STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-857	A. BUILDING: _____ B. WING _____	R 03/04/2026

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(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 An annual and follow up survey was completed on March 4, 2026. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
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 (E) name or initials of person administering the drug.	V 118		

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V 118	Continued From page 1 (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 record review, observation and interview, the facility failed to ensure medications were administered as ordered affecting 1 of 3 audited clients (#3), and MARs were kept current affecting 2 of 3 audited clients (#2, #4). The findings are: Finding #1: Review on 3/3/26 of client #2's record revealed: -Date of admission: 6/1/24. -Diagnoses: Schizophrenia, Hypertension, Vitamin B 12 Deficiency and Hypokalemia. Review on 3/3/26 of client #2's FL2 Form signed by a physican and dated 12/19/25 revealed: -Amlodipine 10 mg (milligrams) (Hypertension) - Take one daily. -Potassium Chloride 20 meq (milliequivalents) (Hypokalemia) - Take one daily. -Multivitamin (Supplement) - Take one daily. -Vitamin B-12 1000 mcg (microgram) (Vitamin B12 deficiency) - Take one daily. Review on 3/3/26 at approximately 11:55 am of client #2's MARs for 12/1/25-3/3/26 revealed the following was not documented as administered: 3/3/26 at 8am -Amlodipine 10 mg	V 118		

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V 118	Continued From page 2 -Potassium Chloride 20 meq -Multivitamin -Vitamin B-12 1000 mcg Review on 3/3/26 of client #4's record revealed: -Date of admission: 10/23/19. -Diagnoses: Schizoaffective disorder, Major Depressive disorder, Gilbert disease, Arthritis, Hypertension, Anxiety Gastroesophageal Reflux Disease (GERD), Allergic Rhinitis, Constipation and Vitamin D Deficiency. Review on 3/3/26 of client #4's FL2 Form signed by a physican and dated 12/19/25 revealed: -Amlodipine 5 mg (Hypertension) - Take one daily. -Buspirone 30 mg (Anxiety) - Take one twice daily. -Citalopram 40 mg (Major Depressive Disorder) - Take one daily. -Docusate 100 mg (Constipation) - Take one twice daily. -Lamotrigine 100 mg (Schizoaffective Disorder) - Take one daily. -Loratadine 10 mg (Allergic Rhinitis) - Take one daily. -Lubiprostone 24 mcg (Constipation) - Take one twice daily. -Omeprazole 40 mg (GERD) - Take one daily. -Paliperidone 6 mg (Schizoaffective Disorder) - Take one daily. -Multivitamin (Supplement) - Take one daily. Review on 3/3/26 at approximately 12:18 pm of client #4's MARs for 12/1/25-3/3/26 revealed the following was not documented as administered: 3/3/26 at 8 am -Amlodipine 5 mg -Buspirone 30 mg	V 118		

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V 118	Continued From page 3 -Citalopram 40 mg -Docusate 100 mg -Lamotrigine 100 mg -Loratadine 10 mg -Lubiprostone 24 mcg -Omeprazole 40 mg -Paliperidone 6 mg -Multivitamin Finding #2: Review on 2/19/26 of client #3's record revealed: -Date of Admission: 12/12/25. -Diagnosis: Schizophrenia. -Physician's order dated 2/12/26: Hydroxyzine 25 mg (Insomnia); Take one at night. Observation on 3/3/26 at approximately 1:30 pm of client #3's medications on hand revealed there was no Hydroxyzine 25 mg on hand in the medication box. Interview on 3/3/26 client #2 stated: -He took medications daily. -He knew what medications he took. -"I took all of my medication this morning." Interview on 3/4/26 client #3 stated: -"I don't take any medicine, I don't want to take any medicine." -"I am my own guardian." -"I have trouble sleeping some nights and some nights I sleep good." -"I don't want to take the medicine (Hydroxyzine) for sleeping..." Interview on 3/3/26 client #4 stated: -He takes medications daily. -He had not missed any medications. -"I took my medicine this morning, staff give (administer) it to me everyday."	V 118		

