

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Complaint Survey was completed on May 21, 2018. The complaint was substantiated (intake #NC00138416). Deficiencies were cited.</p> <p>This facility is licensed for the following service category:</p> <p>10A NCAC 27G .5600F: Supervised Living -Alternative Family Living</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to develop and implement a plan based on assessments, which included strategies and desired client outcomes, affecting two (client #1 and client #2) of three clients. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291) Based on interview and record review, the facility staff failed to coordinate services between the facility and professionals responsible for client ' s treatment and habilitation, affecting two of three clients (client #1 and client #2).</p> <p>Review on 5-4-18 of client #1 ' s facility record revealed he:</p> <ul style="list-style-type: none"> - was admitted 11-25-16 - was 22 years old - was diagnosed with: Oppositional Defiant Disorder; Moderate Mental Retardation; Obstructive Hydrocephalus - had an Individual Support Plan (ISP) dated 3-1-18 that listed goals of: <ul style="list-style-type: none"> - "maintain health and safety to enhance skills with home living activities daily." - "utilize community networking services to promote participation in community life while developing supports within settings including volunteer activities and attending church." - "display appropriate behaviors in all settings to remain in the community." <p>Further review of client #1 ' s ISP revealed under the section, "What ' s Important To Me ..." was</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 2</p> <p>listed:</p> <ul style="list-style-type: none"> - "Social interaction with others-feel like he fits" - "He likes being the center of attraction." - "To be a part of whats going (on)" <p>In "Section 2 - Protection and Advocacy, [client #1] needs help with advocating for self, making choices and decisions, protection from self-exploitation ..."</p> <p>In "Section 3 - Exceptional Behavioral Support Needs-SIS (Supports Intensity Scale) dated 01/21/2015 reflects ... Support related to inappropriate sexual behavior-public masturbation, support needed while in public bathrooms due to history of inappropriate relations with little boys."</p> <p>Review of client #1 ' s facility record on 5-10-18 revealed a list of goals on a form titled, "Task Analysis." The goals had no start date, no anticipated completion date, and no indication the task analysis goals had been agreed upon by the client or the client ' s legal guardian. Some goals included in the task analysis were:</p> <ul style="list-style-type: none"> - "...Goal 5: [client #1] will not invade his peers, staff, or housemates ' personal space with no more than 6 verbal prompts - ...Goal 9: [client #1] will exhibit appropriate behavior at all times with no more than 6 verbal prompts..." <p>However, further review of client #1 ' s ISP or Task Analysis failed to reveal specific goals related to self-protection, avoidance of exploitation or inappropriate sexual activities.</p> <p>Review on 5-4-18 of client #2 ' s facility record revealed he:</p> <ul style="list-style-type: none"> - was admitted 10-23-17 - was 22 years old - was diagnosed with: <p>Moderate Intellectual Disability; Attention</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 3</p> <p>Deficit-Hyperactivity Disorder; Psychotic Disorder; Obsessive Compulsive Disorder and Post Traumatic Stress Disorder</p> <ul style="list-style-type: none"> - was assessed 10-18-17 with findings of: <ul style="list-style-type: none"> - sexually assaulted and molested by siblings - history of sexually assaulting others - pending legal charges for recent sexual assault - lacks appropriate boundaries - history of masturbating in public - history of voyeurism - history of inappropriate sexual behaviors with younger males - history of inappropriate sexual behaviors with lower functioning males - requires 24/7 (24 hours a day, 7 days a week) supervision - had a treatment plan dated 10-18-17 with goals of: <ul style="list-style-type: none"> - not leaving the facility or wandering off - maintain appropriate boundaries with staff and others - clean his bathroom daily - follow his behavior support plan to decrease: <ul style="list-style-type: none"> -aggression, self-injurious behaviors, sexually inappropriate behaviors, oppositional behaviors and generally socially inappropriate behaviors - increase personal care and independent living skills - increase community connections - respite four times annually for crisis stabilization - remain in the least restrictive environment - decrease target behaviors of: <ul style="list-style-type: none"> - sexual aggression, verbal aggression, self-injurious