

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2025
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NAME OF PROVIDER OR SUPPLIER ETTA'S RESIDENTIAL SERVICES & SUPPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 4833 TOLLEY COURT RALEIGH, NC 27616
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on November 6, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ul style="list-style-type: none"> (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. <p>(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.</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 2 paraprofessional staff (staff #1 & Executive Officer (EO)/Owner) and 1 of 1 qualified professional (QP) staff had trainings to meet MH/DD/SA needs of the clients served. The findings are:</p> <p>Review on 11/5/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 4/9/20 - Diagnoses of Schizoaffective Disorder-Bipolar Type, Autism Spectrum Disorder, Mild Intellectual Developmental Disability, Major Depressive Disorder-Recurrent with Severe Episodes that Include Suicidality and Anxiety Disorder with Performance Anxiety <p>Review on 11/5/25 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 4/21/24 - No documentation of suicide awareness or prevention training <p>Review on 11/5/25 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 6/1/24 - No documentation of suicide awareness or prevention training 	V 108		

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V 108	<p>Continued From page 2</p> <p>Review on 11/5/25 of the EO/Owner's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 12/14/07 - No documentation of suicide awareness or prevention training <p>Attempted interview on 11/5/25 with staff #1 was unsuccessful because staff #1 was on medical leave and could not take any calls.</p> <p>Interview on 11/5/25 the QP reported:</p> <ul style="list-style-type: none"> - She and the EO/Owner were responsible for ensuring staff were trained on client specific needs - Staff needed suicidal awareness training because client #4 had a history of suicidal ideation - She trained the staff on client #4's crisis training and how to contact the local mobile crisis units - She reviewed client #4's person center plan and crisis intervention plan with staff during their monthly supervisions, but she didn't have documentation of the trainings <p>Interview on 11/5/25 the EO/Owner reported:</p> <ul style="list-style-type: none"> - The QP was responsible for overseeing staffs' client specific trainings - Client #4 had a history of suicidal ideations - He hadn't received suicide awareness and prevention training, but he knew what to do when a client expressed suicidal ideations 	V 108		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports</p>	V 513		

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V 513	<p>Continued From page 3</p> <p>that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to use the least restrictive and most appropriate method. The findings are:</p> <p>Observation at 1:32pm on 11/5/25 of the facility's kitchen revealed:</p> <ul style="list-style-type: none"> - A pantry with an hatch bolted to the pantry door and door frame - There was no lock on the hatch <p>Observation at 1:40pm on 11/5/25 revealed:</p> <ul style="list-style-type: none"> - The Executive Officer (EO)/Owner removed the bolted hatch from the pantry door 	V 513		

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V 513	<p>Continued From page 4</p> <p>Interview on 11/5/25 client #1 reported:</p> <ul style="list-style-type: none"> - The facility's kitchen cabinets, refrigerator and pantry was "locked all the time" - The EO/Owner locked the kitchen cabinets, refrigerator and pantry - Saw the kitchen cabinets, refrigerator and pantry locked "last week" - Didn't know why the EO/Owner locked the kitchen cabinets, refrigerator and pantry <p>Interview on 11/5/25 client #2 reported:</p> <ul style="list-style-type: none"> - The facility's kitchen cabinets, refrigerator and pantry were kept locked - Last saw the kitchen cabinets, refrigerator and pantry locked "yesterday and the day before that" - The EO/Owner used a plastic lock to lock the kitchen cabinets and refrigerator - The pantry had a metal lock on the door - The EO/Owner kept the food locked "just so no one can go in there" - "A long time ago someone did" steal food out of the kitchen, but "no one does now" - He was "fine" with th kitchen cabinets, refrigerator and pantry kept locked <p>Interview on 11/5/25 client #3 reported:</p> <ul style="list-style-type: none"> - The EO/Owner kept the facility's kitchen cabinets, refrigerator and pantry locked - The EO/Owner "locked everything so no one tries to steal food," but he hadn't seen any clients steal any food - Last saw the kitchen cabinets, refrigerator and pantry locked "yesterday" <p>Attempted interview on 11/5/25 with staff #1 was unsuccessful because staff #1 was on medical leave and could not take any calls.</p> <p>Interview on 11/5/25 the Qualified Professional</p>	V 513		

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V 513	<p>Continued From page 5</p> <p>reported:</p> <ul style="list-style-type: none"> - Wasn't aware the facility's kitchen cabinets, refrigerator or pantry was still being locked - The EO/Owner used to keep food locked in the kitchen, but he removed the locks after the previous Division Health Service Regulation (DHSR) survey in August 2024 - Saw the hatch on the kitchen's pantry door during her previous visits, but the hatch wasn't locked - Made unannounced visits to the facility, but she never saw locks on the kitchen cabinets, refrigerator or pantry <p>Interview on 11/5/25 the EO/Owner reported:</p> <ul style="list-style-type: none"> - The facility's kitchen cabinet, refrigerator or pantry was kept unlocked - He used to lock the kitchen cabinets, refrigerator and pantry because there was a client that used to steal food, but that client was no longer living at that facility - He removed the locks off of the kitchen cabinets, refrigerator and pantry after the previous DHSR survey - The hatch was still on the pantry door, but he didn't lock it 	V 513		
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</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>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 course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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 	V 536		

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V 536	<p>Continued From page 7</p> <p>decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher 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 they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the 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>	V 536		

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V 536	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 qualified professional (QP) had a current alternatives to restrictive interventions training. The findings are:</p> <p>Review on 11/5/25 of the Qualified Professional's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 6/1/24 - An Evidence Based Practice Interventions (EBPI) training certificate dated 8/20/24 - The EBPI training certificate expired on 8/20/25 <p>Interview on 11/5/25 the QP reported:</p> <ul style="list-style-type: none"> - She and the Executive Officer (EO)/Owner were responsible for ensuring staff received trainings - She looked over staff's trainings quarterly and let the staff know which trainings were needed - Was aware her training had expired, and she already spoke with the EBPI trainer to schedule her training <p>Interview on 11/5/25 the EO/Owner reported:</p> <ul style="list-style-type: none"> - The QP was responsible for ensuring staff's trainings were current - Was unaware the QP's EBPI training had expired 	V 536		