	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL041-666	B. WING		R 04/13/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
OAKMOI	NT HOME		KMONT COU			
040.15	CLIMMA DV CTA		BORO, NC 2		ON OVE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLÉ	ETE
V 000	INITIAL COMMENT	rs	V 000			
	completed on 4/13/ #NC00137428 and	nt and follow up survey was 18. The complaints (intakes intake #NC00137487) were deficiency was cited.				
	category: 10A NCA	sed for the following service C 27G .5600B Supervised Vhose Primary Diagnosis is a ability.				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be a paraprofessionals. (b) Paraprofession associate profession professional as special subchapter. (c) Paraprofession knowledge, skills are population served. (d) At such time assemployment system then qualified profe professionals shall (e) Competence shexhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal sl (6) communication (7) clinical skills. (f) The governing by	edge; ess; g; kills;				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
1					F	
		MHL041-666	B. WING		04/1	3/2018
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
OAKMOI	NT HOME		MONT COU BORO, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
V 110	Continued From pa	ge 1	V 110			
		he individualized supervision ch paraprofessional.				
	failed to ensure 1 or staff (staff #1) demo	et as evidenced by: view and interview, the facility f 2 audited paraprofessional constrated the knowledge, skills d for the population served.				
	 An admission of Diagnoses of A Intellectual Disabilit Explosive D/O and A "Cross Syster Intervention Plan" of representative from program documents with delaying gratific tolerance; difficulty 	utism Spectrum D/O; y, Moderate; Intermittent Pica ms Prevention and lated 8/3/16 and created by a a local crisis support ed "Vulnerabilities - difficulty cation; low frustration with impulse control; difficulty tion and communicating his lifficulty following an ule and difficulty				
	 An admission d Diagnoses of A with Accompanying Requiring Substant Defiant D/O; Interm Deficit Hyperactivity 	utism Spectrum D/O, Level 2 Intellectual Disability ial Support; Oppositional ittent Explosive D/O; Attention / D/O, Combined Type; h Depressed Mood and Mild				

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY	
		MHL041-666	B. WING			R 13/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
OAKMOI	NT HOME	2204 OA	KMONT COUF	RT		
OARWO	NT HOME	GREENS	BORO, NC 2	7407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 2	V 110			
	 A date of hire o A job descriptio paraprofessional No interview was at 	of staff #1's record revealed: f 8/14/17 n which defined staff #1 as a tempted with client #1 on verbal and cannot respond to				
	- He and client # local supercenter - While at the supurchase Easter cawell as for the clien them to the store - While at the reg that she did not have them they would ha - While he under put his candy back; acting up." - He assisted stathe van by holding arms as staff #1 he - Client #1 hit hin to assist with walking they held client #1's of the supercenter - Staff #1 requesclient #1 to the facil did he ever strike of direct him to strike - Client #2 could information regarding	B with client #2 revealed: 1 accompanied staff #1 to a percenter, staff #1 planned to ndy for him and client #1 as ts who did not accompany gister, when staff #1 realized re her wallet, she informed ve to put back the candy stood staff #1's directive and however, "[client #2] started Iff #1 with walking client #1 to client underneath one of his ld him underneath the other in the face as he attempted ing client #1 out of the store, so is hands while walking him out ted he help her with walking ity's van; however, at no time, ient #1, nor did staff #1 ever client #1 while on the van provide no additional ing the events of 4/3/18				
	- On 4/3/18, she	3 with staff #1 revealed: took clients (#1 and #2) with center to purchase curtain				

