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DHSR-MH Licensure Sect

Date: May 3, 2018

From: Wake Enterprises, Inc.
3548 Bush Street
Raleigh, NC 37609

To: Mental Health Licensure and Certification
NC Division of Health Services Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual and Complaint Survey completed April 9, 2018/ Plan of Correction

In response to the North Carolina Division of Health Service Regulation's (DHSR) site survey; Wake Enterprises is acknowledging that there are areas in which we could perform better. It is the belief of Wake Enterprises the deficiencies noted in the survey do not constitute an A1 Violation.

CitationV109:27G0203 Privileging/Training Professionals

As an organization, Wake Enterprises recognizes the need to ensure the training and competencies for our supervisors. All supervisory staff have acknowledged in writing their responsibilities to supervise direct support staff, keep participant records up to date and to perform NCI when required. AP #9 has attended an NCI plus training class. All supervisors will maintain current certifications in protective and restrictive interventions. All supervisors have been trained on the correct procedures for moving a participant from one group to another either on a temporary or permanent basis. If a change is made, that change will be documented by the supervisor. All supervisors have been trained on the correct procedures for obtaining information and ensuring that direct support professionals are trained on revised strategies following a participant returning after hospitalization extended medical/behavioral leave or suspension. Training will henceforth be done by or under the supervision of the Qualified Professional responsible who has worked with the returning participant, guardian, and other members of the team to update the plan. Such training will be appropriately documented.

Citation V111:2G.0204 Training/Supervision Paraprofessional

Wake Enterprises recognizes the need to ensure the training and competencies for our direct support professionals. All direct support professionals have acknowledged in writing that they may be working with individuals who have behavioral challenges and their responsibility to perform NCI when required. PP#6 and PP#7 have attended an NCI plus training class. Direct support professionals will be trained on any changes to treatment strategies following a participant returning after hospitalization extended medical/behavioral leave or suspension. All direct support professionals will be trained on the correct procedures for moving a participant from one group to another either on a temporary or permanent basis within the next 30 days. This training will be conducted under the supervision of the Quality Assurance Coordinator and performed by Qualified Professionals serving each site.

Citation V112:27G.0205(C-D) Assessment/Treatment/Habilitation Plan

Wake Enterprises recognizes the need to maintain up to date treatment plans containing strategies to meet the needs of the participant. A template has been developed for all supervisors to use after hospitalizations or suspensions. This template includes a guide to ensure that strategies for addressing the hospitalization or suspension are identified and that direct support professionals are trained on these strategies. The QA Specialist will audit a sample of treatment plans monthly to ensure they are up to date and addressing any changes in goals or strategies they deem necessary.

Citation V200:27G.2301 Adult Voc. For DD- Scope

Wake Enterprises strives to provide the best possible services to all of the people we serve. In addition to the steps noted above, additional cameras have been added throughout the building for monitoring. Participant #13 has been discharged. Participants have been dispersed throughout the building to provide more space for participants to decrease noise levels and subsequent behaviors. In addition, employees have been rehearsing code drills to ensure everyone knows how to respond properly.

Sincerely,

Walter Weeks
Wake Enterprises, Inc.
3548 Bush Street
Raleigh, NC 27609

NAME ____________________

Return Meeting Guide

RECORD # ____________________

1. What was the reason for the hospitalization, extended medical/behavioral leave or suspension?

2. Has clearance from a doctor to return to work including any restrictions or changes in care been provided? Please attach.

3. What are the changes in care/ new behavioral strategies that need to be implemented upon return?

1

4. Is there anything else that Wake Enterprises should know regarding this participant upon his/her return?

Return to Program Requirements and Timeline

Participant Name: ______________________

Record Number: ______________________

	Date	Responsible Party Signature
Admissions workgroup notified of participant hospitalization or medical/behavioral leave.		
Paperwork forwarded to Admissions Workgroup for return		
Admissions workgroup decision:		
2nd review decision (if applicable):		
3rd review decision (if applicable):		
Inservices with staff complete		

Procedure:

	Responsible Party	Timeline
Notify AP/QP upon learning that a participant is hospitalized and/or out for medical/behavioral reason for more than 5 days.	DSP	Immediately
Notify Admissions Workgroup by e-mail upon learning that a participant is hospitalized and/or out for medical/behavioral reasons for more than 5 days.	AP/QP	Immediately
When participant is ready to return after hospitalization, extended medical/behavioral leave or Suspension QP/AP must hold a Team meeting. Utilize the Return Meeting Guide to gather necessary information and submit it to the Admissions Workgroup for approval prior to participant return.	AP/QP	When participant is ready to return. Meeting must be scheduled within 5 days in the case of of Suspension.
Admissions workgroup will meet to review information provided and determine if more information is needed, any changes in service necessary and appropriate return date.	Admissions Workgroup	Within 1 week of receipt of information
Inservices will be done with staff to review any changes in service /strategies for the participant and copies placed in the Inservice book.	QP/AP	Prior to participant return

Procedures for moving a participant from one group to another on a temporary basis:

1. If a DSP observes anything that makes them think a temporary move is appropriate, that DSP must speak with the AP or QDDP responsible.
2. If it comes to the attention of an AP that a temporary move is appropriate, either from a DSP or by direct observation, that AP should observe the situation.
    - If that AP feels comfortable making the determination, he/she may approve or deny the move. That AP must document the decision and e-mail notification to the supervising QDDP.
    - If that AP doesn't feel comfortable making the determination, he/she must speak with the QDDP responsible.
3. If it comes to the attention of a QDDP that a temporary move is appropriate, either from a DSP, AP or by direct observation, that QDDP should observe the situation.
    - That QDDP may approve or deny the move and must document the decision.

