

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/02/2025
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NAME OF PROVIDER OR SUPPLIER
VILLAGE CARES

STREET ADDRESS, CITY, STATE, ZIP CODE
**1619 WEST WARD AVENUE
HIGH POINT, NC 27260**

(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on December 2, 2025. The complaint was unsubstantiated (Intake #NC00234156). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.</p> <p>This facility has a current census of 4. The survey sample consisted of audits of 2 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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <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</p>	V 108		12/26/25

Division of Health Service Regulation

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

TITLE

(X6) DATE

Christopher Young

Board/Program Manager

12-15-25

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>equivalence for relieving airway obstruction. (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 reviews and interviews, the facility failed to ensure staff were currently trained in basic first aid and cardiopulmonary resuscitation (CPR), and bloodborne pathogens affecting staff (#1 and #2). The findings are:</p> <p>Review on 12/1/25 of the Qualified Professional's (QP) record revealed: -Date of Hire: 10/20/25; -Title: QP; -No documentation provided for basic first aid and cardiopulmonary resuscitation (CPR) training, and infectious diseases/bloodborne pathogens.</p> <p>Review on 12/1/25 of the Clinical Director's record revealed: -Date of Hire: 10/23/23; -No documentation provided for infectious diseases/bloodborne pathogens; -Basic first aid and CPR expired on 10/2025.</p> <p>Interview on 12/1/25 with the QP revealed: -"My training for CPR and first aid is scheduled for this weekend; -He was previously trained in CPR and first aid, motivational interviewing, writing effective</p>	V 108		12/22/25

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V 108	Continued From page 2 treatment plans, and Cognitive Behavioral Training (CBT) with his previous employer. Interview on 12/2/25 with the Clinical Director revealed: -"I am completing the renewal for all three (CPR/FA and restraint) trainings this week is my understanding;" -During the license process staff completed trainings. Interview on 12/1/25 with the Owners and Human Resource revealed: -They were a new provider, and unaware of the state regulations; -They do have a board and consultants that advise and provide direction.	V 108		
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	V 536		12/29/25

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V 536	<p>Continued From page 3</p> <p>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> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making 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</p>	V 536		12/22/25

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V 536	<p>Continued From page 4</p> <p>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> <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</p>	V 536		12/22/25

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V 536	<p>Continued From page 6</p> <p>Based on record reviews and interviews, the facility failed to ensure staff were currently trained in alternatives to restrictive interventions affecting staff (#1 and #2). The findings are:</p> <p>Review on 12/1/25 of the Qualified Professional's (QP) record revealed: -Date of Hire: 10/20/25; -Title: QP; -No documentation provided for alternatives to restrictive interventions.</p> <p>Review on 12/1/25 of the Clinical Director's (CD) record revealed: -Date of Hire: 10/23/23; -Title: CD; -No documentation provided for alternatives to restrictive interventions.</p> <p>Interview on 12/1/25 with the QP revealed: -"I should be taking de-escalation, but he was unsure of when the training was."</p> <p>Interview on 12/1/25 with the CD revealed: -"I have been trained in restraint and de-escalation. They (Licensee) should have the training certification;" -"The training was done and "I paid for them."</p>	V 536		12/22/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Provider Name: The Village Life Cathedral

Provider Identification Number: MHL-041-1277

Street Address: 1619 West Ward Avenue, High Point, NC 27260

Survey Date: 12/02/2025

TAG V108 – Personnel Requirements (10A NCAC 27G .0202)

Plan of Correction:

1. Correction of Deficiency:

Village Cares immediately implemented corrective action to ensure all required personnel trainings are current. All affected staff, including the Qualified Professional and Clinical Director, are scheduled to complete Basic First Aid, CPR, Bloodborne Pathogens, and Infectious Disease training by 12/22/2025. Documentation of completed trainings will be placed in each employee's personnel file.

2. Prevention of Recurrence:

Beginning in 2026, Village Cares will implement a digital training management system to track certifications, provide automated reminders, and maintain compliance documentation. New hires must complete required trainings prior to providing services.

3. Monitoring:

The Program Director and Clinical Director will monitor compliance with support from a professional compliance consultant.

4. Monitoring Frequency:

Training records will be reviewed monthly and during compliance consultant meetings.

5. Date of Compliance:

12/22/2025

TAG V536 – Client Rights / Alternatives to Restrictive Interventions (10A NCAC 27E .0107)

Plan of Correction:

1. Correction of Deficiency:

Village Cares has scheduled all affected staff to complete approved training on Alternatives to Restrictive Interventions, including de-escalation and positive behavioral supports, no later than 12/22/2025. Training documentation will be maintained in personnel files.

2. Prevention of Recurrence:

Annual refresher training will be required. A digital compliance system will be implemented in 2026 to track and monitor all required trainings.

3. Monitoring:

The Program Director, Clinical Director, and compliance consultant will oversee compliance.

4. Monitoring Frequency:

Monthly reviews of training compliance will be conducted.

5. Date of Compliance:

12/22/2025