Division of Health Service Regulation

STATE FORM 8QNK11 If continuation sheet 3 of 9

	1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
	MHL041-666	B. WING		04/1	3/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
OAKMONT HOME	2204 OAK	MONT COU	RT		
CARMONT HOME	GREENSE	BORO, NC 2	7407		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 110 Continued From page	3	V 110			
rods and to get gasolir - She decided to take because he had been with the other clients (a prior and she felt sorry - While at the super (#1 and #2) decided to as she wanted to get s as the clients who rem - As she prepared to realized she had left he personal vehicle at the unable to purchase the - She informed the o did not have any mone put back their candy - When she directed candy, client #2 followe incident; however, clien "temper tantrum" and o down and then attemp with the cand - As she continued to candy down, he refuse her and client #2 - She asked client # client #1 out of the stor underneath his one an underneath the other a holding one of his han - As they walked ou "yelling and screaming attempting to "fight" bo - When she and the at the facility van, clien were going to get insid refused to go complete - Client #2 was stan	the for the facility van the client #1 with her unable to go on an outing #2, #3 and #4) on the day for him the center, she and the clients blook at the Easter candy comething for them as well cained at the facility to pay for the candy, she the wallet at the facility in her the facility and she would be the candy for the clients clients (#1 and #2) that she they and they would have to the clients to put back the the ded her directive without the pay and they would have a the facility and she would be the clients to put back the the ded her directive without the the download to be the dand began "swinging" at the to assist her with walking the by taking him the while she took him the arm with each of them the ds the top of his lungs" and the the top of his lungs" and the her and client #2 the clients (#1 and #2) arrived the the van; however, he				

Division of Health Service Regulation

STATE FORM 8QNK11 If continuation sheet 4 of 9

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. DOILDING.		F	,
		MHL041-666	B. WING			3/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
OAKMOI	NT HOME		MONT COU			
GREENS			BORO, NC 2	7407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 4	V 110			
	- Once clients (# (with client #1 sitting client #2 sitting in the nearby gas station - As she was pure observed each of the seats and moving the seats and seats a	1 and #2), were in the van, g in the back of the van and he front seat) she went to the to purchase gasoline mping the gasoline, she he clients getting up from their owards the other the window of the van and clients to return to their seats applied with her directive and any interaction between the she direct client #2 to hit client with the total to put his hands on [client hed pumping the gasoline, she ney to drop off the credit card she learned of an individual's her and she returned to the the the qualified Professional				
	purchases that only did not want to brea	benefited the facility and she ak company policy as she was				
	"just starting in thisShe was unable	position." e to call agency personnel for				

Division of Health Service Regulation

STATE FORM 8QNK11 If continuation sheet 5 of 9

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		A. BUILDING:			
	MHL041-666	B. WING		04/1	≺ 3/2018
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
OAKMONT HOME		KMONT COUI BORO, NC 2			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
cell phone in the van ar send client #2 to the var assist her in walking cli however, she was strug from harming her or clied. She did not believe made the allegations has happened while they we when client #1 "almost [client #2]." She was taken off to days while the agency investigation. Prior to her return to refresher training in Note (NCI) training and has how she could have do "I love those boys and harm those boys and I anything to harm those. "I was in a messed Interview on 4/10/18 with Professional (QP) reversional (ance as she had left her and she did not want to an to retrieve it for her are requested that client #2 and #1 to the van; aggling to keep client #1 and observed what had and observed what had are in the supercenter, threw her down and hit the facility schedule for two initiated and completed an are work, she received and talked" about the things differently and I wouldn't do nothing to wouldn't allow anyone or boys." The Qualified aled: Contacted her to request to use at a local In purchase curtain rods for a for the facility van the agency office, she and #2) accompanying staff aske each of the clients with anter y (4/3/18), an individual report her concerns a she had observed earlier lients (#1 and #2) while at				