behaviors, stealing and other maladaptive behaviors 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 4</p> <p>Interview on 5-3-18 with client #1 revealed:</p> <ul style="list-style-type: none"> - Client #2 sexually assaulted him by pulling his hair (date not remembered). - Client #2 never touched him. "No, he tried to but I pushed him back." - Client #2 pulled his penis out but never "touched me with it." - They were both in client #2 ' s bedroom and "then staff came in." - When asked what his treatment goals were, client #1 did not mention any goals related to self-protection, avoidance of exploitation or inappropriate sexual activities. <p>Interview on 5-8-18 with client #2 revealed:</p> <ul style="list-style-type: none"> - He remembered the incident between himself and client #1 (date not remembered). - Client #1 initiated the activity. He entered the living room and, "pointed at my private parts. So I went upstairs to my room. Then [client #1] followed me upstairs to my room. He told me to take my clothes off. I was just taking my clothes off to take a nap. He got on top of me and was kissing me on my neck. - At first, I didn ' t want to do anything, then I just decided to get it over with. Most of all that happened was all on [client #1]. I just told myself, ' I don ' t want to do this, so I said I just want to get it over with. ' So I got up and he bent over and I stuck my p***s in his a**s. - That was all I did, I didn ' t do anything else but that. All the kissing, that was on him. I didn ' t do anything but stick my p***s in his a**s. - Him getting on top of me and kissing me, that was all on him. He was the one that made it all happen. It was all on him." - "I don ' t remember how long (they were alone in his bedroom), I ' d say long and short amount of time." 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 5</p> <ul style="list-style-type: none"> - No other incidents similar to that, "just that one time." <p>Review on 5-4-18 of incident reports revealed no event of a sexual nature was alleged to have happened between client #1 and client #2.</p> <p>Interview on 5-7-18 with client #1 ' s mother and legal guardian (M/LG1) revealed:</p> <ul style="list-style-type: none"> - She was very upset over the, "very cleaned up version of what happened" between the clients, told to her by the Director/Qualified Professional (D/QP). - "My whole anger comes from the fact that they had 10 years of information knowing [client #1] had no knowledge of sex, and when [client #1] gets something in his head, he will not let it go. He fixates on something and will not let it go. - They should have known introducing another client (into the facility) with those issues would be detrimental to [client #1]. They should have set some boundaries, or foresight to mixing those clients, (that it) would be bad given [client #1 ' s] history and behavioral patterns." - She had no knowledge of any specific goal in his treatment plan related to self-protection, guarding against exploitation or inappropriate sexual activities. <p>Interview on 5-7-18 with client #1 ' s Local Management Entity/Managed Care Organization (LME/MCO) Care Coordinator (#1CC) revealed:</p> <ul style="list-style-type: none"> - She approves client #1 ' s annual treatment plan. - Was unaware of any inappropriate sexual activities going on at the facility. - "There has not been anything related to sexual behaviors mentioned in treatment team meetings." 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 6</p> <p>Interview on 5-3-18 with staff #2 revealed:</p> <ul style="list-style-type: none"> - Found out about the incident the same day it happened, April 14, 2018. - "[Client #1] and [client #2] have kind of a love-hate relationship. (I) don ' t know of any other incident than the one where [staff #1] walked in on them." - She typically does the client ' s laundry and, "there wasn ' t any blood in his (client #1 ' s) underwear." <p>Interview on 5-7-18 with staff #1 revealed:</p> <ul style="list-style-type: none"> - He was working April 14, 2018 when client #1 and client #2 allegedly had a sexual encounter. - "Between 4:00 and 5:00 pm [client #2] and [client #1] were watching television in the living room. I was reviewing notes and documents (in the kitchen, adjacent to the living room). - After approximately 3 or 4 minutes (I) noticed it was quiet," because the TV was off - He first went to client #1 ' s room which is located downstairs next to the kitchen, and it was empty. Next, he went to client #2 ' s room which was upstairs, knocked on the door and opened it. - "They were both naked. [Client #2] was standing next to his bed and [client #1] was also standing, but I don ' t know where he was in relation to [client #2], just that they were both naked and standing. They immediately began accusing the other. I didn ' t see them doing anything, they were just naked and standing." - "When I knocked (on the door), I heard [client #2] say, ' [client #1 ' s] on top of me. ' " - "Between the two, [client #2] is more the aggressor or assertive one of the two. For the entire time I ' ve worked here, [client #2] talked about sex, but until that incident [client #1] didn ' t ever talk about sex." - Client #1 had no specific treatment plan goals related to self-protection, avoidance of 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 7</p> <p>exploitation or inappropriate sexual activities.