Division of Health Service Regulation

PRINTED: 04/18/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL011-247 04/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD LINCS SWANNANOA, NC 28778 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) IO (X0) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REQULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on 4/3/18. The complaint was substantiated (Intake # NC00136515). Deficiencies were cited. This facility is licensed is licensed for the RECEIVED following service categories: By MH Lic & Cert Section at 10:21 am, May 04, 2018 10A NCAC 27G.5400 Day Activity for Individuals of All Disability Groups. 10A NCAC 27G.5100 Community Respite Services for Individuals of All Disability Groups. V 132 V 132 G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client, e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Division of Health Service Regulation

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

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Division of Health Service Regulation						
STATEMEN	T OF CEPICIENCIES OF CORRECTION	IDENTIFICATION NUMBER: A. BUILDING:				LETED
		MHL011-247	B. WING		04/	03/2018
NAME OF P	ROVIDER OR SUPPLIER	6 BYAS L	DRESS, CITY, ST ANE/180 BUC NOA, NC 287	KEYE COVE ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	N'EMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
V 132	acts are investigated to protect residents for investigation is in programment within five notification to the Department with facility faile the clients from harm abuse and failed to no allegations against her findings are.  Review on 3/15/18 of 6-Admission 4/1/11 -35 years old -Diagnoses included S Attention Deficit Disord Retardation, Personali Impulse Control Disord	evidence that all alleged and must make every effort om harm while the press. The results of all a reported to the eworking days of the initial artment.  It is evidenced by:  In a record do to provide protection to during an investigation of tify the Department of all alth care personnel. The chizoaffective Disorder. It is record revealed:  It is record revealed:	V 132	PROTECTION OF CONSUMERS: Correct. Davidson Family Services has updated its poliprocedure on "Chent Rights Protection from Flarm, Al Neglect and Exploitation" (section 19.96) to include in suspension of alleged staff (see attachment for details of Additionally, there will be a re-training of all staff regard updated policy and procedure.  Prevent. Davidson Family Services will conduct training opdated policy and procedure with all existing staff and employed with the ogeney. Ongoing trainings will be cultroughout the year to review the updated policy and grad answer any related questions. Additionally, agency will continue to monitor State and LME bulletins and upolicies and procedures as appropriate to maintain con Milo Will Monitor. Davidson Family Services will inst. Qualified Professionals and all other employees endow supervisory functions to conduct routine monitoring of updated policy and procedure during monthly supervision. Professionals and all other employees endow supervisory functions to conduct routine monitoring of updated policy and procedure during monthly supervision. Professionals and all other employees endow supervisory functions to conduct routine monitoring of updated policy and procedure during undivisitative support staff members in which questions or concerns answered. Additionally, during new employee oriental training will emphasis all actions and updates mentions. NOTIFICATION OF DEPARTMENT:  Correct. Davidson Family Services will conduct re-trainal staff on the existing policy and procedure "Incident of the policy procedure which the 72 hour requirement of reporting into IRIS.  Precent. Davidson Family Services will conduct training policy and procedure with all existing staff and new statemployed with the agency. Ongoing trainings will be controughout the year to review the updated policy and procedure with all existing staff and new statemployed with the agency. Ongoing trainings will be controughout the year to review the updated policy and procedure as an appraphate to maintain	true direct this are the same direct to the same direct the same direct the same direct the same direct this same direct this same direct the same direct this same direct this same direct this same direct to the same direc	Policy updated on: 3/23/2018 Next trainings scheduled for: 5/14/2018, 5/22/2018, and ongoing Next trainings scheduled for: 5/14/2018, 5/22/2018, and ongoing Next trainings scheduled for: 5/14/2018, 5/22/2018, and ongoing Next morning meeting scheduled for: 4/30/2018, and ongoing Next trainings scheduled for: 5/14/2018, 5/22/2018, and ongoing Next trainings scheduled for: 5/14/2018, 5/22/2019, and ongoing Next trainings scheduled for: 5/14/2018, 5/22/2019, and ongoing Next trainings scheduled for: 5/14/2018, 5/22/2019, and ongoing Next trainings scheduled for: 5/14/2018, 5/22/2018, and ongoing
		nd 3/21/18 with Client #1		answered. Additionally, during new employee orientation training will emphasis all actions and updates mentione	on,	scheduled for: 4/30/2018, and ongoing