Division of Health Service Regulation

STATE FORM 8QNK11 If continuation sheet 6 of 9

	IT OF DEFICIENCIES		(V2) MULTIPL	E CONSTRUCTION	(V2) DATE	CLIDVEV
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE COMP	LETED
			A. BUILDING:			
					F	₹
		MHL041-666	B. WING		04/1	3/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
			MONT COU			
OAKMONT HOME			BORO, NC 2			
			1			I
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 110	Continued From pa	20 F	V 110			
V 110	Continued From pa	ge o	V 110			
	 The individual r 	eported that she had				
	observed two indivi	duals in the parking lot of the				
	supercenter (staff #	1 and client #2) walking with				
	another individual (client #1) in a "police hold."				
	- This individual	reported that once the two				
	individuals (staff #1	and client #2) reached a van,				
	one person (staff #	1) opened the door of the van				
	and she observed t	he other individual (client #2)				
	"push" client #1 insi	ide the van				
	 Once all of the 	individuals (staff #1, and client				
	#1 and #2) were ins	side the van and headed away				
	from the supercente	er, she followed the van to a				
	nearby gas station					
	- The individual r	eported that once they				
	reached the gas sta	ation, she got out of her car				
	and watched one in	dividual (staff #1) pump				
	gasoline as the other	er individuals remained inside				
	the van					
	- As staff #1 pum	nped the gasoline, she				
	overheard staff #1 t	ell client #2 to "hit him (client				
	#1) for me" and obs	served client #2 crying				
	- She did not ma	ke her presence known to				
	staff #1 and instead	I followed the van back to the				
	agency to report he	r concerns to the owners of				
	the agency					
	 After the meeting 	ng was completed with the				
	individual, the QP a	nd the agency owners met				
	with staff #1 to disc	uss the events of the day				
	 Staff #1 reported 	ed that while at the				
	supercenter, she de	ecided to allow the clients (#1				
		ne Easter candy display and				
	choose something					
		the checkout line, she realized				
		er wallet and could not pay for				
	the candy					
		ieve she could use the agency				
	credit card as it wou	uld have been against agency				
	policy to use it for it	ems not for the direct use by				
	the facility	•				
		med clients (#1 and #2), they				

Division of Health Service Regulation

STATE FORM 8QNK11 If continuation sheet 7 of 9

	of Health Service Re					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU						
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			COMPLETED	
						₹
		MHL041-666	B. WING			\ 3/2018
		WITIE041-000			04/	13/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2204 OA	MONT COU	RT		
OAKMO	NT HOME		BORO, NC 2			
	OUR MAR DV OTA		1		01 1	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
-				DEFICIENCY)		
V 440	Ossilians d Francisco	7	V/ 440			
V 110	Continued From pa	ge /	V 110			
	would have to put the	ne candy back, client #2				
		his candy back; however,				
		sob and make a loud				
	screeching noise."	oos ana make a lead				
		npleted her purchase of the				
		#1 remained upset and				
	refused to leave the					
		ent #2 attempted to escort				
		tore by taking him underneath				
	each arm and then					
		ent #2 proceeded to escort				
		tore, as he continued to cry				
	and to make loud n					
		ched the facility's van, client #1				
		ne van, but then refused to get				
		client #2 ultimately having to				
	"push" client #1 insi					
	•	e supercenter's parking lot,				
		nearby gas station in order to				
		with clients (#1 and #2)				
	remaining in the va					
		ed that as she was pumping				
		ved each of the clients getting				
		however, she directed them				
	to return to their sea					
		ned to the agency office				
	without incident	ied to the agency office				
		f the allegations from the				
		tigation was initiated and staff				
		ediately" from the schedule				
		client #2 and learned that				
		as "smaller in stature", client				
		to help her with client #1 and				
	did not want him to					
		to client #2 it would have been				
		to have put his hands on client				
		what his intentions were				
		also completed a "body				
	check of client #11	to determine if he had any				

Division of Health Service Regulation

marks or bruises on his person

STATE FORM 8QNK11 If continuation sheet 8 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		MHL041-666	B. WING			R 13/2018
	PROVIDER OR SUPPLIER	2204 OAK	DRESS, CITY, S MONT COU BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 110	- She did not not client #1 - She completed reports to the North Improvement Syste Personnel Registry Social Services (DS allegations - After the agency and agency person the local Managem staff #1 was allowed - Staff #1 received prior to return to wo and the agency own done things differer - Staff #1 unders followed her initial in facility; however, o to come with her, sit to allow him to according to the complete of the comp	e any marks or bruises on the initial and follow up Carolina Incident Response m, North Carolina Health Care and the local Department of SS) based on the reported cy completed their investigation nel spoke with personnel at ent Entity and the local DSS, d to return to work ed refresher training in NCI ork and consulation from her ners on how she could have	V 110			

6899

Division of Health Service Regulation STATE FORM