</p> <p>Interview on 5-8-18 with the local health department physician (HDP) who examined client #2 on 4-19-18 reported:</p> <ul style="list-style-type: none"> - The facility staff brought client #2 to be examined for the possibility of a Sexually Transmitted Disease (STD). - Client #2 informed her he initiated a sexual activity with client #1. "I didn ' t even know [client #1] was a real person," the HDP stated, "he ' s (client #2) not a very accurate or reliable reporter (of events)." - Client #2 was inaccurate chronologically as to where and when things occurred. Client #2 told her he was in Durham, North Carolina, on the same weekend the sexual encounter allegedly happened between he and client #1 locally at their residential facility, and that while in Durham he had a sexual encounter there also. - The HDP stated, "it was unclear as to whether anything actually happened (between client #1 and client #2 due to client #2 being a poor reporter of facts and time)." - Client #2 did not have a STD <p>Interview on 5-8-18 with client #2 ' s LME/MCO Care Coordinator (#2CC) revealed:</p> <ul style="list-style-type: none"> - She was, "not all that involved" with client #2. - She writes the ISP treatment plan and holds the monthly treatment team meeting, which is attended by the guardian; herself; the behavior support psychologist; day program staff and residential staff. - No official minutes were kept from the monthly meetings, but decreasing client #2 ' s sexual behaviors was discussed. <p>Interview on 5-8-18 with client #2 ' s legal guardian (LG2) revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 8</p> <ul style="list-style-type: none"> - The facility had provided enough supervision to the clients. - Client #2 was placed at the Alternative to Family Living (AFL) facility with other clients because "I felt they could meet his needs." - "Bottom Up (Outreach Center) was willing to accept him, so we had nowhere else to send him." - "Even if you have eyes on him, this is how sneaky and subversive he is. That happens with the kind of individual [client #2] is." - "He ' s (client #2 is) crafty." <p>Interview on 5-3-18 with the D/QP revealed:</p> <ul style="list-style-type: none"> - client #1 and client #2 had been talking about having sexual intercourse but, "they hadn ' t done anything yet." - "We were told by the psychiatrist, Care Coordinator and the clinical team, they all told us if they want to, then it ' s their right." - "Neither client is their own guardian." - We ' ve provided a lot of sexual education, condoms, etc. to protect them." - "Staff did find them with some clothes off, but they weren ' t engaged in any sexual activity. [Client #1] is just curious, but [client #2] is more assertive." - "I think [client #2] has been grooming [client #1]." - now, "we have baby monitors, chimes on doors, cameras ..." but no mention of specific goals related to self-protection, guarding against exploitation or inappropriate sexual activities, were added to client #1 ' s treatment plan. <p>Review on 5-11-18 of the Plan of Protection dated 5-11-18 and written by the D/QP revealed: What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ol style="list-style-type: none"> 1. "The immediate action taking place will be 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 9</p> <p>discharge of the consumer [Client #2] who was alleged to have sexual interactions with [Client #1]. [Client #2 ' s] discharge date is 5/16/18. Beginning 5-11-18 staff will always be in common areas anytime the two consumers are in common areas together (anytime out of their room). There will be supervision anytime consumers are together in common areas. During awake hours, there will always be a staff in the living area, unless it is known for sure that consumers are not at the home or are in their own room. If [Client #2] or [Client #1] are in their room, room checks will be done every 5 minutes to ensure strategies and interventions are maintained and followed through. Beginning 5-11-18, if there is any doubt that an incident report is needed to be filed, from any incident occurring (MCO Level 1, or, Iris (Incident Response Improvement System) Level 2), director will make sure that an incident report (level 2 is filed) given any uncertainty, if it is a incident, or in what level of incident it should be. All incidents whether level 1 or level 2 will be documented within 48 hours. [Client #1] has an appointment scheduled for 5/18/18 which was scheduled on 4/25/18. [Client #2] has already had an appointment. [Client #3] has an appointment scheduled for 5/22/18 which was scheduled on 5/1/18. Door alarms are in place for notification of all coming and going from consumers in or out of their room."