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V 118	Continued From page 4 Interview on 3/4/26 staff #3 stated: -He administered the clients' 8 am medications on 3/3/26. -"All clients received their medicine this morning. I had a lot on my mind and I forgot to initial the MARs." -He was aware that MARs were required to be kept current. Interview on 3/3/26 the House Manager stated: -She was responsible to check the MARs. -Clients received their medications everyday. -Client #3 had not complained of insomnia. -Client #3 refused to take medications. -Staff #3 administered the 8 am medications on 3/3/26. -She observed the clients taking all 8 am medications on 3/3/26. Interview on 3/4/26 the Qualified Professional stated: -"I talk to [client #3] every day and he had not complained of trouble sleeping." -Client #3 refused to take medications. -Client #3 was his own guardian. -She would contact the client #3's physician to request a discontinue order for the Hydroxyzine. -She would ensure all MARs were current and medication available for administration. Interview on 3/4/26 the Director stated: -She was aware that the MARs were required to be kept current.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 121		

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V 121	Continued From page 5 (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug regimen reviews every six months for 2 of 3 audited clients (#2, #4) who received psychotropic drugs. The findings are: Review on 3/3/26 of client #2's record revealed: -Date of admission: 6/1/24. -Diagnoses: Schizophrenia, Hypertension, Vitamin B 12 Deficiency and Hypokalemia. -FL2 dated 12/19/25: Haloperidol 5 mg (milligram) (Schizophrenia) - Take one at night. -There was no documented evidence of a current six-month drug regimen review. Review on 3/3/26 of client #2's MARs from 12/1/25 - 3/3/26 revealed: -Staff documented client #2 was administered the above medications from 12/1/25 - 3/2/26. Review on 3/3/26 of client #4's record revealed: -Date of admission: 10/23/19. -Diagnoses: Schizoaffective Disorder, Major	V 121		

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V 121	Continued From page 6 Depressive Disorder, Gilbert Disease, Arthritis, Hypertension, Anxiety Gastroesophageal Reflux Disease (GERD), Allergic Rhinitis, Constipation and Vitamin D Deficiency. -FL 2 dated 12/19/25: Invega Sustenna 156 mg/ml (Schizoaffective Disorder) - Inject 1 ml into shoulder, thigh or buttocks every 28 days; Citalopram 40 mg (Major Depressive Disorder) - Take one daily; Lamotrigine 100 mg (Schizoaffective Disorder) - Take one daily and Paliperidone 6 mg (Schizoaffective Disorder) - Take one daily. -There was no documented evidence of a current six-month drug regimen review. Reviews on 3/3/26 of client #4's MARs from 12/1/25 - 3/3/26 revealed: -Staff documented client #4 was administered the above medications from 12/1/25 - 3/3/26. Interview on 3/3/26 the House Manager stated: -She was responsible for "checking" the clients' records. -She was aware of the 6 month drug regimen review every six months for clients who received psychotropic drugs. -The facility had "recently" changed pharmacies. -She would contact the current pharmacy to request a drug regimen review. Interview on 3/4/26 the Qualified Professional stated: -She was aware of the 6 month drug regimen review every six months for clients who received psychotropic drugs. -"I was recently hired for this position, I will be taking the responsibility to make sure the reviews are completed."(drug regimen reviews)	V 121		

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V 131	Continued From page 7	V 131		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete the Health Care Personnel Registry (HCPR) check prior to hire for 1 of 4 audited staff (Qualified Professional) (QP). The findings are: Review on 3/4/26 of the QP's personnel record revealed: - Hire date: 2/2/26 - HCPR accessed: 3/4/26. Interview on 3/4/26 the Human Resource staff stated: -She recently was hired for the position. -She was responsible to access the HCPR prior to hire for all staff. -She would ensure all staff had the HCPR accessed prior to hire. Interview on 3/4/26 the Director stated: -She would make sure that HCPR checks were	V 131		

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V 131	Continued From page 8 completed prior to date of hire. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a	V 133		

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V 133	Continued From page 9 criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.	V 133		

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V 133	Continued From page 10 (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in	V 133		

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V 133	Continued From page 11 compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter	V 133		

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V 133	Continued From page 12 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to request state criminal background check within five business days of making a conditional offer employment for two of four audited staff (staff #1, The Qualified Professional (QP)). The findings are:	V 133		

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V 133	Continued From page 13 Review on 10/28/25 of staff #1's record revealed: -Date of hire: 2/17/25. -No documentation of a criminal background check completed. Review on 3/4/26 of the QP's personnel record revealed: -Date of hire: 2/2/26. -No documentation of a criminal background check completed. Interview on 3/4/26 the Human Resource (HR) staff stated: -"Staff were responsible for going to the sheriff's office to get background checks completed and return to HR." -"The criminal background checks for [staff #1] and [QP] had not been returned to HR." -She would request background checks for all staff by 3/6/26. Interview on 3/4/26 the Director stated: -Staff were "previously responsible for getting a copy of their background and returning to HR." -"The agency recently changed policy to HR requesting background checks from a electronic system." -HR staff would request criminal back ground checks for all staff through the electronic system "moving forward." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON	V 536		