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE GONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ E. WING MHL011-247 04/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD LINCS SWANNANOA, NC 28778 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY: V 132 V 132 Continued From page 2 revealed: -Staff #1 had "punched" hlm; he described this as hitting on his chest with an open hand. -Staff #1 had kissed him on the forehead, and grabbed him in the groin area, one time. - He could not remember the date this occurred, but he told Staff #1 to "back off" and he did. -Staff #1 gave him religious compact discs (CDs) a couple of weeks ago and told him he had a premonition Client #1 was going to hell. -He just tried to stay away from Staff #1 as he made him uncomfortable. Interview on 3/16/18 and 3/20/18 with Client #1's Alternative Family Living (AFL) provider revealed: -In January 2018 she observed Staff #1 tickling, poking, grabbing the client in the stomach, and kissing him on the forehead. She observed Staff #1's hand go down to Client #1's groin area two times, outside of his clothes. -Staff #1's hand "pushed in ...like cupped. squeezed" Client #1's private parts, twice. -Client #1 yelled "stop it, quit it, leave me the f\*k -She reported this to her Qualified Professional (QP) on 2/23/18. -On 3/5/18 as soon as she picked up Client #1 after the day activity center he told her Staff #1 gave him three religious CDs even though she was told by the QP at the day activity center Staff #1 would have no further contact with the client. -Client #1 told her Staff #1 then said, "If you don't change your actions toward me - I'm innocent." Observation on 3/21/18 at 5:30 p.m. of three CDs revealed: -All three CDs were from a local church. -Two had a recording date of 2/25/18 titled "Don't Get Mad at the Mirror" and "The Call to Carry the

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL011-247 B. WING		A second of the	04/03/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		6 BYAS	LANE/180 BUCK	EYE COVE ROAD		
LINCS		SWANN	ANOA, NC 28778	)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ED PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 132	Continued From page	3	V 132			
	-A third CD dated 3/4/ Enough?"	18 was titled "Are you Salty	, , , , ,			
	AFL provider revealed -She was told on 2/27 being verbally inappro	718 Staff #1 was observed opriate with Client #1,				
	teasing him, kissing h touching him on his gi -She verbally reported					
		A) Director and had no				
	the day activity center					
	3/2/18.	he QP of the allegation on				
		ed one-on-one with Client once the allegation was				
		told not to have any contact				
	Interview on 3/19/16 v revealed:	with the QA Director				
	the AFL provider that	n "last week" by the QP of sometime last year, Staff #1 ad Client #1 outside of his				
	clothes in the groin are client.					
	activity center and ask	Clinical Director at the day sed them to interview Client				
	#1 and Staff #1 about -He called the Executi	the allegation. ve Director once he learned				
	of the allegation and v	vas told to take Staff #1 off not to work with Client #1.				
		work at the day activity				
	center in a group setti	ng where there was always				
	more than one staff pr -Staff #1 admitted to k	esent. issing and tickling Client#1				

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and had been counseled on that.

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FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ B. WING 04/03/2018 MHL011-247 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6 BYAS LANE/180 BUCKEYE COVE ROAD LINCS SWANNANOA, NC 28778 PROVIDER'S PLAN OF CORRECTION (XA) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 132 V 132 Continued From page 4 -He did not report the allegation to the department because he wanted to make sure it was legitimate and did not want to defame Staff#1's character. -He felt he could not get any accuracy on the situation, and it was the state, the LME, or the local DSS to determine if it was substantiated or -He was aware the individuals making the allegation did not like Staff #1 and he did not want to ruin his career over an inappropriate comment. -He was not convinced the abuse occurred, so he did not report the allegation to the department. Interview on 3/22/18 and 4/3/18 with the Executive Director revealed; -She was notified of the allegation against Staff #1 on 3/5/18. -She was told Staff #1 was sticking his hands between Client #1's legs, and grabbing his private -She called the QA Director who said he would talk to the QP at the day activity center. -She also notified the QA Director to take Staff #1 off transport as this was where he would be one-on-one with clients. -Staff #1 continued to work at the day activity center, however he only worked in a group setting where there were always other staff present. -He was told not to transport any clients, and not to assist any clients to the bathroom until the investigation was complete. -The QA Director handled all the investigations, incident reporting and any follow-up needed. -She felt the clients were protected during the investigation as Staff #1 was kept in a class room type setting where there were numerous staff

This deficiency is cross referenced Into 10A

Divisio	n of Health Service Regu	ilation				
	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL011-247	B. WING		04/	03/2018
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LINCS			ANOA, NC 28778	EYE COVE ROAD		
(X4) IE PREFI TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	9E	(X5) COMPLETE DATE
V 1	Continued From page	5	V 132			
		Protection from Harm, plottation (V512) for a Type must be corrected within 23				
V 3	57 27G .0604 Incident R	eporting Requirements	V 367			
	level II incidents, except the provision of billable consumer is on the princidents and level II to whom the provider 90 days prior to the in responsible for the caservices are provided becoming aware of the besubmitted on a form Secretary. The report in person, facsimile or means. The report shinformation:  (1) reporting providentification information:  (2) client identification information:  (3) type of incidentification of the cause of the incident;  (5) status of the cause of the incident;  (6) other individes or responding.  (b) Category A and B missing or incomplete shall submit an update	REMENTS FOR PROVIDERS providers shall report all pot deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within cident to the LME tchment area where within 72 hours of le incident. The report shall me provided by the le may be submitted via mall, rencrypted electronic leall include the following  levider contact and levider				

