V 536 Staff and all person shall demonstrate competency by 10A NCAC 27E .0107 TRAINING ON completing training in ALTERNATIVES TO RESTRICTIVE communication skills + other INTERVENTIONS (a) Facilities shall implement policies and strategies for creating an practices that emphasize the use of alternatives environment like hood of to restrictive interventions. imminent danger of abuse, (b) Prior to providing services to people with disabilities, staff including service providers. injury to a person with employees, students or volunteers, shall disabilities, others or property demonstrate competence by successfully damage is prevented. completing training in communication skills and other strategies for creating an environment in All trainings will be competacy based, measurable learning which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. objectives, measurable (c) Provider agencies shall establish training based on state competencies, monitor for internal testing on those objectives, compliance and demonstrate they acted on data measurable methods to gathered. determine passing failing (d) The training shall be competency-based, include measurable learning objectives, of course. Program Director will ensure that Partnerry measurable testing (written and by observation of behavior) on those objectives and measurable Agencies has training (State Compencies) methods to determine passing or failing the Division of Health Service Regulation heldritteProgram Divector (X8) DATE 6/15/25 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL034-066 05/29/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 941 WEST STREET YWCA-HAWLEY HOUSE WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 536 | Continued From page 1 V 536 Program Director / Administration ensure training annually Training approved by Division of MH/ADI SAS pursuant to Paragraph (g) of Unis rule; course. (e) Formal refresher training must be completed by each service provider periodically (minimum (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. Staff demonstrate (g) Staff shall demonstrate competence in the following core areas: competence in come (1) knowledge and understanding of the areas: 1-9 people being served; (2)recognizing and interpreting human behavior: recognizing the effect of internal and external stressors that may affect people with disabilities; strategies for building positive relationships with persons with disabilities; recognizing cultural, environmental and organizational factors that may affect people with disabilities: 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 Program Director/Admend July will mainten documentation 2849 of initial and refresher 2025 training for 3, 122 (h) and de-escalating potentially dangerous behavior; and (9)positive behavioral supports (providing means for people with disabilities to choose of initial and refresher training for 3 years (h) activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for Documentaction will at least three years. include: (1) Documentation shall include: (A) who participated in the training and the 1A - C

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL034-066 B. WING 05/29/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 941 WEST STREET YWCA-HAWLEY HOUSE WINSTON SALEM, NC 27101 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 536 Continued From page 2 V 536 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 Program Director will ensure the approved Instructor by the Division of MH/DD/StS meets all requirements Listed uncher 1-8 Requirements: Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. 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. 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. Acceptable instructor training programs (5)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. 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. Trainers shall teach a training program aimed at preventing, reducing and eliminating the

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Division of Health Service Regulation

PRINTED: 06/03/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL034-066 05/29/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 941 WEST STREET YWCA-HAWLEY HOUSE WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) an approved Trainer July Division of MH/DD/SAS July on Alternatives to Restrictive Interventions 2025 V 536 | Continued From page 4 V 536 Review on 5/28/25 of the Case Manager Assistant's record revealed: - No training in alternatives to restrictive interventions. with in 60 days from the exit of the Review on 5/28/25 of the Program Director's record revealed: - No training in alternatives to restrictive interventions. survey. Interview on 5/29/25 with the Program Director revealed: - The Clinical Director provided de-escalation training to all the staff. - The Clinical Director's training was not an approved curriculum in alternatives to restrictive interventions.