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V 536	Continued From page 14 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 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	V 536		

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V 536	Continued From page 15	V 536		

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;
(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

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V 536	Continued From page 16 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 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	V 536		

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V 536	Continued From page 17 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. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure four of four audited staff (staff #1, staff #3, The House Manager, The Qualified Professional (QP)) had training on the use of alternatives to restrictive interventions. The findings are: Review on 3/4/26 of staff #1's personnel record revealed: -Date of hire: 2/17/25. -Job title: Habilitation Technician. -No documentation of an initial or annual training on the use of alternatives to restrictive interventions. Review on 3/4/26 of staff #3's personnel record revealed: -Date of hire: 2/17/25. -Job title: Habilitation Technician. -Nonviolent Crisis Intervention (NCI) expired 11/21/25. -No documentation of current training on the use	V 536		

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V 536	Continued From page 18 of alternatives to restrictive interventions. Review on 3/4/26 the House Manager's personnel record revealed: -Date of hire: 12/11/23. -NCI expired 11/21/25. -No documentation of current training on the use of alternatives to restrictive interventions. Review on 3/4/26 the QP's personnel record revealed: -Date of hire: 2/2/26. -No documentation of current training utilized by the agency on the use of alternatives used to restrictive interventions. Interview on 3/4/26 staff #1 stated: -She did not remember if she was trained in Alternatives to Restrictive Interventions. Interview on 3/4/26 staff #3 stated: -He took the NCI training in "November of last year (2025)." Interview on 3/3/26 the House Manager stated: -She took the NCI training annually. Interview on 3/4/26 the Human Resource staff stated: -She recently had been hired for the position and would be responsible for scheduling all training for staff. -She would ensure that staff were scheduled for all required training. Interview on 3/4/26 with the Director stated: -The facility used the NCI platform for training for alternatives to restrictive interventions. -All staff were scheduled for training on 3/7/26 for alternatives to restrictive interventions.	V 536		

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V 536	Continued From page 19 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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	V 537		

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V 537	Continued From page 20 by each service provider periodically (minimum 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.	V 537		

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V 537	Continued From page 21 (i) Instructor Qualification 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 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	V 537		

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V 537	Continued From page 22 in teaching the use of restrictive interventions at 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 reviews and interviews, the facility failed to ensure 4 of 4 audited staff (staff #1, staff #3, The House Manager, The Qualified Professional (QP)) received annual or initial training in seclusion, physical restraint and	V 537		

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V 537	Continued From page 23 isolation time out. The findings are: Review on 3/4/26 of staff #1's personnel record revealed: -Date of hire: 2/17/25. -Job title: Habilitation Technician. -No documentation of an initial training on the use of seclusion, physical restraint and isolation time out. Review on 3/4/26 of staff #3's personnel record revealed: -Date of hire: 2/17/25. -Job title: Habilitation Technician. -Nonviolent Crisis Intervention (NCI) expired 11/21/25. -No documentation of an annual training on the use of seclusion, physical restraint and isolation time out. Review on 3/4/26 the House Manager's personnel record revealed: -Date of hire: 12/11/23. -NCI expired 11/21/25. -No documentation of an annual training on the use of seclusion, physical restraint and isolation time out. Review on 3/4/26 the QP's personnel record revealed: -Date of hire: 2/2/26. -No documentation of an initial training on the use of seclusion, physical restraint and isolation time out. Interview on 3/4/26 staff #1 stated: -She did not "remember" if she was trained in seclusion, physical restraint and isolation time out.	V 537		

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V 537	Continued From page 24 Interview on 3/4/26 staff #3 stated: -He completed the NCI training in "November of last year (2025)." Interview on 3/3/26 the House Manager stated: -She took the NCI training annually. Interview on 3/4/26 the QP stated: -She was trained in alternatives to restrictive interventions when she worked "at previous employer." -She had not received alternatives to restrictive interventions since hired at current position. Interview on 3/4/26 the Human Resource staff stated: -She was "recently" hired. -She was responsible to schedule staff for trainings. -Staff were scheduled to have training in seclusion, physical restraint and isolation time out on 3/9/26. Interview on 3/4/26 with the Director stated: -The facility used the "NCI platform" for training for training in seclusion, physical restraint and isolation time out. -All staff were scheduled for training on 3/7/26 for training in seclusion, physical restraint and isolation time out. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 537		