Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) F

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ((X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING:		
		MHL011-424	B. WING		R 06/24/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CAIYALYN	IN BURRELL CHILD CR	ISIS CENTER	MORE AVENUE LE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS	3	V 000			
	An annual and follow up survey was completed on June 24, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based					
	Crisis Service for Ind Groups.	ividuals of all Disability				
The facility is licensed for 16 and currently has a census of 14. The survey sample consisted of audits of 3 current clients.						
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,		V 536			
	include measurable li measurable testing (vi behavior) on those of					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

DIVISION	n nealth Service Negu	ialion					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED	
			1				
					R		
		MHL011-424	B. WING		06/24	1/2025	
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DDESS CITY STA	ATE ZID CODE			
NAIVIE OF PI							
CAIYALYNN BURRELL CHILD CRISIS CENTER							
0.1		ASHEVILI	LE, NC 28801				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE	COMPLETE	
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE	
			1	DEFICIENCY)			
V 526	Cantinuad Francisco	- 1	V 536				
V 536	Continued From page	2 1	V 536				
	course.						
		training must be completed					
		der periodically (minimum					
		der periodically (Illillillillillilli					
	annually).						
	(f) Content of the trai	•					
	•	nploy must be approved by					
	the Division of MH/DI	D/SAS pursuant to					
	Paragraph (g) of this	Rule.					
	(g) Staff shall demon	strate competence in the					
	following core areas:	•					
	_	and understanding of the					
	people being served;						
		and interpreting human					
	behavior;	and interpreting numan					
	′	the effect of intermed and					
		the effect of internal and					
		at may affect people with					
	disabilities;						
		or building positive					
	relationships with per-	sons with disabilities;					
	(5) recognizing	cultural, environmental and					
	organizational factors	that may affect people with					
	disabilities;	,					
	· ·	the importance of and					
		n's involvement in making					
	decisions about their						
		essing individual risk for					
		essing individual risk for					
	escalating behavior;						
		tion strategies for defusing					
		tentially dangerous behavior;					
	and						
		navioral supports (providing					
		h disabilities to choose					
	activities which direct	ly oppose or replace					
	behaviors which are ι						
	(h) Service providers	,					
		al and refresher training for					
	at least three years.	a. a. a rondonor danning for					
		tion shall include:					
	` '						
	(A) who particip	ated in the training and the	1				

Division of Health Service Regulation

STATE FORM 6899 V70F11 If continuation sheet 2 of 5

טועוsion d	of Health Service Regu	liation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		COMPLETED			
						ь		
		MIII 044 404	B. WING	B. WING		R		
		MHL011-424	B: 111110		0	6/24/2025		
NAME OF PI	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE				
	277 BILTMORE AVENUE							
CAIYALYN	CAIYALYNN BURRELL CHILD CRISIS CENTER ASHEVILLE, NC 28801							
			LVILLE, NC 20001	T				
(X4) ID		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETE		
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO 1		DATE		
				DEFICIENC	CY)			
		_	14.500					
V 536	Continued From page	e 2	V 536					
	outcomes (pass/fail);							
		where they attended; and						
	(C) instructor's							
		n of MH/DD/SAS may						
		ocumentation at any time.						
	(i) Instructor Qualification	-						
	Requirements:	anono ana maning						
	•	all demonstrate competence						
		testing in a training program						
		reducing and eliminating the						
	need for restrictive in	_						
		all demonstrate competence						
		grade on testing in an						
	instructor training pro	•						
		nclude measurable learning ble testing (written and by						
	•	• • • • • • • • • • • • • • • • • • • •						
		rior) on those objectives and						
		to determine passing or						
	failing the course.	t of the inetructor training the						
	(4) The content of the instructor training the service provider plans to employ shall be							
	T		.					
	to Subparagraph (i)(5	sion of MH/DD/SAS pursuant	•					
	. •							
	(5) Acceptable instructor training programs shall include but are not limited to presentation of:							
	` '	ing the adult learner;						
	` '	or teaching content of the						
	course;							
		or evaluating trainee						
	performance; and							
		tion procedures.						
	` '	all have coached experience						
		rogram aimed at preventing,						
	_	ting the need for restrictive						
		one time, with positive						
	review by the coach.							
		all teach a training program						
	aimed at preventing, reducing and eliminating the							

Division of Health Service Regulation

STATE FORM 6899 V70F11 If continuation sheet 3 of 5 Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		MHL011-424	B. WING		06/24/202	25
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAIYALYN	IN BURRELL CHILD CRIS					
ASHEVILLE, NC 28801						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COM	(X5) MPLETE DATE
V 536	Continued From page	3	V 536			
V 330	need for restrictive intannually. (8) Trainers shainstructor training at legit (j) Service providers documentation of inititation of inititation of the course of training for at least that (1) Documes (A) who participoutcomes (pass/fail); (B) when and work (C) instructor's (2) The Division request and review the (k) Qualifications of Course of Course which is becompetence by competence by competence by competence by competence of train-the-trainer instruction of the course which is becompetence of the course which is becompetence by competence of train-the-trainer instruction of the course which is becompetence of the course of the course which is becompetence of the course of the co	erventions at least once all complete a refresher east every two years. shall maintain al and refresher instructor ree years. entation shall include: ated in the training and the where attended; and name. n of MH/DD/SAS may is documentation any time. Coaches: all meet all preparation iner. all teach at least three times eing coached. all demonstrate letion of coaching or ction. all be the same preparation	V 330			
		ews and interviews, the e 1 of 3 audited staff (the annual training on				

Division of Health Service Regulation

STATE FORM 6899 V70F11 If continuation sheet 4 of 5

PRINTED: 06/24/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				-			R
		MHL011-42	24	B. WING			/24/2025
NAME OF PROVIDER OF	SUPPLIER		STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CAIYALYNN BURRELL CHILD CRISIS CENTER 277 BILTMORE AVENUE ASUFYWLE NO 20004							
	0.00.00.00			.E, NC 28801	DD0///DEDIG D/ AN 05	000000000000	
	ACH DEFICIENC	ATEMENT OF DEFICIE Y MUST BE PRECEDE LSC IDENTIFYING INF	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 536 Continue	ed From page	e 4		V 536			
Review of revealed prevention of the control of the	on 6-24-25 or : : Clinician rials: License Hire: 2-26-23 ence of training e intervention ence of a way on 6-24-25 believe that think the Clirt sure if there	f the Clinician's re d Clinical Social 3 ing in alternatives	Work s to g training. revealed: the training. e the ating the				

Division of Health Service Regulation

STATE FORM 6899 V70F11 If continuation sheet 5 of 5