*** QDDP should be notified immediately when there are medical, behavioral and/or safety considerations involved.

Procedures for moving a participant from 1 group to another on a permanent basis:

1. If a DSP observes anything that makes them think a temporary move is appropriate, that DSP must speak with the AP or QDDP responsible.
2. If it comes to the attention of an AP that a temporary move is appropriate, either from a DSP or by direct observation, that AP should observe the situation.
    - The AP should then make a recommendation to the QDDP on whether the move is appropriate.
3. If it comes to the attention of a QDDP that a temporary move is appropriate, either from a DSP, AP or by direct observation, that QDDP should observe the situation.
    - If the QDDP agrees that the move is appropriate, he/she should submit a recommendation to the Admissions/Discharge Workgroup. This recommendation should include the reasons for the move and the number of participants in the proposed new group.
4. The Admissions/Discharge Workgroup will review the request and approve or deny the move. This will be documented in the meeting minutes.

MEMO

To: Participants, Caregivers, Families and Staff

From: Karen Coffey, Program Services Director

CC:

Date: April 10, 2018

Re: **Return procedures following a hospitalization or medical/behavioral leave.**

Wake Enterprises strives to provide the best possible service to our participants. In an effort to ensure the Health and Safety of our participants, we wish to remind you of our procedures to follow prior to a participant's return following a hospitalization or absence of 5 days or longer for a medical or behavioral reason.

Before the participant can return, a team meeting must be held. At this team meeting, we expect a representative from their residential placement (if applicable), their guardian (if applicable), and any other team members that could contribute to the conversation to attend. We need medical release to return to program that includes any restrictions or changes in care listed by the Physician. At this meeting, we need input from all caregivers to determine any changes in care and/or any new behavioral strategies that need to be implemented upon return. These recommendations need to be reviewed by our Admissions/Discharge Workgroup and approved prior to the participant's return.

3548 Bush Street | Raleigh, North Carolina 27609 | Phone: 919.714-6100 | Fax: 919. 856-1307

www.wake-enterprises.org

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-006	A. BUILDING: ______ B. WING ______	04/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAKE ENTERPRISES-THE MILLER BLDG	3548 BUSH STREET RALEIGH, NC 27609

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V 000	INITIAL COMMENTS An annual and complaint survey was completed 4/9/18. The complaint (Intake # NC00135580) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10 A NCAC 27G .2300 Adult Developmental Vocational Programs.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) 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. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision	V 109	RECEIVED MAY 0 3 2018 DHSR-MH Licensure Sect	

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plan upon hiring each associate professional.
(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.

This Rule is not met as evidenced by:
Based on observation, record review and interview, 1 of 2 Qualified Professionals (QP 11) and 2 of 2 Associate Professionals (AP9 and AP10) and 1 of 1 administrator (Program Service Director) failed to demonstrate competency to meet the needs of the clients. The findings are:

1. Review on 3/23/18 of a job description for a Qualified Developmental Disability Professional (QDDP) revealed the following Essential Functions:
- "Assures no person is subject to abuse, neglect and/or exploitation
- Provides leadership and professional supervision for other QP, AP and Paraprofessionals (Habilitation Specialists and Record Control Clerk)
- ...Coordinates, implements and supervises the administration of program goals and objectives that meet participant needs, considering the physical, emotional and educations levels of individual participants
- Reviews quarterly reports, updates program goals and objectives and coordinates yearly service plan meeting for individual participants...Writes service plans when lead agency.
- ...Confers with agency program staff, parents, outside administrators, test specialists,

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V 109	Continued From page 2 social workers and case managers to develop participant's program. - Assures participant records are up to date and accurate with all necessary documentation... - Required to train and advise operational staff on service delivery, person-centered planning, documentation requirements...participant rights...Assures compliance with behavior plans. - Trains staff on implementation and documentation- relating to behavior plans..." Review on 3/23/18 of QP11's personnel record revealed: - hire date: 2/15/13 - job description for QDDP Review on 3/23/18 of a job description for an AP revealed the following Essential Functions: - " ...Assures that no person is subject to abuse, neglect and/or exploitation and thoroughly understands their obligation to immediately report any suspected abuse, neglect and/ or exploitation - Works with the Division manager for developing and implementing program goals and objectives that meet participant needs, taking into consideration the physical, emotional and educational levels of individual consumers. - Responsible for supervising Paraprofessionals who work directly with the Participants and assuring the staff actively engaged. Responsible for effectively directing the activities of Paraprofessionals throughout the day to assure most efficient use of staff resources. - Writes service plans and submits to QDDP for review and approval. Completes daily grid documentation, behavior sheets and tracking sheets by the end of the work day. Gathers documentation relating to participant progress and submits to QDDP for review and signature.	V 109		

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- ...Assures records are up to date with all necessary documentation for all Participants assigned.
- ...Collaborates with other staff to assure completion of service delivery and documentation. Refers any concerns to the Division Manager. Liaises with residential staff.
- ...Assure the safety and confidentiality of person(s) served.
- ...Monitors staff/staff and staff/participant interaction. Refers any concerns to the Division Manager..."