Division of Health Service Regulation

STATE FORM

Division	of Health Service Regu	lation				
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NAME OF P	ROMDER OR SUPPLIER	STREETA	DDRESS, CITY, STAT	E, ZIP CODE		
			LANE/180 BUCKE			
LINCS			ANOA, NC 28778			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	Qf.	PROVIDER'S PLAN OF CORRECTION	4	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE
TALLS	The south of the second of the	the state of the s	IAG	DEFICIENCY)	ilei) G.	
V 367	Continued From page	6	V 367			
	(1) the provider	has reason to believe that				
	Information provided i					
		or otherwise unreliable; or				
		obtains information	1			
		nt form that was previously	1			
	unavailable.	•				
		providers shall submit,				
	upon request by the L					
į	obtained regarding the	하는 경기 : : : : : : : : : : : : : : : : : :				
		ords including confidential				
	information; (2) reports by or	ther authorities; and	in the second			
		s response to the incident.	5			
		providers shall send a copy				
		reports to the Division of	l i			
		pmental Disabilities and				
1	Substance Abuse Ser	vices within 72 hours of				
		incident. Category A				
1	providers shall send a					
		lient death to the Division of				
		ition within 72 hours of				
	becoming aware of the	e incident. In cases of en days of use of seclusion				
		er shall report the death				
	immediately, as requir					
	,0300 and 10A NCAC					
1	(e) Category A and B					
-		LME responsible for the				
į		services are provided.				
		omltted on a form provided				
		ectronic means and shall				
1.0	include summary infor					
	<ol> <li>medication e definition of a level II o</li> </ol>	rrors that do not meet the				
7		erventions that do not meet				
	the definition of a level		t .			
7		a client or his living area;				
2		lient property or property in	- Control of the Cont			
	the possession of a cli-					

Division	of Health Service Regu	lation				
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		MHL011-247 8. WING			04/	03/2018
	ROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
LINCS			NOA, NC 2877			
(X4) ID PREFIX YAG	(EACH DEFICIENCY	REMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X3) COMPLETE DATE
V 367	incidents that occurre (6) a statement been no reportable indicidents have occurre meet any of the criteri (a) and (d) of this Rule through (4) of this Par  This Rule is not met a Based on interview an failed to report Level I Management Entity (L catchment area where within 72 hours of bed Incident. The findings  Review on 3/15/18 of -Admission 4/1/11 -35 years old -Diagnoses included S Attention Deficit Disorr Retardation, Personal Impulse Control Disorr Interview on 3/16/18 a revealed: -Staff #1 had "puncher hitting on his chest wit -Staff #1 had kissed hi grabbed him in the gro	inber of level II and level III d; and indicating that there have cidents whenever no ad during the quarter that a as set forth in Paragraphs and Subparagraphs (1) agraph.  It is a sevidenced by: It incidents to the Local ME) responsible for the eservices were provided oming aware of the are.  Client #1's record revealed:  It is considered to be a sevidenced on the are.  Client #1's record revealed:  It is considered to be a sevidenced on the are.  It is a sevidenced by: It is considered to the are.  It is a sevidenced by: It is considered the are.  It is a sevidenced by: It is a sevidenced	V 367	REPORTING LEVEL HUNCIDENTS TO LIME. Carred, Davidson Pamily Services will conduct testra oil satif on the existing policy and procedure "Inciden Reporting" (section 13) along with "GS 131E-256 Her Peusonnel Registry". Additionally, an emphasis will be the reporting section of the policy procedure which o 72 hour requirement of reporting into JRIS.  Procedy. Davidson Family Services will conduct train policy and procedure with all existing staff and new a employed with the agency. Ongoing trainings will be throughout the year to review the updated policy and and answer any related questions. Additionally, agent will continute to monitors share and LME bulletins and policies and procedures as appropriate to maintain oc Wile Will Mannion. Davidson Pamily Services will in Qualified Professionals and all other employees endoes apprevisory functions to conduct routine monitoring updated policy and procedure during monthly supers. How Often, Davidson Family Services will continue observations of the implementation of the updated procedure by conducting ongoing conversations with administrative and direct support staff members in with administrative and direct support staff members in with eagency's staff and increase the ability of the agence identify areas of concern. Additionally, during one we orientation, training will emplansis all actions and uponentioned above.	d. Accident with Care e given on utilines the utilines the utilines the utilines the utilines the utilines the utilines of this visions. Solicy and thich , the rareness to y to upployee	Next trainings scheduled for: 5/14/2018, 5/22/2018, and ongoing scheduled for: 5/14/2018, 5/22/2018, and ongoing Next trainings scheduled for: 5/14/2018, 5/22/2019, and ongoing Next morning meeting scheduled foe: 4/30/2018, and ongoing
	made him uncomfortal	way from Staff #1 as he ple. nd 3/20/18 with Client #1's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL011-247 04/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD LINCS SWANNANOA, NC 28778 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X9) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 367 Continued From page 8 V 367 Alternative Family Living (AFL) provider revealed: -In January 2018 she observed Staff #1 tickling, poking, grabbing the client in the stomach, and kissing him on the forehead. She observed Staff #1's hand go down to Client #1's groin area two times, outside of his clothes. -Staff #1's hand "pushed in ...like cupped, squeezed" Client #1's private parts, twice. -Client #1 yelled "stop it, quit it, leave me the f"\*k -She reported this to her Qualified Professional (QP) on 2/23/18. Interview on 3/19/18 with the QP for Client #1's AFL provider revealed: -She was told on 2/27/18 Staff #1 was observed being verbally inappropriate with Client #1, teasing him, kissing him on the forehead and touching him on his grein. -She verbally reported the allegation to the Quality Assurance (QA) Director and had no further involvement with the allegation. Interview on 3/19/18 with the QA Director revealed: -It was reported to him "last week" by the QP of the AFL provider that sometime last year, Staff #1 inappropriately touched Client #1 outside of his clothes in the groin area and had tickled the client. -He did not report the allegation to the department because he wanted to make sure it was legitimate and did not want to defame Staff#1's character. -He felt he could not get any accuracy on the situation, and it was the state, the LME, or the local DSS to determine if it was substantiated or -He was aware the individuals making the allegation did not like Staff #1 and he did not want