</p> <p>Describe your plans to make sure the above happens.</p> <p>2. "All staff will implement these strategies and interventions starting on 5-11-18. As of 5-11-18 all staff have been trained by D/QP to implement new strategies and interventions, review incident reporting (level 1 and level 2) and follow all requirements from any discharge summaries given by physician for consumers, following any</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 10</p> <p>medical appointments. Any personnel not following any of the above plan of protection, strategies and interventions, will immediately be written up for first violation, suspended for the second violation, and terminated if a third violation was to occur, from employment, for not following plan of protection."</p> <p>The facility admitted a client (Client #2) with a known history of: lacking appropriate boundaries, masturbating in public, voyeurism, and sexual assault. Client #2 still had legal charges pending for a recent sexual assault of a classmate in a supervised classroom he obtained just prior to being admitted to the facility. Client #2 required 24-hour supervision to protect others from being assaulted by him. Despite client #2 ' s supervision challenges, Client #1 who was already residing at the facility, had known tendencies of easily being exploited. The facility failed to create new treatment strategies or interventions to protect Client #1 from Client #2. On 4-14-18, Client #1 and Client #2 were found naked in a bedroom unsupervised. Client #1 reported he was "sexually assaulted" by Client #2 and Client #2 admitted to penetrating Client #1. When this sexually inappropriate incident allegedly occurred, the facility failed to properly report the incident through the IRIS system. The facility also failed to address possible medical and treatment needs of Client #1 after the alleged incident occurred, therefore this deficient practice constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 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.</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 131	Continued From page 11	V 131		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that before hiring any health care staff, the Health Care Personnel Registry (HCPR) should be accessed, and note each access in the appropriate business file, affecting two (staff #1 and staff #2) of three staff persons. The findings are:</p> <p>Review on 5-8-18 of staff #1 ' s personnel file revealed:</p> <ul style="list-style-type: none"> - position was Direct Care Staff - no date of hire noted in the file - the Federal tax withholding forms (W-9), job description and supervision contract were dated 3 -1-18 - HCPR access was dated 3-5-18 <p>Review on 5-8-18 of staff #2 ' s personnel file revealed:</p> <ul style="list-style-type: none"> - position was Direct Care Staff - date of hire was 10-21-17 - HCPR access was dated 12-4-17 	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 131	Continued From page 12 Interview on 5-9-18 with the Director/Qualified Professional (D/QP) revealed he: - didn ' t know, "the dates were (late) like that." - was not responsible for completing the HCPR checks, but was sure everything had been done in a timely manner. - would make sure in the future, all checks would be completed prior to hiring more staff.	V 131		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	<p>Continued From page 13</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to coordinate services between the facility and professionals responsible for client ' s treatment and habilitation, affecting two of three clients (client #1 and client #2). The findings are:</p> <p>Review on 5-4-18 of client #1 ' s facility record revealed he:</p> <ul style="list-style-type: none"> - was admitted 11-25-16 - was 22 years old - was diagnosed with: <p>Oppositional Defiant Disorder; Moderate Mental Retardation and Obstructive Hydrocephalus</p> <p>Review on 5-4-18 of client #2 ' s facility record revealed he:</p> <ul style="list-style-type: none"> - was admitted 10-23-17 - was 22 years old - was diagnosed with: <p>Moderate Intellectual Disability; Attention Deficit-Hyperactivity Disorder; Psychotic Disorder; Obsessive Compulsive Disorder and Post Traumatic Stress Disorder</p> <p>Review on 5-7-18 of an incident report completed 5-3-18 revealed:</p> <ul style="list-style-type: none"> - an incident occurred on 4-21-18 (wrong date) between client #1 and client #2. - "Both Consumers had been making sexual advances and communication towards each other for the last couple months. Sex education has 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	<p>Continued From page 14</p> <p>been communicated about with both consumers and the importance of using protection. On Saturday afternoon both of consumers were found naked in upstairs consumer room. Both consumers admitted to both wanting to engage in sexual intercourse and said they had anal and oral sex. Consumers used protection and were both counseled on how actions were inappropriate."