Review on 3/23/18 of AP9's record revealed:
- an unclear hire date
- a job description reflecting her position as an AP
- training in North Carolina Interventions (NCI) A & B

Review on 3/23/18 of AP10's record revealed:
- a hire date of 9/18/06
- a job description reflecting her position as an AP
- training in NCI A & B

SEE TAG V112 for details of FC13's data, diagnoses, treatment plan information, incident reports in January and February, 2018 and a video review of incident on 2/15/18

The following evidence reflects AP9 and AP10's failure to demonstrate competency to meet the needs of clients.
Note: Paraprofessional staff are identified as "Staff #..."

a. During an interview on 3/27/18, AP9 reported:
- she had worked for the facility for 8 years
- her responsibilities included taking care of

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V 109	Continued From page 4 her caseload, ensuring clients were safe, making sure work was done in timely manner, writing treatment plans for participants and ensured grids were completed - she spent 25 to 35 % of her day on the work floor - she supervised staff #6, #7 and #8 - she had been trained in NCI A & B - if clients were acting out, the first step was to make sure participants were out of danger and to assist wherever was needed. Everyone was trained in NCI so anyone should be able to do it. "Women try to handle it but some clients are too strong." - on 2/15/18 she was in her office when she heard a commotion. She went to the back room and saw FC13 acting out and it was "a war zone." - FC13 was standing over client #4 and had his head and was banging it on the table in front of him numerous times. There was blood coming down client #4's face. - there were no staff in the room when she arrived but there were other clients in the room including client #6. - she tried to tell FC13 to stop but FC13 threw something at her and she backed out and realized he wasn't going to stop. - Staff #7 was also at the doorway with a chair in his hands but staff #7 had been sick; she told staff #7 to put the chair down. - she tried to figure out what to do and told someone to go get QP11 as she felt he could handle it better than anyone. She then saw client #6 try to pull FC13 off client #4. "[Client #6] was the only hero that day" - FC13 pushed client #6 down on the floor and started banging her head against the floor. - FC13 then got up and came out of the back room looking for things to throw. QP11 had arrived and tried to use NCI wrap but the two fell	V 109		

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V 109	Continued From page 5 on the floor while doing so. She thought they landed on some boxes. - the Quality Assurance (QA) Coordinator arrived, told staff to call the police and told QP11 to let FC13 up - FC13 started up again and QP11 held FC13 again; no one helped QP11 - she moved away from the area. She saw someone taking clients #4 and #6 away from the area - when she was standing near the door to the back room she did not see the 3 or 4 other consumers still in the room because she was concentrating on client #4's bleeding face - she never went into the back room while the incident was occurring - she wanted to "NCI him" but he was throwing things so she could not get close enough to "NCI him." - after everything was over the other clients walked out of the back room - it was "the most scariest thing to see [client #4]'s head being beat." - no formal training was offered after the incident but there were reviews with the clients of what to do in an emergency - some people responded slowly during the incident - if she had to do it again she would make sure all participants were out of the room - NCI doesn't address everything, like someone throwing chairs; she wished she was 10 feet tall - there was a phone nearby but it was locked in the office in the back room b. During interviews on 3/27/18 and 4/9/18, AP10 reported: - she had worked for the facility for 11 years; first as a paraprofessional and as an AP the last 3	V 109		

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years
- she had been trained in NCI A & B
- her responsibilities included having a caseload, attending person center plan meetings, contact with guardians, documentation and a quarterly summary of the goals and working on the floor with staff and clients
- she supervised the group and paraprofessional staff who worked with FC13
- on 2/15/18 she did not know that Staff #8 had moved FC13 to another group until the incident started and she did not know who made the decision to move him. Normally an AP or QP would be involved in the decision to move a participant to another area.
- if a client is moved from one work area to another, the staff in the new area and the client should be prepped for the move and staff should become familiar with the client's goals and strategies
- by the time she saw FC13 he was standing outside the back room and QP11 was already involved. She returned to her office to call a "code blue" (meaning client behavior) and his group home staff to come and get him.
- she was involved in the meeting on 2/8/18 when they discussed FC13's return to the program after the incidences in January and his subsequent hospitalization
- there was no documentation of the meeting and there were no solutions or changes to the treatment or interventions used if FC13 became upset again. They did not identify any triggers to his behaviors.
- she did not make any changes on his treatment plan or note that there had been a meeting.

The following evidence reflects QP11's failure to demonstrate competency to meet the needs of

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clients.

a. During interviews on 3/27/17 and 4/9/18, QP 11 reported:
- he had worked for the facility for 5 years. He had only taken over the ADVP (Adult Developmental and Vocational Program) about 2 or 3 months ago.
- he had been trained in NCI A & B
- his responsibilities included supervising the department, ensuring paperwork was complete, completing treatment plans annually and as needed, supervising staff, assessing new clients attending treatment plan meetings and doing quarterly notes
- he was not involved in any of the incidences in January, 2018 and had not been told of any changes to FC13's treatment plan or interventions after those episodes. He did not attend the meeting on 2/8/18 to discuss FC13's return to the program.
- he did not know of any PRN medication for FC13
- on 2/15/18, Staff #8 called and asked if she could move FC#13 to the "back room" as they were about to start work. He told Staff #8 to wait until he came back there to assess him. When he got to the area, approximately 15 minutes later FC13 had already been moved to the back room.
- he went to the back room and saw that FC13 was there and looked happy and unperturbed. Staff #3 and #7 were in the room at the time but Staff #3 left to bring some participants to the bathroom
- he did not want to move FC13 again as he seemed settled so he left him with Staff #7
- approximately 15 minutes later someone (he thought it was another participant) told him FC13 was attacking clients. He went to the back room area.

