

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>06/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>YORKE COTTAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6750 SAINT PETERS LANE, SUITE 100 MATTHEWS, NC 28105</b>		
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 6-23-25. The complaint was substantiated (#NC00230696). Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><b>RECEIVED</b> <b>JUL 14 2025</b> <b>DHSR-MH Licensure Sect</b></p>		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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</p>	V 536	<p>V536</p> <p>Correction:</p> <p>1. QIS generated and reviewed training compliance report. QIS reviewed the report with program supervisor</p> <p>2. A comprehensive review of all staffs training plans will be completed by the Program Supervisor. The Program Supervisor will support staff in getting any out-of-date trainings completed.</p> <p>3. The Program Supervisor will review training plans and expectations around timely completion of trainings with staff during monthly 1:1 supervision meetings.</p> <p>Prevention:</p> <p>1. The Program Supervisor will maintain a tracking system to monitor staff training due dates. Monthly audits will be conducted to ensure all staff remain current with TCI and other mandatory trainings. Staff will receive reminders 30 days in advance of their training expiration dates.</p> <p>Monitoring:</p> <p>1. The Program Supervisor will monitor compliance by reviewing the training tracker monthly</p> <p>2. The Program Supervisor will monitor timely enrollment and completion of refresher courses</p>	<p>7/3/2025</p> <p>8/23/2025</p> <p><b>RECEIVED</b> <b>JUL 14 2025</b> <b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation

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

*Jessie King*

TITLE

*Quality Improvement Specialist*

(X6) DATE

*7/3/25*

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V 536	Continued From page 1  course. (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	V 536			

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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		

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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> </p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure that 1 of 1 audited former staff (Former Staff #1) completed semi-annual training in alternatives to restrictive interventions. The findings are:</p>	V 536			

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V 536	Continued From page 4  Review on 6-10-25 of Former Staff #1 (FS#1)'s record revealed: -Hire date 10-9-23, termination date 5-16-25. -Therapeutic Crisis Intervention (TCI) training last completed on 10-13-23.  Interview on 6-19-25 with FS#1 revealed: -She remembers she had TCI training "sometime last year."  Interview on 6-18-25 with the facility supervisor revealed: -FS#1's training was probably overlooked because FS#1 was regularly in the hospital. -FS#1 had been in the hospital several times in the last year. -They would make sure to monitor the trainings more closely in the future so training for all staff would be up to date.	V 536			
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO  10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of	V 537	V537 Correction: 1. QIS generated and reviewed training compliance report. The report was reviewed with the Program Supervisor 2. A comprehensive review of all staffs training plans will be completed by the Program Supervisor. The Program Supervisor will support staff in getting any out-of-date trainings completed. 3. The Program Supervisor will review training plans and expectations around timely completion of trainings with staff during monthly 1:1 supervision meetings.  Prevention: 1. The Program Supervisor will maintain a tracking system to monitor staff training due dates. Monthly audits will be conducted to ensure all staff remain current with TCI and other mandatory trainings. Staff will receive reminders 30 days in advance of their training expiration dates.	7/3/2025  8/23/2025	



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V 537	Continued From page 5  seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the	V 537	Monitoring: 1. The Program Supervisor will monitor compliance by reviewing the training tracker monthly 2. The Program Supervisor will monitor timely enrollment and completion of refresher		

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V 537	Continued From page 6  restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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); (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 Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) 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. (5) 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 (j)(6) of this Rule. (6) Acceptable instructor training programs	V 537			

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V 537	Continued From page 7  shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (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. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate	V 537			



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V 537	<p>Continued From page 8</p> <p>competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure that 1 of 1 audited former staff (Former Staff #1) completed semi-annual training in seclusion, restrictive interventions and time out . The findings are:</p> <p>Review on 6-10-25 of Former Staff #1 (FS#1)'s record revealed: -Hire date 10-9-23, termination date 5-16-25. -Therapeutic Crisis Intervention (TCI) training last completed on 10-13-23.</p> <p>Review on 6-10-25 of a video of Client #1 being restrained dated 5-10-25 revealed: -FS#1 participating in restraining Client #1.</p> <p>Interview on 6-19-25 with FS#1 revealed: -She remembers she had TCI training "sometime last year."</p> <p>Interview on 6-18-25 with the facility supervisor revealed: -FS#1's training was probably overlooked because FS#1 was regularly in the hospital. -FS#1 had been in the hospital several times in the last year. -They would make sure to monitor the trainings more closely in the future so training for all staff would be up to date.</p>	V 537			

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