

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/05/2026
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NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE 2	STREET ADDRESS, CITY, STATE, ZIP CODE 510 CRISSY DRIVE JACKSONVILLE, NC 28541
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 5, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A 10NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to administered medications as ordered by a physician and failed to keep Medication Administration Records (MAR) current affecting one of three clients (#3). The findings are:</p> <p>Review on 3/5/26 of client #3's record revealed: -Admission date of 1/19/22. -Diagnoses Moderate Intellectual Disability (IDD), Autistic Disorder, Schizoaffective Disorder, Adjustment Disorder, and Conduct Disorder. -Signed physician order dated 1/13/26 - Mupirocin 2% ointment twice daily to ear lobes for 7 days.</p> <p>Review on 3/5/26 of client #3's MARs 1/1/26-3/5/26 revealed: -Mupirocin 2% ointment (bacterial skin infection) started 1/13/26 8pm and ended 1/20/26 8am. -Mupirocin 2% ointment was signed as given from 2/1/26 - 2/28/26 at 8am and 8pm.</p> <p>Interview on 3/5/26 client #3 stated: -He took his medications daily. -His medications were always available. -He went to the doctor monthly for medication refills.</p> <p>Interview on 3/5/26 the Residential Supervisor</p>	V 118		

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V 118	Continued From page 2 stated: -Client #3 received Mupirocin 2% ointment for only 7 days as ordered. -Mupirocin 2% ointment was empty after 7 days and discarded. -Mupirocin 2% ointment was left on February 2026 MAR and was a transcription error. -She would ensure that MAR is kept up to date.	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 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	V 536		

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V 536	<p>Continued From page 3</p> <p>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 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>	V 536		

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V 536	<p>Continued From page 4</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 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</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>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 record reviews and interviews the facility failed to ensure 3 of 3 audited staff (Qualified Professional (QP), Residential Supervisor (RS), and staff #2) had annual refresher training in alternatives to restrictive intervention. The findings are:</p> <p> </p> <p>Review on 3/5/26 of the QP's record revealed: -Hire date 11/20/20.</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>-Crisis Prevention Institute (CPI) training in alternatives to restrictive intervention completed 7/18/24 with expiration date listed as 7/18/26.</p> <p>Review on 3/5/26 of RS's record revealed: -Hire date 9/6/14. -CPI training in alternatives to restrictive intervention completed 7/18/24 with expiration date listed as 7/18/26.</p> <p>Review on 3/5/26 of staff #2's record revealed: -Hire date 5/22/19. -CPI training in alternatives to restrictive intervention completed 7/18/24 with expiration date listed as 7/18/26.</p> <p>Interview on 3/5/26 staff #2 stated: -She had been working with company for a couple of years. -She had completed CPI Training but was uncertain of last training date.</p> <p>Interview on 3/5/36 the RS stated: -She was not aware CPI refresher training in alternative to restrictive interventions should be completed yearly and not every 2 years. -She would ensure staff had CPI refresher training in alternatives to restrictive interventions.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>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</p>	V 537		

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V 537	<p>Continued From page 7</p> <p>to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(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.</p> <p>(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.</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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (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 	V 537		

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V 537	<p>Continued From page 8</p> <p>concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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 Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning</p>	V 537		

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V 537	<p>Continued From page 9</p> <p>objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) 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 outcome (pass/fail);</p> <p>(B) when and where they attended; and</p>	V 537		

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V 537	<p>Continued From page 10</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 3 of 3 audited staff (Qualified Professional (QP), Residential Supervisor (RS), and staff #2) had annual refresher training in seclusion, physical restraint and isolation time out. The findings are:</p> <p>Review on 3/5/26 of the QP's record revealed: -Hire date 11/20/20. -Crisis Prevention Institute (CPI) training in seclusion, physical restraint and isolation time out completed 7/18/24 with expiration date listed as 7/18/26.</p> <p>Review on 3/5/26 of the Residential Supervisor's record revealed: -Hire date 9/6/14. -CPI training in seclusion, physical restraint and isolation time out completed 7/18/24 with expiration date listed as 7/18/26.</p>	V 537		

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V 537	<p>Continued From page 11</p> <p>Review on 3/5/26 of staff #2's record revealed: -Hire date 5/22/19. -CPI training in seclusion, physical restraint and isolation time out completed 7/18/24 with expiration date listed as 7/18/26.</p> <p>Interview on 3/5/26 staff #2 stated: -She had been working with company for a couple of years. -She had completed CPI Training but was uncertain of last training date</p> <p>Interview on 3/5/26 the RS stated: -She was not aware CPI refresher training in seclusion, physical restraint and isolation time out should be completed yearly and not every 2 years. -She would ensure staff had CPI refresher training in seclusion, physical restraint and isolation time out.</p>	V 537		