Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING MHL041-666 04/13/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2204 OAKMONT COURT **OAKMONT HOME** GREENSBORO, NC 27407 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual, complaint and follow up survey was completed on 4/13/18. The complaints (intakes RECEIVED #NC00137428 and intake #NC00137487) were By MH Lic & Cert Section at 2:43 pm, May 02, 2018 unsubstantiated. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for A Minor Whose Primary Diagnosis is a Developmental Disability. V 110 V 110 27G .0204 Training/Supervision 4/4/2018 Staff will be retrained in NCI Plus Paraprofessionals and preventive techniques. NCI Plus instructor also role-played 10A NCAC 27G .0204 COMPETENCIES AND several scenarios involving similar SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for situations. Staff responded paraprofessionals. appropriately in each case. The (b) Paraprofessionals shall be supervised by an organization will continue providing associate professional or by a qualified professional as specified in Rule .0104 of this client specific training to all staff. Subchapter. QP's will continue monitoring (c) Paraprofessionals shall demonstrate paraprofessionals. knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness: (3) analytical skills: (4) decision-making; (5) interpersonal skills: (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures TITLE Operations Munggist DATE Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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EVISION OF MERICA SERVICE NE STATEMENT OF GETROENORS AND PLAN OF GORRECTION		(X1) PROVIDER SUPPLIER CLIA DENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED R 04/13/2018	
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (XI) PROVIDER SUPPLEMENTA AD MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION EVENTURATION NUMBER COMPLETED A BUILDING _ A WING MH4.041-888 04/13/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CHTY, STATE, 249 CODE 2204 OAKWONT COURT **OAKMONT HOME** GREENSBORD, NO 27407 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX MILLIPA 0000119 REGULATORY OR USC EDEN'TH YING INFORMATION TAG 10/3 DEFICIENCY) V 110 Continued From page 2 WIND Review on 4/12/18 of staff #1's record revealed: A date of hire of \$/14/17 A job description which defined shalf #1 as a paraprofessional No interview was attempted with client #1 on 4/3/18 as he is non-verbal and cannot respond to questions. Interview on 4/11/18 with client #2 revealed: He and client #1 accompanied staff #1 to a local supercenter While at the supercenter, staff #1 planned to purchase Easter candy for him and client #1 as well as for the clients who did not accompany them to the store While at the register, when staff #1 realized that she did not have her wellet, she informed them they would have to put back the candy While he understood staff #1's directive and put his candy back; however, "[client #2] started acting up." - He assisted staff #1 with walking client #1 to the van by holding client underneath one of his arms as staff #1 held him underhealth the other Client #1 hit him in the face as he atterhisted to assist with walking client #1 out of the store, so they held client #1's hands while walking him out of the supercenter Staff #1 requested he help her with walking client #1 to the facility's van however, at ho time. did he ever strike client #1. nor did staff #1 ever direct him to strike client #1 white on the van Client #2 could provide no additional information regarding the events of 4/3/18 Interview on 4/11/18 with staff #1 revealed: On 4/3/18, she took clients (#1 and #2) with her to a local supercenter to purchase curtain

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: **B. WING** MHL041-666 04/13/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2204 OAKMONT COURT **OAKMONT HOME** GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 110 Continued From page 3 V 110 rods and to get gasoline for the facility van She decided to take client #1 with her because he had been unable to go on an outing with the other clients (#2, #3 and #4) on the day prior and she felt sorry for him While at the supercenter, she and the clients (#1 and #2) decided to look at the Easter candy as she wanted to get something for them as well as the clients who remained at the facility As she prepared to pay for the candy, she realized she had left her wallet at the facility in her personal vehicle at the facility and she would be unable to purchase the candy for the clients She informed the clients (#1 and #2) that she did not have any money and they would have to put back their candy When she directed the clients to put back the candy, client #2 followed her directive without incident; however, client #1 began to have a "temper tantrum" and refused to put the candy down and then attempted to walk out of the store with the cand As she continued to direct client #1 to put the candy down, he refused and began "swinging" at her and client #2 She asked client #2 to assist her with walking client #1 out of the store by taking him underneath his one arm while she took him underneath the other arm with each of them holding one of his hands As they walked out of the store, client #1 was "velling and screaming at the top of his lungs" and attempting to "fight" both her and client #2 When she and the clients (#1 and #2) arrived at the facility van, client #1 stepped up as if he were going to get inside the van; however, he refused to go completely inside the van Client #2 was standing behind him and "pushed [client #1] a little bit" to get him to get on the van