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-when he got there FC13 was coming out of the back room looking for something to throw. He had already attacked the other 2 clients. Staff #7 and #8 and AP10 were walking back and forth and/or calling for help

-he attempted to put FC13 in a therapeutic wrap but lost his balance and they both landed on the floor. While FC13 was on the floor QP11 was able to keep him there just by keeping one hand on his shoulder.

-when FC13 was let up he became out of control and again was restrained on the floor again until the police arrived and he calmed down.

-he thought staff in general looked to him to handle situations but everyone had the same training and should be able to intervene

b. Review on 3/23/18 of incident reports revealed:

1. Date: 1/26/18 at 10:40am with: "[FC13] got upset he started beating the boxes that was in front of him. Next he started throwing the boxes across the work floor. He tossed 5 chairs across the work floor as well. He then ran off to the bathroom to calm himself down. He calmed himself down after sitting in the bathroom for 20 minutes."
Were there any precipitating factors that were noted? "He was beating on his leg really hard."
What immediate actions were taken? "Staff tried talking to him to calm him down but he was already enraged."

2. Date: 1/27/18 at 10:30am with: " [FC13] was sitting at the table and staff brought some boxes to table and it made [FC13] upset and he started throwing the boxes off the table. Staff tried to calm him down and asked him was he ok then escorted him out."
Were there any precipitating factors that were noted? "work boxes on the table touched him and

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he got upset"
During interviews on 3/26/18 and 4/9/18, AP10 reported:
- on 2/8/18, a meeting was held with the Program Service Director (PSD), FC13's mother and group home manager and herself
-the purpose was to discuss FC13's medication changes following his hospitalization, what triggered FC13 during a behavioral outburst in January 2018
- the only trigger ever identified for FC13 was being required to work
- FC13 was placed on a 90 day probationary period
- there were no plans to develop and implement strategies to assist FC13 with appropriately communicating anxiety/frustration in the work place
- she and QP11 may have talked about putting FC13 into the non-working group but QP11 and the PSD would have made the final decision

During an interview on 4/9/18, the PSD reported:
- there was a meeting on 2/8/18 between herself, AP10, FC13's mother and FC13's group home manager.
- during the meeting, the group discussed FC13's medication changes, determined that FC13 was medically cleared to return to the facility and FC13 was placed on a 90 day probationary period.
- AP10 was responsible for taking notes during the meeting but there were no notes.
- no changes were made to FC13's treatment strategies or interventions

During an interview on 4/9/19, the Program Service Director and the Executive Director reported staff had been trained continuously and

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	MHL092-006	A. BUILDING: ______ B. WING ______	04/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAKE ENTERPRISES-THE MILLER BLDG	3548 BUSH STREET RALEIGH, NC 27609

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V 109	Continued From page 10 had the knowledge of their responsibilities and of what was expected of them. Both stated they believed the problem came in the execution of their responsibilities in certain situations. This deficiency is cross referenced into: 10A NCAC 27G .2301 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities - Scope (V200) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate 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.	V 110		

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V 110	Continued From page 11 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on observation, record reviews and interviews 3 of 8 audited Paraprofessional (PP) staff (#6, #7 and #8) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are: Review on 3/23/18 of a job description for a Paraprofessional staff revealed the following Essential Functions: - "...Assures that no person is subject to abuse, neglect and/ or exploitation... - Directly supervises 1 to 12 participants regularly and more on a short term basis, when necessary... - Implements the individualized plans to meet the specific needs of adults with developmental disabilities (DD), taking into consideration the physical, emotional, and educational levels of development, and the personal goals and preferences of the person(s) being served. - Confers with participants, immediate family, administrators, testing specialists, case managers and others to develop an individual program plan for the person(s) served... - Assures safety and confidentiality of person(s) being served..." a. Review on 3/23/18 of staff # 6's record	V 110		

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revealed:
- a hire date of 8/24/15
- evidence of training in North Carolina Interventions (NCI) Core + (alternatives to restrictive interventions and restrictive interventions)

b. Review on 3/23/18 of staff #7's record revealed:
- a hire date of 2/10/14
- evidence of training in NCI Core +

c. Staff #8's personnel record was not reviewed. Staff #8 was interviewed.