</p> <p>Interview on 5-8-18 with client #2 revealed:</p> <ul style="list-style-type: none"> - he remembered the incident between himself and client #1. - "I went upstairs to my room. Then [client #1] followed me upstairs to my room. He bent over and I stuck my p***s in his a**s. I didn ' t do anything but stick my p***s in his a**s." - he did not remember how long they were alone - this was a single event, client #2 stated, "just that one time." <p>Interview on 5-10-18 with staff #2 revealed:</p> <ul style="list-style-type: none"> - client #2 was not participating in any kind of specialized treatment for his sexually aggressive behaviors. - "He was before we admitted him, but not since he ' s been here." - she was unable to explain why specialized treatment was not provided for client #2. <p>Interview on 5-7-18 with client #1 ' s Care Coordinator (#1CC) revealed:</p> <ul style="list-style-type: none"> - she was unaware of any inappropriate sexual activities occurring at the facility. - "there has not been anything related to sexual behaviors mentioned in treatment team meetings." - "I see him (client #1) twice a month and [client #1] has not said anything to me (about 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	<p>Continued From page 15</p> <p>sexual activities between himself and client #2)" - Director/Qualified Professional (D/QP) had, "not mentioned anything during treatment team meetings."</p> <p>Interview on 5-9-18 with the D/QP revealed: - client #2 had a sexual encounter while he participated in a planned respite/crisis stabilization stay at another facility on 4-7-18. - client #2 was taken to the local health department to be checked for a Sexually Transmitted Disease (STD) on 4-19-18. - client #1 has not been taken to the local health department or his primary care physician to determine if he acquired an STD from client #2. - "I just didn ' t do that (take client #1 to a doctor or clinic)." - "If [client #2] has an STD, then immediately I ' m taking [client #1] to the health department." - "he (client #1) never complained of anything hurting." - "I did a body check to make sure he was okay, no bleeding or anything like that." - "I didn ' t want to create an escalating out of control situation because of how he perseverates and dwells on things. Clinically speaking, I thought it would be better for [client #1] to go slow and get [client #2] checked out first. Then get [client #1 ' s] appointment scheduled."</p> <p>Interview with staff #2 on 5-15-18 revealed: - she called to make a doctor ' s appointment for client #1 on Monday, 4-16-18. - "they (client #1 ' s primary care physician) put me on a call-back list because the next available (appointment) was in June." - "they called back and gave us an appointment on 5-22-18." - client #1 was not taken to urgent care facility or emergency department immediately upon</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 16 learning of a possible sexual encounter with client #2. - client #1 had to wait 38 days after the alleged incident occurred, to see a physician. This deficiency is cross referenced into: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for a Type A1 rule violation and must be corrected within 23 days.	V 291		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 17</p> <p>or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 18</p> <p>definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to report all level II incidents to the Local Management Entity where services are provided, within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 5-4-18 of client #1 ' s facility record revealed he: - was admitted 11-25-16 - was 22 years old - was diagnosed with: Oppositional Defiant Disorder; Moderate Mental Retardation; Obstructive Hydrocephalus</p> <p>Review on 5-4-18 of client #2 ' s facility record revealed he: - was admitted 10-23-17 - was 22 years old - was diagnosed with: Moderate Intellectual Disability; Attention</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 19</p> <p>Deficit-Hyperactivity Disorder; Psychotic Disorder; Obsessive Compulsive Disorder