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL011-247	B. WING		04/03/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ORESS, CITY, STA	TE, ZP CODE		
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LINCS		SWANNA	NOA, NC 2877	В		
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V 367	Continued From page	9	V 367			
	to ruin his career over -He was not convince dld not report the alleg Interview on 3/22/18 s Executive Director rev -She was notified of th #1 on 3/5/18.	an inappropriate comment.  If the abuse occurred, so he gation to the department.  Ind 4/3/18 with the realed:  The allegation against Staff  Idled all the investigations,				
V 512	4	ts - Harm, Abuse, Neglect	V 512			
	10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.					

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 MHL011-247 04/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD LINCS SWANNANOA, NC 28778 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (XD) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD SE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY V 512 V 512 Continued From page 10 PROTECTION OF CONSUMERS: This Rule is not met as evidenced by: Correct. Davidson Family Services has updated its policy and Based on observations, interviews and record procedure on "Client Rights Protection from Flarm, Abuse, Policy updated Neelect and Exploitation' (section 19.06) to include immediate review one of three staff (Staff #1) subjected one suspension of alleged staff (see strachment for details of 3/25/2018 of 4 clients (Client #1) to serious abuse and 2 of 2 revision). Additionally, there will be a re-training of all staff staff (Quality Assurance Director and Executive) Next trainings regarding this updated policy and procedure and regular meetings between the Executive Director and Quality Assurance scheduled for: Director) failed to protect clients during the 5/14/2018 Director regarding the implementation of this policy and investigation. The findings are: 5/22/2018 and Prevent, Davidson Family Services will conduct training on this ongoing updated policy and procedure with all existing slaff and new Next trainings Cross Reference: General Statue 131E-256(g) staff employed with the agency. Ongoing trainings will be selseduled for: Health Care Personnel Registry (V132) conducted throughout the year to review the updated policy and 5/14/2018. Based on interviews and record review the facility procedure and answer any related questions. Additionally, 5/22/2018, and agency directors will continue to monitor State and LME failed to provide protection to the clients from ongoing bulletins and update policies and procedures as appropriate to harm during an investigation of abuse and failed maintain compliance. Who Will Moultor. Davidson Family Services will instruct its to notify the Department of all allegations against Qualified Professionals and all other employees endowed with Next trainings health care personnel. supervisory functions to conduct routine monitoring of this scheduled for: 5/1/1/2018. updated policy and procedure during monthly supervisions. How Often, Davidson Pamily Services will continue 5/22/2018, and Review on 3/15/18 of Client #1's record revealed: observations of the implementation of the updated policy and priogno -Admission 4/1/11 procedure by conducting ongoing conversations with Next morning -35 years old administrative and direct support staff members in which meeting scheduled for: questions or concerns may be answered. Additionally, during Diagnoses included Schizoaffective Disorder. new employee orientation, training will emphasis all actions and 4/30/2018, and Attention Deficit Disorder, Mild Mental updates mentioned above. angning Retardation, Personality Disorder, Anxiety and Impulse Control Disorder. Interview on 3/16/18 and 3/21/18 with Client #1 revealed: -Staff #1 used to be his one-on-one worker at the day activity center. -Staff #1 had "punched" him; he described this as hitting on his chest with an open hand. -Staff #1 had kissed him on the forehead, and grabbed him in the groin area, one time. -He could not remember the date this occurred, but he told Staff #1 to "back off" and he did. -Staff #1 did some "unorthodox things" like when he got him out of the wheelchair he would say, "Now hug me like you love me." -He had not told anyone at the day activity center as he did not want to get in trouble and said, "I pray to God this don't back fire on me."