SEE TAG V112 for details of Former Client 13 (FC13)'s data, diagnoses, treatment plan information, incident reports in January and February, 2018 and a video review of incident on 2/15/18

Review on 3/23/18 of client #4's record revealed:
- an admission date of 1/6/14
- a Developmental Evaluation Report dated 1/16/13 with diagnoses including Mental Retardation and Cerebral Palsy
- an assessment dated 12/2/13 indicated an unsteady gait at times
- daily goal grid sheets documentation indicated client #4 was out of the program 2/16/18, 2/19/18 and 2/20/18 following 2/15/18, the day he was assaulted by FC13

During an interview on 3/26/18, client #4 reported:
- he had attended the facility for 5 years
- he worked in the back room with staff #6
- FC13 hit him in the nose on a day he (FC13) became upset
- he saw a doctor the day FC13 hit him; he thought his nose was broken

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V 110	Continued From page 13 During an interview on 4/2/18, client #4's Group Home Qualified Professional reported client #4 sustained a bloody nose and bruising to his eye ear and nose the day he was assaulted by a peer at the facility. Client #4 was seen by a doctor. There was no evidence of a fracture. Review on 3/23/18 of client #6's record revealed: - an admission date of 2009 - diagnoses including Intellectual Developmental Disability and Epilepsy During interviews on 4/3/18 and 4/4/18, client #6's father reported: - client #6 did not speak English but communicated to him what happened to her - client #6 was taken to an area hospital the day she was assaulted by a peer at the facility - client #6 told her father that she fell back and tried to support herself on her elbows; the peer got on her and hit her with blow after blow and banged her head on the floor and she had scratches on her elbows - since the incident, client #6 has been more fearful at night and was reluctant to attend the facility because she was afraid she would be attacked Observation on 4/4/18 at approximately 4:00 PM, when asked by her father in their native language if she was still experiencing any pain, client #6 spoke in her native tongue and touched her sides and forehead areas. Review on 4/4/18 of discharge paperwork from a local hospital dated 2/15/18 revealed client #6 was assaulted and suffered numerous contusions. [There was no indication of how	V 110		

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many contusions or where.]

During interviews on 3/27/18 and 4/9/18:

a. Staff #8 reported:
- prior to incident on 2/15/18, FC13 was upset at the work station. She saw that he was frustrated and she knew it wouldn't work out for him to stay with the group.
- she asked QP11 if FC13 could go to the back room. She stated QP11 okayed it and she brought him to the back room without incident. (However, QP11 reported he told her to wait until he could get back there to assess FC13).
- Staff #3 was in the back room and she told her FC13 liked music and did not like to be touched.
- when the commotion started, Staff #6 "just ran out of the room and kept running" and she (Staff #8) saw the room was destroyed. No one was with Staff #6 when she ran by. She reported she tried to go back there but saw FC13's face and "knew she would not get to him"
- she saw him hitting client #4's head and "knew no woman would be able to handle that without getting hurt"
- she saw client #6 "try to intervene by hitting [FC13] to get him to stop. [FC13] grabbed [client #6], put her on the floor banging her head."
- she (staff #8) started calling for help but did not intervene

b. Staff #3 reported:
- she was in the room when Staff #8 brought FC13 to the back room.
- Staff #8 told her she was transitioning him and he would come to the back room when they (his work floor group) had work.
- when asked, Staff #8 told her he liked music and did not like to be touched.

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- she took clients to the bathroom when Staff #6 arrived. She was not present during the incident.
- she heard Staff #6 ask QP11 why FC13 was there and QP11 telling her he would be okay
- prior to her taking clients to the bathroom, FC13 was 'smiling and happy"
- FC13 had been in the back room before and she was not worried about him being there

c. Staff #6 reported: (This staff person was the one in the room when the incident started.)
- FC13 was already in the back when she arrived.
- she questioned a staff supervisor (QP11) why he was back there. QP11 told her FC13 could "pick up on what I say." She told supervisor she was looking at him, not participant.
- FC13's behavior "accelerated in a violent way." She told participants to get out; she called a code blue (client behavior) and said to Staff #7 "help, help, get [QP11]. I could not do anything more because he was already out of control."
- she had previously seen FC13 be violent and did not think he belonged in the back room
- when FC13 became out of control she ran out telling other clients to follow her
- she went with clients to the front of the building (However, the video and other staff reports show Staff #6 leaving alone).

d. Staff #7 reported: (and based on statements made by this same staff on 2/16/18 during an internal investigation)
- he saw FC13 was agitated when he arrived.
- FC13's family (mother or sister) came in and brought him lunch. That seemed to calm him.
- he was working in the front of the building when he heard a thumping coming from the back

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room, then heard someone call out for help. He went back and saw FC13 banging client #4's head on the table.

- he reported not feeling well and trying to determine how to get the others (clients) out of the room.
- he told FC13 to stop and he did. He then saw FC13 take client #6 and started to hit her.
- "I took a chair to try and separate [FC13] from the others. Another staff told me not to use the chair."
- he then saw QP11 try to put FC13 in a therapeutic wrap.
- "I heard staff saying get out but feel staff were scared. I was afraid I might have to save a life by hurting another participant. I know that was wrong and I could lose my job. Felt things were done wrong. Placing [FC13] in front of [client #4] since he has targeted him in the past."

During an interview on 4/9/18, the Program Service Director and the Executive Director agreed that numerous staff did not act appropriately to protect the clients physical safety during this incident even though they had been trained extensively in alternatives to and restrictive interventions. Both believed they knew what the problem was and had already taken steps to correct the problem.

This deficiency is cross referenced into: 10A NCAC 27G .2301 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities - Scope (V200) for a Type A1 rule violation and must be corrected within 23 days.