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B WING MHL041-666 04/13/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2204 OAKMONT COURT OAKMONT HOME GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 110 Continued From page 4 V 110 Once clients (#1 and #2), were in the van, (with client #1 sitting in the back of the van and client #2 sitting in the front seat) she went to the nearby gas station to purchase gasoline As she was pumping the gasoline, she observed each of the clients getting up from their seats and moving towards the other She tapped on the window of the van and directed both of the clients to return to their seats The clients complied with her directive and she did not observe any interaction between the two clients nor did she direct client #2 to hit client #1 Even when client #1 hit client #2 while in the store, client #2 did not retaliate towards client #1 Client #2 "knew not to put his hands on [client #1]." Once she finished pumping the gasoline, she returned to the agency to drop off the credit card Later that day, she learned of an individual's allegations towards her and she returned to the agency to speak with the Qualified Professional (QP) and the agency owners She shared the events of the day with them and discussed what she could have done differently She realized that she should have reconsidered taking client #1 to the supercenter as it was an unplanned activity for him, crowds could be a "trigger" for him and she had never taken him to this type of setting by herself before Client #1 also does not like to hear the word "no." She had considered using the agency credit card to purchase the candy for the clients; however she understood it was to be used for purchases that only benefited the facility and she did not want to break company policy as she was "just starting in this position." She was unable to call agency personnel for

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL041-666 04/13/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2204 OAKMONT COURT **OAKMONT HOME GREENSBORO, NC 27407** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 110 V 110 Continued From page 5 direction and/or assistance as she had left her cell phone in the van and she did not want to send client #2 to the van to retrieve it for her She should not have requested that client #2 assist her in walking client #1 to the van; however, she was struggling to keep client #1 from harming her or client #2 She did not believe the person who had made the allegations had observed what had happened while they were in the supercenter. when client #1 "almost threw her down and hit [client #2]." She was taken off the facility schedule for two days while the agency initiated and completed an investigation Prior to her return to work, she received refresher training in North Carolina Interventions (NCI) training and has "talked and talked" about how she could have done things differently "I love those boys and I wouldn't do nothing to harm those boys and I wouldn't allow anyone or anything to harm those boys." "I was in a messed up situation." Interview on 4/10/18 with the Qualified Professional (QP) revealed: On 4/3/18, staff #1 contacted her to request the agency credit card to use at a local supercenter Staff #1 planned to purchase curtain rods for the facility and gasoline for the facility van Upon her arrival at the agency office, she observed clients (#1 and #2) accompanying staff #1 as she planned to take each of the clients with her to the local supercenter Later that same day (4/3/18), an individual came to the agency to report her concerns regarding an interaction she had observed earlier between staff #1 and clients (#1 and #2) while at the same local supercenter

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING MHL041-666 04/13/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2204 OAKMONT COURT **OAKMONT HOME** GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 110 Continued From page 6 V 110 The individual reported that she had observed two individuals 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 the other individual (client #2) "push" client #1 inside the van Once all of the individuals (staff #1, and client #1 and #2) were inside the van and headed away from the supercenter, she followed the van to a nearby gas station The individual reported that once they reached the gas station, she got out of her car and watched one individual (staff #1) pump gasoline as the other individuals remained inside the van As staff #1 pumped the gasoline, she overheard staff #1 tell client #2 to "hit him (client #1) for me" and observed client #2 crying She did not make her presence known to staff #1 and instead followed the van back to the agency to report her concerns to the owners of the agency After the meeting was completed with the individual, the QP and the agency owners met with staff #1 to discuss the events of the day Staff #1 reported that while at the supercenter, she decided to allow the clients (#1 and #2) to look at the Easter candy display and choose something for themselves Upon reaching the checkout line, she realized she did not have her wallet and could not pay for the candy She did not believe she could use the agency credit card as it would have been against agency policy to use it for items not for the direct use by the facility When she informed clients (#1 and #2), they

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ B. WING 04/13/2018 MHL041-666 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2204 OAKMONT COURT OAKMONT HOME GREENSBORO, NC 27407 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 110 V 110 Continued From page 8 She did not note any marks or bruises on client #1 She completed the initial and follow up reports to the North Carolina Incident Response Improvement System, North Carolina Health Care Personnel Registry and the local Department of Social Services (DSS) based on the reported allegations After the agency completed their investigation and agency personnel spoke with personnel at the local Management Entity and the local DSS, staff #1 was allowed to return to work Staff #1 received refresher training in NCI prior to return to work and consulation from her and the agency owners on how she could have done things differently Staff #1 understood that she should have followed her initial instinct to leave client #1 at the facility; however, once she saw him getting ready to come with her, she felt sorry for him and chose to allow him to accompany her to the supercenter There was no intent by staff #1 to harm the clients; however, her judgment was off." Client #1 was someone who was "easily triggered" and "you don't always know what that trigger is."

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