

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2026
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NAME OF PROVIDER OR SUPPLIER ROANOKE AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 264 S BECKFORD DRIVE HENDERSON, NC 27536
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 5/13/26. The complaint was substantiated (intake #NC00237212). 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 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to develop and implement strategies to address 1 of 3 audited client's needs (#1). The findings are:</p> <p>Review on 5/8/26 client #1's reported:</p> <ul style="list-style-type: none"> - Admitted: 2/8/26 - Diagnoses: Autistic Disorder - Treatment plan dated 1/7/26 revealed no strategies to address destructive behaviors, agitation or nighttime wondering <p>Observation of the facility on 5/8/26 at 10:13am revealed:</p> <ul style="list-style-type: none"> - A transition piece missing between the carpet and the tile between the foyer and the living room - About 12 inches of a black toe guard hanging off the bottom of the back door - 2 holes about the size of golf balls spaced about 2 feet apart about 2 feet above the back of the toilet in the hallway bathroom <p>Attempted interview with client #1 on 5/13/26 was unsuccessful as client was non-verbal</p> <p>Interview on 5/8/26 client #3 reported:</p> <ul style="list-style-type: none"> - Client #1 would enter his room and "mess with" his personal items - He used to have musical equipment set up in 	V 112		

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V 112	<p>Continued From page 2</p> <p>his room but he had removed it because he did not want client #1 to break it</p> <p>Interview on 5/13/26 staff #1 reported:</p> <ul style="list-style-type: none"> - She had worked at the facility about a year and a half - She only worked weekends at the facility - Client #1 had been destructive in the home and community and had displayed anger and agitation - Destruction included throwing things in the trash, pulling on cords and wires, tearing the towel rack off the wall in the hallway bathroom, taking the toe guards off exterior facility doors - There had been no strategies developed to address the destruction - Client #1 would wonder the facility during the night and once had gone outside during the night to throw something int eh outside trash - Alarms had been put on the doors but no strategies were developed to prevent the wondering <p>Interview on 5/11/26 staff #2 reported:</p> <ul style="list-style-type: none"> - He had worked at the facility for 4 years - He worked 2nd shift Monday-Friday each week - Client #1 displayed behavior such as going into rooms and "destroying them" - Client #1 would "get into wires and cords" and they've removed a computer from the staff desk because he would "mess with" the wires - Client #1 once went outside during the night when everyone was sleeping and threw trash in outside trash bin and was locked out of the facility and ringing the doorbell to get back into the facility - One night while everyone was sleeping, client #1 filled the toilet with blocks - The staff had not been given any strategies to 	V 112		

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V 112	<p>Continued From page 3</p> <p>address these behaviors</p> <ul style="list-style-type: none"> - Alarms had been placed on the doors and staff were told to keep client #1 busy <p>Interview on 5/13/26 the House Manager reported:</p> <ul style="list-style-type: none"> - Client #1 had lived at the facility since February of 2026 - Client #1 had displayed some destructive behaviors in the facility, including destroying items on the staff desk - Client #1 had also gone outside during the night after first moving to the facility - Client #1 liked to throw things in the trash can inside and the outside bin - Buzzers had been put on the exterior doors and a chime had been put on his bedroom door to be notified of any wondering at night - Client #1's treatment plan did not provide any strategies to address these behaviors, but strategies had been discussed with staff <p>Interview on 5/11/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - He worked at the facility part-time and was responsible for developing treatment plans for clients - He knew that client #1 would display agitation - Facility staff was very good at redirecting client #1's agitation - Client #1's agitation only lasted for a short period and then he was able to adjust - Client #1 had medication for agitation that was to be taken as needed - Staff knew to administer the as needed medication and give client #1 time for any agitation - He had not documented any strategies to address client #1's agitation 	V 112		

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V 112	Continued From page 4 Interview on 5/13/26 the Executive Director reported: <ul style="list-style-type: none"> - Client #1 had only been living at the facility for a short time, about 3 months - Did not feel like client #1 had lived there long enough to talk about the development of a behavior support plan - Client #1 liked to keep his hands busy, so they had given him fidgets to play with when he first moved into the facility - Client #1 began flushing the fidget toys down the toilets - The facility had "non-stop plumbing issues" because client #1 was putting things down the toilets - Client #1's behaviors were more obsessive - putting things in the trash can, insisting on something being cleaned up, fixating on removing an object - Will be attempting to utilize task boxes with him - Felt that the strategies that should be utilized with client #1 were the same strategies that would be implemented with any client and that was taught during their initial trainings such as distraction - No additional strategies had been documented in his treatment plan 	V 112		
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	V 537		

