

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/05/2026
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NAME OF PROVIDER OR SUPPLIER ROSE'S CASTLE RESIDENTIAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 505 COOK ROAD DURHAM, NC 27713
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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 NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>Review on 3/5/26 of the facility's fire drill log from March 2025 through March 2026 revealed: -No fire drills were conducted for the 1st quarter (January, February, and March). -No fire drills were conducted for the 3rd quarter (July, August, and September). -No fire drills were conducted for the 4th quarter (October, November, and December).</p> <p>Review on 3/5/26 of the facility's disaster drill log from March 2025 through March 2026 revealed: -No disaster drills were conducted for the 2nd quarter (April, May, and June).</p> <p>Interview on 3/5/26 with the Program Director revealed: -"I was doing the fire drills like we were told by the fire department when they came out for their inspection." -"We thought that we were doing it right, but I guess we weren't."</p> <p>Interview on 3/5/26 with the Qualified Professional (QP) revealed: -"I don't conduct fire drills, but I do review them." -I thought the [Program Director] was doing them right because we were told how to do them by the fire department on our last inspection." -She confirmed the facility failed to complete fire and disaster drills for each quarter and for each shift.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	<p>Continued From page 2</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 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>	V 536		

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

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

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V 536	<p>Continued From page 5</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>This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to ensure 3 of 3 audited staff (the Program Director, the Qualified professional and the Owner) had training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 3/5/26 of the Program Director's personnel record revealed: -Hire date of 1/28/2016. -Hired as the Program Director. -Evidenced Based Protective Interventions-Base training was completed on 2/4/25. -No documentation of current training on the use of alternatives to restrictive interventions.</p> <p>Review on 3/5/26 of the Qualified Professional's personnel record revealed: -Hire date of 3/13/2014. -Hired as the Qualified Professional. -Evidenced Based Protective Interventions-Base</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>training was completed on 2/4/25. -No documentation of current training on the use of alternatives to restrictive interventions.</p> <p>Review on 3/5/26 of the Owner's personnel record revealed: -Hire date of 4/20/2009. -Hired as the Owner -Evidenced Based Protective Interventions-Base training was completed on 2/4/25. -No documentation of current training on the use of alternatives to restrictive interventions.</p> <p>Interview on 3/5/26 with the Program Director revealed: -"The training was scheduled for February 2026 but got rescheduled for March 2026." -"I was thinking the training was due in March 2026 instead of February 2026."</p> <p>Interview on 3/5/26 with the Qualified Professional revealed: -"I forgot the training was due in February 2026 and I tried to schedule it in February, but the trainer didn't have any spots left." -"I got everyone scheduled for the training in March 2026." -She confirmed the annual training on alternatives to restrictive interventions was not current.</p>	V 536		