and Post Traumatic Stress Disorder</p> <p>Interview on 5-3-18 with client #1 revealed:</p> <ul style="list-style-type: none"> - client #2 sexually assaulted him (date not remembered) - client #2 pulled his hair - "He pulled it (client #2 ' s penis) out, but never touched me with it." <p>Interview on 5-8-18 with client #2 revealed:</p> <ul style="list-style-type: none"> - he remembered the incident between himself and client #1 (date not remembered) - "[client #1] followed me upstairs to my room." - "he bent over and I stuck my p***s in his a**s." - "He (client #1) was the one that made it all happen. It was all on him." - he didn ' t know how long they were alone before a staff person interrupted them <p>Interview on 5-7-18 with staff #1 revealed:</p> <ul style="list-style-type: none"> - he worked 4-14-18 - client #1 and client #2 allegedly had a sexual encounter - he went to client #2 ' s room where, "They (client #1 and client #2) were both naked." - "they immediately began accusing the other." - "I didn ' t see them doing anything, they were just naked and standing." - he did not complete an incident report - he informed the Director/Qualified Professional (D/QP) the same day <p>Review on 5-4-18 of incident reports revealed no event was alleged to have happened on April 14, 2018 between client #1 and client #2.</p> <p>Review on 5-7-18 of an incident report completed 5-3-18 revealed:</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 20</p> <ul style="list-style-type: none"> - an incident occurred on 4-21-18 (wrong date) between client #1 and client #2 - "Both Consumers had been making sexual advances and communication towards each other for the last couple months. Sex education has been communicated about with both consumers and the importance of using protection. On Saturday afternoon both of consumers were found naked in upstairs consumer room. Both consumers admitted to both wanting to engage in sexual intercourse and said they had anal and oral sex. Consumers used protection and were both counseled on how actions were inappropriate." - report was submitted by the D/QP. <p>Interview on 5-3-18 with the D/QP revealed:</p> <ul style="list-style-type: none"> - he documented what happened between client #1 and client #2 on 4-14-18 in a note - no incident report was done because, "we were told by the psychiatrist, Care Coordinator and the clinical team, they all told us if they want to (have sex), then it ' s their right - he, "...called both consumer ' s guardians, the care coordinators, [home county] DSS (Department of Social Services) and the psychologist," the following Monday, 4-16-18 - neither client was their own guardian - "We ' ve provided a lot of sexual education, condoms, etc. to protect them. Staff did find them with some clothes off, but they weren ' t engaged in any sexual activity." - "[Client #1] is just curious, but [client #2] is more assertive." - "I think [client #2] has been grooming [client #1]." 	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 21</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility staff failed to ensure the facility and it ' s grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation at approximately 10:05 am at the front of the facility on 5-3-18 revealed: - shrubs and bushes were overgrown - grass growing was over 18 inches tall</p> <p>Observation inside the facility on 5-9-18 from approximately 10:50 am to 12:30 pm revealed: - client #1 ' s room: - door broken -dent and crack in center of door - walls excessively scuffed, needed cleaning or painting - hole in wall near doorknob - large hole in wall next to closet - previously patched drywall in closet needed painting - living room: - hole in wall at bottom of stairs - outlet cover cracked and broken - Heating Ventilation and Air Conditioning returns: - downstairs air return filter dirty - upstairs air return filter dirty - downstairs bathroom: - toilet paper holder partially detached from</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 22</p> <p>wall - towel bar missing, one bracket still attached to wall</p> <p>- upstairs bathroom: - drawer fronts on lavatory cabinet are missing</p> <p>Interview on 5-9-18 with staff #2 revealed, "we had a guy to come and cut the grass, but his lawnmower broke. Now [Director/Qualified Professional (D/QP)] will be doing it this weekend."</p> <p>Interview on 5-9-18 with the D/QP revealed: - "for maintenance we have a guy that comes (to the facility regularly)." - "I know for a fact he 's been here twice in the last month." - "He (Maintenance staff) had to come once and fix the toilet upstairs." - he (the D/QP) was planning to remove the front shrubs and bushes. - "The grass will be cut this coming weekend." - he (the D/QP) tries to have all repairs like holes in the walls, fixed once a month.</p>	V 736		