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V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement treatment plan strategies to meet the needs of 1 of 1 former client #13 (FC13). The findings are: Review on 3/23/18 of FC13's record revealed:	V 112		

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V 112	Continued From page 18 - admission 10/7/16; discharge date 2/28/18 - diagnoses of Mild Intellectual and Developmental Disorder, Autistic Disorder, High Blood Pressure, Asthma and Anxiety - information on his treatment plan dated 10/7/17 included: - "...I am very hesitant when speaking, encourage communication, allow me to express my feelings....If I become frustrated with the place or my peers or staff it might help to give me space or let me go somewhere quiet. Last year my mother had noticed a change in me where I would began to have crying spells, wondering off, talking to myself a lot, rocking back and forth...my medication has been stable and...have noticed positive change in me, but staff should remember that I can still walk out the building if I get upset. Staff may notice these things when I get board or if I'm seeking attention. Staff should always try to keep me engaged at all times and provide me with choices..." - goals on the treatment plan date 10/7/17 included: 1. become more sociable by interacting with his peers and staff daily with no more than 3 verbal prompts (VP) 2. communicate his feelings with his staff when he becomes frustrated, mad, happy, sad, or has a need or a request made of him with 3VPs... 3. try new activities/work with no more than 3 VPs... 4. will work on staying on task with no more than 3 VPs... - a "Participant Specific Competencies" sheet dated 10/7/17 for FC13 included: "Targeted Behaviors: N/A (not applicable) Response to Target Behaviors; N/A Communication techniques: Verbal Personal Care Needs: None	V 112		

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Medical Concerns: High blood pressure, asthma, bed wetting
Daily Routine: Most of the day is spent in assigned area on the work floor. Lunch is at 12:30pm.
Participants PCP (Person Centered Plan)/goals are located in their medical record...
All services provided must be provided in compliance with the participants PCP
The signatures below verify that training in the elements indicated on this form has been completed and the Paraprofessional (PP) understands his/her responsibilities related to the elements." This sheet was signed by: Paraprofessional staff #2; #7, #8, Qualified Professional (QP12) and Associate Professional (AP10). This form was not signed by the staff persons assigned to FC13 on 2/15/18 when the assaultive incident (described below) occurred.
- a hospital "After Visit Summary" dated 2/2/18 from a local hospital revealed:
- admission date 1/28/18; Discharge date 2/2/18
- Reason for visit: outburst at group home. Diagnoses Aggressive Behavior, Autism
- Alprazolam 0.25mg take 1 tablet twice daily as needed (PRN) for Anxiety
- Trazedone 50mg was added at hour of sleep and Trazedone 25mg was added twice daily
- no changes to the treatment plan after the initial 10/7/17 date

Review on 3/23/18 of incident reports revealed:
- Date: 1/26/18 at 10:40am with: "[FC13] got upset he started beating the boxes that was in front of him. Next he started throwing the boxes across the work floor. He tossed 5 chairs across the work floor as well. He then ran off to the bathroom to calm himself down. He calmed himself down after sitting in the bathroom for 20

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minutes." Were there any precipitating factors that were noted? "He was beating on his leg really hard."
What immediate actions were taken? "Staff tried talking to him to calm him down but he was already enraged"

- Date: 1/27/18 at 10:30am with: "Participant was sitting at the table and staff brought some boxes to table and it made [FC13] upset and he started throwing the boxes off the table. Staff tried to calm him down and asked him was he ok then escorted him out." Were there any precipitating factors that were noted? What lead up to the incident? "work boxes on the table touched him and he got upset"

Review on 3/23/18 of an "Inservice Record" dated 2/8/18 revealed a form signed by FC13's Guardian/mother; the Qualified Professional (QP) from his residential facility; an Associate Professional (AP10) and the Program Service Director (PSD) from Wake Enterprises. This form contained the statement "This meeting is to go over any information and care that Wake Enterprises staff needs to do while [FC#13] is at work regarding his behavior. And if Wake Enterprises will need to implement a 90 day probation." There was no further information, conclusions or decisions provided on this sheet.

Continued review on 3/23/18 of incident reports revealed:
-Date: 2/15/18 at 10:30am with: "[FC13] was attacking other participants and throwing things. He had repeatedly slammed one participant's (client #4) face into a table then knocked over another participant (client #6) and repeatedly slammed the back of her head into the floor. He had thrown several items including chairs. He

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V 112	Continued From page 21 was preparing to through a large shrink wrap roll. Staff (QP11) attempted to utilize a standing wrap but participant resisted and they fell together over a hand truck and some boxes. Staff (QP11) kept 1 hand on [FC13] to keep him from getting up in an effort to give him time to calm down. After about 10 minutes, staff (QP11) removed his hand and "[FC13] immediately started charging staff again. Staff (QP11) attempted to reapply a standing wrap but they fell over again. Staff (QP11) kept 1 hand on "[FC13] while the police were called. The police came and took [FC13] to the Hospital for assessment.[FC13] was assessed and released. Both participants that were injured were seen in the ER (emergency room) and released without treatment." - an update to the 2/15/18 incident was added on 2/23/18 and revealed: "Team meeting was held. [FC 13], his Guardian, Group Home Manager, Group Home Q (Qualified Professional), Wake E program Services Director and Wake E Executive Director were in attendance. They discussed possible antecedents to his behavior and all were in agreement that they could not discern one. A BSP (Behavior Support Plan) was discussed but with a lack of antecedents, no one was sure that would be beneficial. The idea of getting him evaluated by a psychiatrist was discussed. The issue of ensuring safety was discussed and the difficulties of doing that in a 1:10 ratio was acknowledged by everyone. His guardian stated she had already been in contact with [Local Management Entity (LME)] and [LME] suggested that a partial hospitalization program might be more appropriate for him. She is looking into that. Wake Enterprises is recommending discharge due to our inability to meet [FC13]'s needs and keep everyone safe in the 1:10 ratio that his funding provides....2/28/18...[FC13]'s	V 112		

