

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER YWCA-HAWLEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 941 WEST STREET WINSTON SALEM, NC 27101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on 5/29/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. The facility is licensed for 9 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000	<p>RECEIVED JUN 18 2025 DHRS-MH Licensure Sect</p> <p>Program Director + Administration Team will revise and update Alternatives to Restrictive Interventions Policy within 60 days from exit date. Staff and all person shall demonstrate competency by completing training in communication skills & other strategies for creating an environment likelihood of imminent danger of abuse, injury to a person with disabilities, others or property damage is prevented. All trainings will be competency based, measurable learning objectives, measurable testing on those objectives, measurable methods to determine passing/failing of course. Program Director will ensure that Partnering Agencies has training (State Competencies)</p>	<p>July 28th 2025</p>
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	V 536		

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

Demita Mitchell

TITLE Program Director
CPSS

(X6) DATE 6/15/25

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V 536	Continued From page 2 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, 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	V 536	Program Director will ensure the approved Instructor by the Division of MH/DD/SAS meets all requirements listed under 1-8	July 29th 2025

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V 536	<p>Continued From page 3</p> <p>need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff completed training on alternatives to restrictive interventions at least annually affecting 2 of 3 audited staff, Program Director and Case Manager Assistant. The findings are:</p>	V 536	<p>Program Director and Administrative Team will update policy to reflect Alternatives to restrictive intervention. All staff trained annually by</p>	<p>July 28th 2025</p>

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V 536	Continued From page 4 Review on 5/28/25 of the Case Manager Assistant's record revealed: - No training in alternatives to restrictive interventions. Review on 5/28/25 of the Program Director's record revealed: - No training in alternatives to restrictive interventions. 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.	V 536	an approved Trainer Division of MH/DD/SAS on Alternatives to Restrictive Interventions within 60 days from the exit of the survey.	July 28 th 2025	