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND POW	DI COMMEDITON	TORNA FIRSTALION NUMBERS	A. BUILDING:		COMP	re i en
		MHL011-247	B. WING	- I - I - I - I - I - I - I - I - I - I	04/	03/2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
LINCS			NE/180 BUCK IOA, NC 2877	EYE COVE ROAD		
AVA UD	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	1	I WAS
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(XS) COMPLETE DATE
V 512	Continued From page	: 11	V 512			
V 512	-Staff #1 gave him relia a couple of weeks agreemonition that Clienti-He just tried to stay a made him uncomfortal interview on 3/16/18 at Alternative Family Livi-In January 2018 Staff lift van to pick Client # program.  -Client #1 was in a bat #1 tickling, poking, grastomach, and kissing stomach, and kissing stomach, and kissing stomach, and rpush squeezed Client #1's groin area two tin-Staff #1's hand "push squeezed" Client #1's -Client #1 yelled "stomation!"  -She reported this to he (QP) on 2/23/18.  -On 3/5/18 as soon as after the day activity commands.	iglous compact discs (CDs) of and told him he had a at #1 was going to hell. away from Staff #1 as he able.  and 3/20/18 with Client #1's ling (AFL) provider revealed: if #1 arrived in a wheelchair if up for his day activity  d mood; she observed Staff abbing the client in the him on the forehead. it's hand go down to Client nes, outside of his clothes. lied inlike cupped,	V 512			
	was told by the QP at #1 would have no furth -Client #1 was mad ar had a premonition and	the day activity center Staff her contact with the client. nd said Staff #1 told him he the saw Client #1's body; ne waist down was in hell,				
	and his upper body wa					
		ff #1 then said, "If you don't				
		oward me - I'm Innocent."				and the same of th
	revealed: -All three CDs were fro- -Two had a recording	date of 2/25/18 titled "Don't				
	Get Mad at the Mirror" Cross."	and "The Call to Carry the				a de la constante de la consta

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 MHL011-247 04/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD LINCS SWANNANOA, NC 28778 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 V 512 Continued From page 12 -A third CD dated 3/4/18 was titled "Are you Salty Enough?" Interview on 3/20/18 with AFL provider of an unrelated client revealed: -She was present in the parking tot in January 2018 and remembered the interactions between Client #1 and Staff #1. -She observed Staff #1's hands "all over" Client #1, leaning over him while touching his chest and stomach, as he was getting Client #1 ready to put -She also heard a kissing or popping sound from Staff #1, but she did not actually see him kiss Client #1. Interview on 3/19/18 with the QP for Client #1's AFL provider revealed: -She was told on 2/27/18 Staff #1 was observed being verbally inappropriate, teasing him, kissing him on the forehead and touching him on his grain. -She felt Staff #1 was trying to get Client #1 in a better mood, but this was just going to make him madder. -She verbally reported the allegation to the Quality Assurance (QA) Director and had no further involvement with the allegation. Interview on 3/21/18 with the local Department of Social Services revealed: -Client #1 was interviewed twice by her and a co-worker and both times his story was -He stated Staff #1 had kissed him on the forehead and touched his private area. Interview on 3/21/18 with Client #1's guardian

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-Client #1 told her Staff #1 was punching,