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V 112	Continued From page 22 guardian has decided to withdraw [FC13] from services..." Review on 3/23/18 at approximately 9:30 AM of video recorded on 2/15/18 revealed: - 10:14:00: Staff #6 and client #1 exiting the back room - Staff #8 outside the door of the back room - Staff #9 and staff #7 outside the back room, staff #7 with a chair on the floor in front of him - Another male staff outside the doorway of the back room - FC13 exits the back room and enters the work floor area - FC13 turns and begins to pick up items to his left on the work floor - QP11 enters the work floor area to the right of FC13 and attempts to initiate some type of hold - QP11 and FC13 fall onto some boxes - Staff #7 approached and appeared to offer to assist, QP11 waved him away - FC13 lay on the floor between boxes; QP11 leaned over boxes and kept one hand on FC13's back - Staff members escort clients #4 and #6 from the back room - 10:16:26: FC13 still on the floor; QP11 still leaning over with his hand on FC13's back - Another male staff approaches FC13 and QP11 - Quality Assurance (QA) Coordinator approaches FC13 and QP11 - QP11 and a male staff standing over FC13; FC13's laying prone with his feet kind of up in air - QA Coordinator and staff #9 standing near FC13 and QP11 - Program Services Director and other staff	V 112		

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V 112	Continued From page 23 move in and back out of camera's view - movement in back room of clients still there - 10:20:01 QP11 and the other male staff with FC13 - QP11 sat on boxes - people identified by QA Coordinator as clients observed leaving back room - 10:20:21: AP9 approaches and speaks to QP11 and the other male staff - 10:20:22: QP11 sitting on boxes, the other male staff squats, QP12 approaches them - QA Coordinator and QP12 standing nearby - QP11 sitting on boxes, male staff and QP12 standing near FC13 who is still on the floor - FC13 crawls from between boxes and appears to try to stand; QP11 holds onto FC13 - FC13 got up and moved forward toward a doorway; QP11 and the other male staff move after him and all 3 disappear from the camera's view - 10:30: a male staff and AP9 go to back room and escort other clients out of the room During interviews on 3/27/18 and 4/9/18, AP10 reported: - she was the AP assigned to oversee the group where FC13 was assigned - the purpose of the meeting was to discuss FC13's behaviors, what triggered them and to come up with a solution for when he returned - there were no minutes or notes from the meeting on 2/8/18 - they could not determine what triggered his behaviors in January, 2018 - they learned he was put on a new medication during his hospitalization - there were no changes or updates in the interventions or strategies utilized with FC13 - they were to just observe him	V 112		

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	MHL092-006	A. BUILDING: ______ B. WING ______	04/09/2018

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V 112	Continued From page 24 - she and QP11 were responsible for updating treatment plans During interviews on 3/27/18 and 4/9/18, Staff #8 reported: - she was the staff who supervised the group where FC13 was assigned - she was present at both incidences in January, 2018 and during the 2/15/18 incident - there were no changes to his treatment plan, strategies or interventions after the incidences in January, 2018 - she did not know FC13 had a "PRN" medication available to him at the day program During interviews on 3/27/18 and 4/9/18, QP11 reported: - he was responsible for updating treatment plans yearly and as needed - he was not involved in any meetings about FC13 after the January incidences nor had he been instructed to make any changes to the treatment plan or interventions used by staff During an interview on 4/9/18, the PSD reported: - there was a meeting on 2/8/18 between herself, AP10, FC13's mother and FC13's group home manager. - during the meeting, the group discussed FC13's medication changes, determined that FC13 was medically cleared to return to the facility and FC13 was placed on a 90 day probationary period. - AP10 was responsible for taking notes during the meeting but there were no notes. - no changes were made to FC13's treatment strategies or interventions This deficiency is cross referenced into: 10A NCAC 27G .2301 Adult Developmental and	V 112		

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V 112	Continued From page 25 Vocational Programs for Individuals with Developmental Disabilities - Scope (V200) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 200	27G .2301 Adult Voc. for DD - Scope 10A NCAC 27G .2301 SCOPE (a) An Adult Developmental and Vocational Program (ADVP) is a day/night facility which provides organized developmental activities for adults with developmental disabilities to prepare the individual to live and work as independently as possible. The activities and services of an ADVP are designed to adhere to the principles of normalization and community integration aimed at increasing age-appropriate actions, images and appearance of the individual. (b) An ADVP offers a diverse variety of specific services and activities. These include vocational evaluation, vocational training, remunerative employment, personal and community living skill development, adult basic education and long-term support and follow-up . Support services to clients' families and consultation with the clients' employers and other involved agencies may also be provided. The amount of time devoted to these areas varies considerably depending on the needs of the clients served. (c) The rules contained in this Section are applicable to facility-based ADVP services. (d) The majority of the ADVP activities in this model, whether vocational or developmental in nature, are carried out on the premises of a site specifically designed for this purpose. (e) It is the ADVP that shall be subject to licensure, not the location of the business or organization where the client may be placed for work.	V 200		

