STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEVE AVENT	3925 SUNSET AVENUE ROCKY MOUNT, NC 27803

(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 A follow up survey was completed on 7/28/25. Deficencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 staff (Alternative Family Living (AFL) Provider) had current training in Cardiopulmonary Resuscitation (CPR) and First Aid. The findings are: Review on 7/23/25 of the AFL Provider's personnel record revealed: - Hire Date: 7/16/13 - CPR and First Aid certification dated 3/2/23 and expired 3/2/25 Interview on 7/23/25 the Qualified Professional (QP) reported: - The AFL Provider had not completed his CPR or First Aid training since the previous Division of Health Service Regulation (DHSR) survey dated 4/16/25 - She had sent the AFL Provider "countless emails" about CPR and First Aid trainings since the previous DHSR survey - The AFL Provider "always" reported to her that he was unable to come to the training - "I have stressed to him that he should come (to CPR/First Aid class)" Interview on 7/23/25 the AFL Provider reported: - He was aware his CPR/First Aid training had	V 108		

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V 108	Continued From page 2 expired - He did not always check his emails from the QP which stated when the CPR and First Aid Training training dates were - He had not been able to "make" (attend) some of the CPR and First Aid trainings that had been scheduled the past few months - "I will keep an eye out for the next email" and attend the CPR and First Aid training This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 108		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	Continued From page 3 (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to administer medication on the written order of a physician for 1 of 2 clients (#2). The findings are: Review on 7/23/25 of Client #2's record revealed: - Admitted: 12/28/2010 - Diagnoses: Mild Intellectual Disabilities, Schizophrenia, Hypertension - July 2025's MAR: - Metoprolol Tartrate 50mg Take 1 tablet by mouth daily - Only one section to document medication as administered at 8am - No section to document medication as administered in the evening at 8pm - Documentation to show that the Metoprolol was administered once daily at 8am Observation on 7/23/25 at approximately 11:15am of Client #2's medications revealed: - Metoprolol medication label on Client #2's medication bottle: "Take 1 tablet by mouth twice a day with food" Review on 7/24/25 of a faxed document from	V 118		

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Client #2's Physician dated 7/24/25 revealed:
- Client #2 was currently on the medication Metoprolol Tartrate 50mg milligram orally twice daily (Hypertension)
- This had been the signature dose for several years
- The dosing schedule had not changed

Interview on 7/24/25 Client #2 reported:
- The Alternative Family Living (AFL) Provider administered him his medications
- He took all of his medications in the morning and at night, but was unable to say which medications he took

Interview on 7/24/25 with a Registered Nurse (RN) from Client #2's Primary Care Physician's Office reported:
- The order for Client #2's Metoprolol medication stated "Take one tablet by mouth twice a day with food"
- The note she was reading from at her computer was dated 1/15/25
- There had been no recent changes to Client #2's Metoprolol

Interview on 7/23/25 the Qualified Professional (QP) reported:
- She visited the facility monthly, usually the last week of the month
- She checked to make sure the medication labels matched the doctor's orders and MARs
- She was responsible to transcribe and keep the MARs for the facility current
- She had not visited the facility to check the medications and the MARs for the month of July 2025
- She made a "mistake" when she transcribed the July MAR

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V 118	Continued From page 5 Interview on 7/23/25 the AFL Provider reported: - The QP is responsible for updating the MARs for the facility - He and the QP were responsible to review the medication labels and MARs to ensure they matched - Not sure why the Metoprolol was changed on the July MAR for Client #2 - He "probably just overlooked it" when the QP gave him the July MARs for Client #2 - He had administered Client #2 the Metoprolol in the "morning and evening this month" (July 2025) - He only documented the medication administration at 8am - He would ensure he reviewed MARs "more thoroughly" in the future Due to failure to accurately document medication administration, it could not be determined if the client received his medication as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
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	V 536		

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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.
(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;

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(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);
(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

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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 annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) 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 outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may request and review this documentation any time.
(k) 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 competence by completion of coaching or train-the-trainer instruction.
(l) Documentation shall be the same preparation as for trainers.

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure 1 of 2 staff (Alternative Family Living (AFL) Provider) had current training in the use of alternatives to restrictive intervention. The findings are:

Review on 7/23/25 of the AFL Provider's personnel record revealed:
- Hire Date: 7/16/13
- Alternatives to Restrictive Intervention Training (You're Safe, I'm Safe) expired 3/25/25
- No other documentation of Alternatives to Restrictive Intervention Training

Interview on 7/24/25, the Qualified Professional (QP) reported:
- She was aware the AFL Provider did not have current training in alternatives to restrictive interventions
- She had sent him "copious email reminders" about You're Safe, I'm Safe trainings
- He would report to her that he could not "make" (attend) the trainings
- She would schedule him for an upcoming You're Safe, I'm Safe training in August 2025

Interview on 7/24/25 the AFL Provider reported:
- He was aware he was "behind" on his You're Safe, I'm Safe training
- He had been unable to attend the You're Safe, I'm Safe training the QP had emailed him

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V 536	Continued From page 10 about the past few months - He was scheduled for a You're Safe, I'm Safe training next month	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 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	V 537		

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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 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

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V 537	Continued From page 12 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 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	V 537		

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V 537	Continued From page 13 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 competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 staff (Alternative Family Living (AFL) Provider) had current training in seclusion, physical restraint and isolation time-out. The findings are:	V 537		

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STEVE AVENT	3925 SUNSET AVENUE ROCKY MOUNT, NC 27803

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V 537	Continued From page 14 Review on 7/23/25 of the AFL Provider's personnel record revealed: - Hire Date: 7/16/2013 - Training in Seclusion, Physical Restraint and Isolation Time-Out (You're Safe, I'm Safe) expired 3/25/25 - No other documentation of training in Seclusion, Physical Restraint and Isolation Time-Out Interview on 7/24/25, the Qualified Professional (QP) reported: - She was aware the AFL Provider did not have current training in Seclusion, Physical Restraint and Isolation Time-Out - She had sent him "copious email reminders" about You're Safe, I'm Safe trainings - He would report to her that he could not "make" (attend) the You're Safe, I'm Safe trainings - She would schedule him for an upcoming You're Safe, I'm Safe training in August 2025 Interview on 7/24/25 the AFL Provider reported: - He was aware he was behind on his You're Safe, I',m Safe training - He had been unable to attend the previous You're Safe, I'm Safe trainings the QP had emailed him about these past few months - He was now scheduled for You're Safe, I'm Safe training the following month	V 537		