INTERMENT OF DEPOLICIONS  (X1) PROVIDERS UPPLIER  (X2) PROVIDERS NUMBERS  (X3) PROVIDERS NUMBERS  (X4) DEPTIFICATION NUMBERS  (X5) PROVIDERS OF SUPPLIER  (X6) PROVIDER OR SUPPLIER  (X7) PROVIDER OR SUPPLIER  (X8) PROVIDERS OF	Division of	of Health Service Regu	lation			7 (7.33)	
MANE OF PROVIDER OR SUPPLIER  STREET ADDRESS. CITY, STATE, ZIP DOBE 6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOA, NC 28778  [A4] ID PRETEX TAG  SUMMARY STATEMENT OF DEPICIENCIES (EACH DETICIENCY MUST HE PRECOCOD BY PULL REGULATORY OR USE. IDENTIFYING INFORMATION)  V 512  Continued From page 13 grabbing, hugging and kissing him. He said it made him "uncomfortable." -Staff #1 "slapped his gonadsthat is exactly what he saidhe does not want that "pervert" around him." -Staff #1 ban ot worked one-on-one with the client since 2/19/18, however she was concerned as Staff #1 continued to work with other clients at the day activity center.  Review on 3/19/18 of Staff #1's employee record revealed: -Date of hire 4/13/17 -Job title: Paraprofessional  Review on 3/19/18 of Staff #1's Monthly and Annual Supervision/Performance Evaluation notes revealed: -8/19/17 - Staff #1 improved on setting boundaries; what humor was appropriate and what was not9/26/17 - Staff #1 "reads to make sure that he is being a professional at all times by not crossing the line like ticking the individuals." -10/24/17 - Staff #1 had improved on making his humor with the individual more professional."  Interview on 3/15/18 and 3/2/18 with the QP for the day activity center revealed: -In early March 2018 he received a call from the agency's QA Director notifying him of an allegation of Staff #1 inappropriately touching Client #1 in the genital areaThe QA Director notifying him of an	STATEMENT	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	A CONTRACTOR CONTRACTOR			
LINCS    SUMMARY STATEMENT OF DEPICIENCES   SWANNANDA, NC 28778   PROVIDERS PLAN OF CORRECTION   PRETEX   CACH DEFICIENCY MUST HE PRECOCOED BY PULL   PRETEX   TAG   PROVIDERS PLAN OF CORRECTION   PRETEX   TAG   CROSS-REFERENCED ACTION SHOULD BE   CROSS-REFERENCED ACTION SHOULD BE   CROSS-REFERENCED THE APPROPRIATE   CROSS-REFERENCED THE APPROPRIATE   DATE			MHL011-247	B. WING		04/0	3/2018
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OF LIGH DEFICIENCY)  V 512  Continued From page 13 grabbing, hugging and kissing him. He said it made him "uncomfortable." -Staff #1" slapped his gonads. "that is exactly what he saidhe does not want that 'pervert' around him." -Staff #1 and not worked one-on-one with the client since 2/19/18, however she was concerned as Staff #1 continued to work with other clients at the day activity center.  Review on 3/19/18 of Staff #1's employee record revealed: -Date of hire 4/13/17 -Job title: Paraprofessional  Review on 3/19/18 of Staff #1's Monthly and Annual Supervision/Performance Evaluation notes revealed: -B/19/17 - Staff #1 improved on setting boundaries; what humor was appropriate and what was not9/26/17 - Staff #1"needs to make sure that he is being a professional at all times by not crossing the line like ticking the individuals." -10/24/17 - Staff #1 "had improved on making his humor with the individual more professional."  Interview on 3/15/18 and 3/22/18 with the QP for the day activity center revealed: -In early March 2018 he received a call from the agency's CA Director motifying him of an allegation of Staff #1 inappropriately touching Client #1 in the genital areaThe CAD Director asked him and the Clinical	NAME OF P	ROVIDER OR SUPPLIER					
PREFIX TAG  (ICACH DEFICIENCY NUIST-BE PRICEDED BY FULL TAG  CONSTRUCTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)  V \$12  Continued From page 13 grabbing, hugging and kissing him.  -I-te said it made him "uncomfortable."  -Staff #1 'slapped his gonadsthat is exactly what he saidhe does not want that 'pervert' around him."  -Staff #1 had not worked one-on-one with the client since 2/19/18, however she was concerned as \$1aff #1 continued to work with other clients at the day activity center.  Review on 3/19/18 of \$1aff #1's employee record revealed:  -Date of hire 4/13/17  -Job title: Paraprofessional  Review on 3/19/18 of Staff #1's Monthly and Annual Supervision/Performance Evaluation notes revealed:  -8/19/17 - Staff #1 improved on setting boundaries; what humor was appropriate and what was not.  -9/26/17 - Staff #1 "needs to make sure that he is being a professional at all times by not crossing the line like ticking the Individuals."  -10/24/17 - Staff #1 amproved on making his humor with the individual more professional."  Interview on 3/15/18 and 3/22/18 with the QP for the day activity center revealed:  -In early March 2018 he received a call from the agency's QA Director notifying him of an allegation of Staff #1 inappropristely touching Client #1 in the genital area.  -The QA Director asked him and the Clinical	LINCS						
grabbing, hugging and kissing him.  -He said it made him "uncomfortable."  -Staff #1 "slapped his gonadsthat is exactly what he saidhe does not want that 'pervert' around him."  -Staff #1 had not worked one-on-one with the client since 2/19/18, however she was concerned as Staff #1 continued to work with other clients at the day activity center.  Review on 3/19/18 of Staff #1's employee record revealed:  -Date of hire 4/13/17  -Job title: Paraprofessional  Review on 3/19/18 of Staff #1's Monthly and Annual Supervision/Performance Evaluation notes revealed:  -B/19/17 - Staff #1 improved on setting boundaries; what humor was appropriate and what was not.  -9/26/17 - Staff #1 "neods to make sure that he is being a professional at all times by not crossing the line like tickling the individuals."  -10/24/17 - Staff #1 "had improved on making his humor with the individual more professional."  Interview on 3/15/18 and 3/22/18 with the QP for the day activity center revealed:  -In early March 2018 he received a call from the agency's QA Director notifying him of an allegation of Staff #1 inappropristely touching Cijent #1 in the genital area.  -The QA Director asked him and the Clinical	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETE
Client #1 for the internal investigationClient #1 denied the allegationStaff #1 denied the allegationThe allegation was determined to be unsubstantiated.	V 512	grabbing, hugging and -He said it made him ' -Staff #1 "slapped his what he saidhe doe eround him." -Staff #1 had not work client since 2/19/18, h as Staff #1 continued the day activity center Review on 3/19/18 of revealed: -Date of hire 4/13/17 -Job title: Paraprofess  Review on 3/19/18 of Annual Supervision/Ponotes revealed: -8/19/17 - Staff #1 impleading a professional attention what was not9/26/17 - Staff #1 "ne being a professional attention in the like tickling the -10/24/17 - Staff #1 "h humor with the individed  Interview on 3/15/18 attention with the individed  Interview on 3/15/18 attention of Staff #1 in Client #1 in the genital -The QA Director aske Director to conduct int Client #1 denied the al -Staff #1 denied the al -The allegation was de-	d kissing him.  "uncomfortable." gonadsthat is exactly as not want that 'pervert'  and one-on-one with the owever she was concerned to work with other clients at the concerned with the ower with other clients at the concerned with the own with other clients at the concerned with the concerned	V 5\$2			