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V 537	<p>Continued From page 5</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 6</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 7</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 8</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 review and interview, the facility failed to ensure 1 of 3 audited staff (#1) demonstrated competency in the proper use of restrictive interventions. The findings are:</p> <p>Review on 5/13/26 of staff #1's personnel record revealed: - Hire date: 9/6/24 - Title: Direct Support Professional - A Non-Crisis Intervention Plus (NCI+) Defensive Training certificate dated 7/25/25 - An NCI+ Defensive Techniques Score Sheet dated 7/25/25 that included blocks and simple and complex hold releases</p> <p>Review on 5/8/26 of client #1's record revealed: - Admission date: 2/8/26 - Diagnosis: Autistic Disorder</p> <p>Review on 5/8/26 of client #2's record revealed:</p>	V 537		

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V 537	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Admission date: 3/6/15 - Diagnoses: Mild Intellectual Disability, Traumatic Brain Injury, History of Alcohol Abuse <p>Review on 5/8/26 of facility incident report from 5/2/26 revealed:</p> <ul style="list-style-type: none"> - Staff #1 reported the following: "The resident (client #1) grabbed me on my left shoulder gripping my shirt and mt bra stripe. Resident begin to start pinching me using his right first while still having and tight grip onto my clothing. I answered instantly attempted to pull myself away from the resident. However, i couldn't escape due to the tight gip he had. Residence. Continued to attempt. To pull me closer to him...I tried to restrain the one-on-one resident...I could never get the resident grip off me. I used the right side of my body to contain the resident movement where he could no long punch me but he then used his left knee and began to repeatedly knee me in my abdomen. The focused was so intense i felt myself losing breath more at each connection. I felt myself becoming light headed and knew i had to react fast...As i was able to have control of his one hand movement i fit i had enough control to break a lose from his grip and exit into the door to get away from him...By me moving out the position to attempt to get into the other room cased me to no longer have control of the resident. At that moment he started back punching with more force...At that point i begin backing up with him still gripped to me and hitting and trying to work my way out...charged for me again...I was able to stop him from gripping on me and trying to lower him to the floor...he focused on grabbing and breaking my chains from my neck. I wasn't able to get him down on the floor but was able to get him down on the couch in the living room and had to pin my down using my hands...I lost control of [client #1] and 	V 537		

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V 537	<p>Continued From page 10</p> <p>his hand slipped out of my control and he punched me the hit on the left side of my face close to my eye...[Client #1] was able to get lose...witness [client #2] in the corner...[client #1] connecting two kicks to [client #2] chest. I grabbed [client #1] from the back in a bear hug...I was able to contain [client #1] in a comfortable hold and he calmed down. It took maybe a min (minute). It was like he snapped back to the person i knew."</p> <p>Attempted interview on 5/13/26 with client #1 was not successful because client was non-verbal</p> <p>Attempted interview on 5/11/26 with client #2 was not successful because client declined to be interviewed</p> <p>Interview on 5/13/26 staff #1 reported:</p> <ul style="list-style-type: none"> - On the morning of 5/2/26, she was working alone at the facility - She had been trained on NCI+ Defensive by the facility - The NCI+ Defensive training she received from the facility did not include the "bear hug" she used with client #1 on 5/2/26 - Client #1 had never been physically aggressive with anyone before and she did not expect that behavior from him - She used a "bear hug" because the blocks and hold releases were not effective and she "felt it was necessary for safety" of herself and client #2 - She had been trained to do therapeutic holds in the past at other facilities - The "bear hug" immediately calmed client #1 down <p>Interview on 5/8/26 the House Manager reported:</p> <ul style="list-style-type: none"> - The staff at the facility are trained to use 	V 537		

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V 537	<p>Continued From page 11</p> <p>blocks for kicks and punches</p> <ul style="list-style-type: none"> - The staff at the facility were not trained to use any holds or therapeutic wraps - She did not think that staff #1 did any holds that she had not been trained to employ <p>Interview on 5/13/26 the Executive Director reported:</p> <ul style="list-style-type: none"> - She met with staff #1 about the incident with client #1 on 5/2/26 - Client #1 had never been physically aggressive with others at the facility before - A history of physical aggression was not reported to them during the screening and admission - Staff #1 reported that NCI blocking and redirecting was not working with client #1 on 5/2/26 - Client #1 continued to get fixated and he was targeting staff #1 - Staff #1 only used the therapeutic hold after client #1 had punched and hit her and nothing else had worked - Client #1 immediately calmed down and returned to baseline after staff #1 utilized the therapeutic hold 	V 537		