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V 200	Continued From page 26 This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide organized developmental activities for adults with developmental disabilities. The findings are: Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (Tag V109). Based on observation, record review and interview, 1 of 2 Qualified Professionals (QP11) and 2 of 2 Associate Professionals (AP9 and AP10) and 1 of 1 administrator (Program Service Director) failed to demonstrate competency to meet the needs of the clients. Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (Tag V110). Based on observation, record reviews and interviews 3 of 8 audited Paraprofessional (PP) staff (#6, #7 and #8) failed to demonstrate knowledge, skills and abilities required by the population served. Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitative Plans (Tag V112). Based on record review and interview, the facility failed to develop and implement treatment plan strategies to meet the needs of 1 of 1 former client #13 (FC13). Review on 4/9/18 of a Plan of Protection dated 4/9/18 and signed by the Executive Director revealed:	V 200		

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V 200	Continued From page 27 1. What immediate action will the facility take to ensure the safety of the consumers in your care? - "Additional cameras have been installed throughout the building for monitoring - Client #13 (Former Client 13 (FC13)) has been discharged - Participants have been dispersed throughout the building to provide more space for participants to decrease noise levels and subsequent behaviors - Staff #7 has been retrained in all levels of NCI (North Carolina Interventions) Plus - Staff #6 is attending NCI Plus on Wednesday (4/11/18) - We will put the additional people into training that were first responders - Our QA (Quality Assurance) Coordinator will audit a sample of treatment plans monthly to ensure they are up to date addressing any changes in goals or strategies they deem necessary - Staff and participants have been rehearing the codes and how to respond appropriately. Currently, our Paraprofessionals are completing staff competency training for all individuals who are currently attending. Before participants return to WE in the future, we will ensure the APs (Associate Professionals) and QPs (Qualified Professionals) attend service plan meeting and complete the proposed template. At the next Leadership Team meeting Thursday (4/12/18) [the Program Director] will outline the process for moving participants both temporarily and permanently. Effective immediately, all moves of participants require documentation from QPs and/ or APs."	V 200		

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V 200	Continued From page 28 2. Describe your plans to make sure the above happens. "Due to the anticipated discharge of 40 ADVP participants due to funding cap by Alliance Behavioral Healthcare, we had a change in supervision of the Associate Professional at the Miller Building. The return of participant #13 (FC13) from hospitalization took place during this time. The failure to amend the plan or to identify strategies when Participant #13 returned from hospitalization took place during this time. The new QP was not aware of the anticipated return and therefore did not follow up to assure the AP had done everything necessary upon his return. We will create a template for all APs and QPs to use after hospitalizations or suspensions by this Thursday (4/12/18). This template will include strategies to address the concerns that led to the hospitalization or suspension and also in-service training for the PPs (Paraprofessionals) on the new strategies. As an agency, we will research additional restrictive intervention training for our staff to see if NCI Plus is the appropriate one. Within the next three months, we will be integrated into electronic health records. Quality Assurance Specialist will verify that a new admission has a treatment in place and that on return after medical or behavior leave there will be a team meeting and plan updated to include next strategies. In response to direct support personnel not demonstrating competencies, we will have individual meetings with direct support professionals to ensure they understand the requirements of their position, within the next 10 days. They will also sign a document at this time that they understand the requirements and are	V 200		

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V 200	Continued From page 29 willing to carry out the assignment of the job. If they do not demonstrate knowledge or a willingness to perform the requirements of their job. If they do not demonstrate knowledge or a willingness to perform the requirements of their job, including restrictive intervention, they will be removed from their job. If Wake Enterprises determine that additional training is needed, we will schedule this during the next 90 days. We will take appropriate action with PPs who did not act according to their NCI during this incident. We will stress to the PPs that participants should not be moved to different spaces in the building without approval from a QP. Assure Wake Enterprises staff continues to follow policies and procedures to ensure the safety of participants and employees." FC13 had a dangerous outburst in January 2018, a few weeks prior to the 2/15/18 incident. He threw work materials and chairs that could have resulted in serious injury to others. FC13 was suspended and hospitalized after the January 2018 incident. Prior to FC13's return to the facility, the governing body failed to identify triggers and develop strategies to assist FC13 with communication of anxiety or frustration. A Qualified Professional failed to follow procedures for moving a client to a different work area. Staff members unfamiliar with FC13's triggers or treatment plan were then responsible for monitoring FC13, and when he acted out, staff monitoring him left FC13 with peers. While unsupervised and in an agitated state, FC13 assaulted two peers. One client had his head slammed repeatedly against a table; he sustained bruises and a bloody nose. A second client tried to assist the first client and FC13 knocked her to	V 200		

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V 200	Continued From page 30 the floor and banged her head against the floor; she was diagnosed with contusions. The first staff on site after the commotion began looked on and waited for someone else to arrive and intervene. This constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $3000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 200		