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FORMAPPROVED 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: \_ B. WING MHL011-247 04/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD LINCS SWANNANOA, NC 28778 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XE) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) Continued From page 14 V 512 -Staff #1 was never suspended during the investigation. -Staff #1 had been assigned to Client #1 as his one-on-one worker since he was hired in April 2017 -Staff #1 had not worked one-on-one or transported Client #1 since 2/19/18 due to him being assigned to another client. -He felt Client #1 was "making up stuff" because he was mad Staff #1 was no longer assigned to him. -Staff #1 was not alone with clients, he worked with clients as a group with other co-workers. -Client #1 would be present in these groups as well, while Staff #1 continued to work with others. -He confirmed the supervision notes above for Staff #1 were referencing interactions with Client -He was unaware Staff #1 gave Client #1 religious CDs on 3/5/18. Interview on 3/15/18 with the Clinical Director of the day activity center revealed: -She was notified by the QP of the allegation on 3/2/18. -She and the QP were in charge of Interviewing Client #1 and Staff #1. -Client #1 said Staff #1 tapped him on the head to get his attention; joked with him and he did not like It. -Client #1 dld not say Staff #1 touched him inappropriately. -Staff #1 denied touching Client #1 inappropriately. -Staff #1 had not worked one-on-one with Client

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with Client #1.

until this allegation.

#1 since 2/19/18 and once the allegation was received Staff #1 was told not to have any contact

-She had not received any complaints of Staff #1

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	A	CONSTRUCTION	(X3) DATE COMP	
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V 512	Continued From page	15	V 512			
	the AFL provider that inappropriately touche clothes in the groin arctiont.  He called the QP and activity center and as #1 and Staff #1 about He called the Execution of the allegation and whis route and not tower staff #1 continued to center in a group settimore than one staff provider who said Staff #1 admitted to k and had been counsed He did not report the department because he was legitimate and did Staff#1's character.  He felt he could not gistuation, and it was the local DSS to determine the was aware the incal provider who said staff#1's character.  He was aware the incallegation did not like to ruin his career over the was not convinced did not report the allegation of the allegation of the staff was not convinced did not report the allegation of the said of the sai	n "last week" by the QP of sometime last year, Staff #1 and Client #1 outside of his ea and had tickled the I Clinical Director at the day sed them to interview Client the allegation.  ve Director once he learned was told to take Staff #1 off ork with Client #1. work at the day activity my where there was always resent. From the unrelated AFL fif #1 tickled and kissed ead, issing and tickling Client #1 led on that. allegation to the wanted to make sure it inot want to defame et any accuracy on the lestate, the LME, or the eaf if it was substantiated or				

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(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE:	(XS) COMPLETE DATE
V 512	Continued From page	16	V 512			
	conducted during the Interview on 3/22/18 a Executive Director rev	and 4/3/18 with the ealed:				
	#1 on 3/5/18. -She was told Staff #1	e allegation against Staff was sticking his hands gs, and grabbing his private				
	area.  -She called the QA Director who said he would talk to the QP at the day activity center.  -She also notified the QA Director to take Staff #1					
	off transport as this wa one-on-one with client -Staff #1 continued to	The Transfer of the Transfer o				
	center, however he on where there were always	ly worked in a group setting ays other staff present.				
	to assist any clients to investigation was com-	C. (C. 1871) C. (C				
	-The QA Director handled all the investigations, incident reporting and any follow-up neededShe felt the clients were protected during the investigation as Staff #1 was kept in a class room type setting where there were numerous staff					
	presentShe spoke to the QP	of the day activity center, ect supervisor, and was told				
and the street and the	he had been talking wi boundaries, and Staff more training.	th Staff #1 about #1 was definitely in need of				
	Review on 3/22/18 of t 3/22/18 written by the I revealed:	he Plan of Protection dated Executive Director				
	What immediate action ensure the safety of the	will the facility take to a consumers in your care?				

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 MHL011-247 04/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 RYAS LANE/180 BUCKEYE COVE ROAD LINGS SWANNANDA, NC 28778 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OF LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 512 Continued From page 17 V 512 "1. Suspended accused staff pending Investigation as of 3/23/18. 2. Reviewed and made changes to our policy 10A NCAC 27D.0304 Protection from Harm, Abuse, Neglect, Exploitation on 3/23/18. Added procedure relating to periodic staff and day program staff to include suspension. See attachment. 3. The staff who made the complaint ...has been directed by her supervisor to submit and incident report with the details of the alleged abuse or neglect, as was indicated by the Davidson Family Services [licensee] training for her on 5/24/16. Completion within 24 hours." Describe your plans to make sure the above happens. "4. Administrative leadership discussed on 3/23/18 the importance of following the rules related to G.S. 131E-256(g) to the agency submitting Incident Reports into IRIS. 5. Re-training staff on therapeutic relationship and boundaries. Training on this topic will be ongoing agency wide. 6. The staff who made the complaint ...will participate in a supervision session by the end of next week (3/30/18) with her direct supervisor and will be retrained on the requirement to submit incidents within 24 hours. 7. Upon receipt of this incident report the Davidson Family Services' Quality Assurance Department will enter the above-mentioned incident report into the State IRIS system. 8. Davidson Family Services will brief/train all staff on the importance of completing all incidents within 24 hours, as it pertains to 10A NCAC 27D.0304. This briefing/training (initially provided during orientation) includes the types of occurrences that should be reporter-including

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FORM APPROVED 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 MHL011-247 04/03/2018 NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD LINCS SWANNANOA, NC 28778 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 512 Continued From page 18 V 512 abuse, neglect or exploitation - as well as available options for reporting - including in-person, over the phone and/or 24 -hour anonymous hotline (see attached policy). Briefing/training will be completed by May 31st. 2018." Review on 3/22/18 of the attachments to the Plan of Protection revealed: "Davidson Family Services Policies ... Client Rights Protection from Harm, Abuse, Neglect, Exploitation ... Procedure for Periodic Staff and/Day Program (a) when a report or accusation of harm, abuse, neglect, and exploitation occurs, the accused staff shall be immediately suspend from providing services to the individual and also to others. (b) the suspension will last during the investigation period until resolution occurs. (c) Davidson Family Services shall make the determination whether the employee is eligible to return to work. (d) Davidson Family Services shall submit the incident report into the state IRIS system within 24 hours and a report to DSS within 5 days. (e) Davidson Family Services shall complete an internal investigation." "Corporate Compliance ... Davidson Homes maintains 24/7 telephone support ... The telephone number of the caller is kept anonymous ...All cases are reported to Davidson Homes' Corporate Compliance Office within 24

Division of Health Service Regulation

Waste and Abuse ..."

hours of receiving the call. It is the policy of DHI that no retallation will be initiated against person who reports in good faith a suspected Fraud,

An allegation of sexual abuse by Staff #1 was

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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LINCS			ANE/180 BUCH NOA, NC 2877	EYE COVE ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST SE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN ÖF CÖRRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RE COMPLETE
V 5 † 2	reported to the license that the reporter witne Client #1 in the groin a times. It was also alle tickling the client, rubb him on the forehead. where Staff #1 worked allegation until 3/2/18, counseled by his supersection of 2017 or appropriate use of hur and to not tickle Client instructions to stay awabuse investigation. Swork at the day activity Client #1, sometimes with Client #1. In addingented an incident with three religious CDs and remarks to him, suggesto hell because Staff # deficiency constitutes abuse and must be conadditional administrative penalty the violation is not conadditional administrative.	see on 2/27/18. It was alleged seed Staff #1 touching area, outside his pants, two ged Staff #1 was observed bing his chest, and kissing. The day activity center, d, was not notified of the Staff #1 had been ervisor in August and electing boundaries, mor, being professional, electing boundaries, mor, being brother to the boundaries of the same group tion, on 3/5/18, Client #1 had given him and made intimidating esting Client #1 was going esting Cli	V 512		

## **FAX COVER SHEET**

To: Susan McMickle

From: Davidson Family Services

Company: NC DHHS

Date: 05/04/18 09:33:26 AM

Fax Number: 19197158078

Pages (Including cover): 21

Re: POC Response

Notes: