

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/15/2018
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NAME OF PROVIDER OR SUPPLIER MARNE	STREET ADDRESS, CITY, STATE, ZIP CODE 62 MARNE ROAD ASHEVILLE, NC 28803
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 5/15/18. The complaint was substantiated (Intake ID# NC00138046). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision</p>	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 110	<p>Continued From page 1</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 3 of 5 sampled paraprofessional staff (Staff # 2, Staff #4 and Assistant Service Coordinator) (ASC) demonstrated the knowledge, skills and abilities required for the population served. The findings are:</p> <p>Cross Reference 10A NCAC 27G .5603 Operations (V291). Based on record review and interviews, the facility staff failed to coordinate services with those responsible professionals for 1 of 3 sampled clients (Client #1).</p> <p>Record review on 5/3/18 for Client #1 revealed: -Date of admission 1/26/15 -Diagnoses- Traumatic Brain Injury (TBI), Impulse Control Disorder, Cognitive Disorder, Mood Disorder and Generalized Anxiety Disorder. -Guardianship services provided through a guardianship agency. -Person Centered Plan (PCP) dated 4/15/18 revealed goals including but not limited to: --Will improve his socialization skills as evidenced by: respecting the personal boundaries, responsibilities and opinions of others; not interrupting or speaking over others. --Will improve his anger management/coping skills as evidenced by: taking time to process information before reacting; will discuss his feelings with staff upon becoming anxious, frustrated or agitated.</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>--Will accept redirection and guidance when communicating inappropriately.</p> <p>-PCP revealed in the past year Client #1 had 1 hospitalization, fewer incidents of agitation/aggression while in the company van and community and had experienced a decrease in police involvement. He also had several incidents of verbal aggression concerning his girlfriend and physical aggression towards staff and housemates.</p> <p>-Strategies for Crisis response revealed:</p> <p>--Remind him to remove himself from the source of agitation.</p> <p>--Remind him to use his coping skills and suggest self-soothing activities such as going for a walk, having quiet time in his room, listening to music, recording in his journal, playing games or watching TV.</p> <p>--Ask if he would like to talk about his frustrations and allow him time to process.</p> <p>--If he is unable to calm contact on-call and then his ACT (Assertive Community Treatment) Team.</p> <p>--If he becomes physically aggressive call 911, then on-call, ACT Team and Guardian.</p> <p>Record review on 5/3/18 for Client #2 revealed:</p> <p>-Date of admission 6/15/17</p> <p>-Diagnoses-Asperger's Disorder, Attention Deficient Hyperactivity Disorder, Mood Disorder and Oppositional Defiant Disorder.</p> <p>-He recently turned 18 years old and does not have a guardian.</p> <p>-History of 4 psychiatric hospitalizations prior to 2014 for threats to self or others. He had a history of cutting on his arms but none since his discharge from a Psychiatric Residential Treatment Facility (PRTF). History of not telling the truth or telling exaggerated stories as well as testing others by engaging in uncomfortable conversation and trying to trigger others.</p>	V 110		
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V 110	<p>Continued From page 3</p> <p>-Person Centered Plan (PCP) dated 6/1/17 revealed goals including but not limited to: --Will follow rules of his lease including not bringing weapons into the home or being physically aggressive towards others. --Will refrain from inappropriate conversation and accept redirection when doing so. --Will utilize his coping skills during times of distress. --Will periodically check in throughout the day ...in order to process his feelings and any problems he might be experiencing. --Will remain respectful and safe by using positive interactions and respecting personal boundaries of others. -Early intervention strategies to avoid crisis included in the crisis plan revealed: --Avoid power struggles. --Redirect from negative or unsafe conversation. --Do not engage in negative talk. --Remind him of what is expected of him. --Allow him time to process and calm if he is upset. --Speak in a calm manner and use simple directives and choices as needed. --Ask him to go to his room until calm. --Monitor for safety.</p> <p>Review on 5/4/18 of the Positive Behavior Support Plan for Client #2 revealed: -Target Behaviors included: --verbal aggression. --weapon possession. --physical aggression. --property destruction.</p> <p>-Response Strategies: When Client #2 exhibits any target behaviors: --Stay calm. --Avoid providing unnecessary attention to</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>undesirable behaviors.</p> <p>--Avoid power struggles.</p> <p>--Tell him what is expected from him.</p> <p>--Ensure safety at all times.</p> <p>-Response Strategies: When Client #2 exhibits physical aggression/property destruction:</p> <p>--Keep Client #2 and others safe.</p> <p>--Redirect Client #2 to a safe location-at home-his bedroom.</p> <p>--Remove all weapons or other objects that could be used to injure himself or others.</p> <p>--Prompt incompatible behaviors. For example, prompt Client #2 to sit on his bed to prevent physical aggression or property destruction.</p> <p>--Provide distracting prompts or other prompts that Client #2 is likely to comply with. Praise compliance.</p> <p>Record review on 5/10/18 for Staff #2 revealed:</p> <p>-Date of Hire-5/5/16</p> <p>-Job Description for Support Team Member.</p> <p>-Verification of High School diploma.</p> <p>-Client Specific Training for Client #2 on 8/16/17.</p> <p>-Verbal Consultation on 2/7/18-failed to follow crisis protocol during a physical encounter between two individuals supported in the Marne Home.</p> <p>Record review on 5/10/18 for Staff #4 revealed:</p> <p>-Date of Hire-5/4/17</p> <p>-Job Description for Support Team Member.</p> <p>-Verification of High School diploma.</p> <p>-Client Specific Training for Client #2 on 8/16/17.</p> <p>-Verbal Consultation on 2/7/18-failed to follow crisis protocol during a physical encounter between two individuals supported in the Marne Home.</p> <p>Record review on 5/10/18 for ASC #1 revealed:</p>	V 110		

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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Date of Hire-10/7/15 -Job Description for Support Team Member (served as ASC or House Manager). -Verification of High School diploma. -Client Specific Training for Client #2 on 8/16/17. <p>Finding #1 Review on 5/3/18 of Incident Response Improvement System (IRIS) report for incident dated 2/6/18 revealed: -On 2/6/18, "[Client #1] and [Client #2] his housemate, got into a verbal confrontation. [Client #2] called the police and they asked the two of them to give each other space for the rest of the night. [Client #1] went outside to smoke and [Client #2] came outside through a different door and hit [Client #1] multiple times in the head. [Client #2] said that he did this because [Client #1] brandished a screwdriver at him however no one else witnessed that. When staff came outside, they found [Client #1] in the fetal position and [Client #2] was hitting him repeatedly with his fists."</p> <p>Review on 5/4/18 of 2/6/18 internal incident report written and signed by Staff #2 revealed: "[Client #2] called 911 after being verbally aggressive by housemate. After police left housemate swore at [Client #2] again. [Client #2] then started hitting [Client #1]. Staff broke up fight and saw a screwdriver on the ground. Both parties denied using it. [Client #2] stated housemate threatened him with it. Action taken: called on-call, spoke to ACT Team."</p> <p>Interview on 5/4/18 with Client #1 revealed: -He and Client #2 did not always get along. -On the day of the fight, he had gone outside to smoke and was talking on his phone. He finished his cigarette and phone call and was walking</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>back into the house when Client #2 jumped on him.</p> <p>-Client #2 came out of the main door and was trying to stay away from the smoke. Client #2 stood outside while he (Client #1) finished his cigarette.</p> <p>-He had not said anything mean or hateful to Client #2.</p> <p>-He did not remember how Client #2 got him on the ground but started punching him in the temple area of his head.</p> <p>-He thought he still had his glasses on while Client #2 was hitting him.</p> <p>-He did not remember if Client #2 was sitting on top of him or beside him hitting him.</p> <p>-He did not remember which staff broke up the fight.</p> <p>-He did not know anything about a screwdriver.</p> <p>-He filed assault charges against Client #2.</p> <p>Interview on 5/4/18 with Client #2 revealed:</p> <p>-He was always in his room- it was the cleanest room in the house.</p> <p>-Client #1 followed him around anytime he was not in his room.</p> <p>-He went home every weekend so he kept his bedroom door locked because his TV screen had been damaged when he was not there. He assumed Client #1 went into his room.</p> <p>-ASC #2 was the only staff to redirect Client #1 from following him. No other staff would try to redirect.</p> <p>-"They were always low on staff."</p> <p>-He "saw [Client #1] assault [Staff #4]-he smacked her phone out of her hand." He called 911 to report Client #1-they came to talk to Client #1.</p> <p>-He went outside using the door down his hallway. Client #1 came up to him, started trash talking and pulled a screwdriver from his coat.</p>	V 110		

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V 110	<p>Continued From page 7</p> <p>He took Client #1 to the ground, punched him once. He grabbed the screwdriver and threw it. He sat beside him holding him down by his arms because he kept trying to get up. -He "would never go out of his way to hurt somebody."</p> <p>Interview on 5/10/18 with Staff #2 revealed: -Client #1 said things that were not appropriate and Client #2 called the police. The police came and told both Client #1 and Client #2 to stay away from each other. -He called on-call supervisor to report the police visit. -Client #1 went outside to smoke and Client #2 sneaked outside through a door down the hallway although staff did not hear door chime ring. Then he heard Client #1 yelling help and Client #2 yelling and swearing at Client #1. Both he and Staff #4 pulled Client #2 off Client #1. He helped Client #1 clean up his face from small abrasion on upper cheek bone and blood from his forehead above eye while Staff #4 checked in with Client #2. Client #2 was banging walls and yelling/swearing as he was going back to his room.</p> <p>Interview on 5/8/18 with Staff #4 revealed: -She only worked part time at this facility. -Client #1 and Client #2 frequently had shouting matches back and forth. -Staff tried to keep the 2 clients separated. Client #1 was typically outside smoking, talking on his cell phone to his girlfriend or playing video games in his room. -Client #1 would get mad but was easily redirected. -Client #1 often cussed at staff to which Client #2 would tell him to "shut the h**l up". -Client #2 had also called the police to report</p>	V 110		

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V 110	<p>Continued From page 8</p> <p>Client #1 for harassing staff.</p> <ul style="list-style-type: none"> -She never saw Client #1 have a physical argument with Client #2. -Client #2 typically stayed in his room playing video games and would even take his dinner plate back to his room. -She never saw Client #2 mad before. -On 2/6/18 Client #1 and Client #2 had a verbal disagreement inside the facility. Client #1 went outside to the patio to smoke a cigarette. In a few minutes Client #2 went outside through the back door. She and Staff #2 heard Client #2 yelling and cussing at Client #1 outside and ran outside to find Client #1 on the ground curled up and Client #2 straddling Client #1 and hitting him in the head with his fists multiple times. Staff #2 pulled Client #2 off of Client #1 to separate the 2. <p>Interview on 5/3/18 with ASC #1 revealed:</p> <ul style="list-style-type: none"> -Client #1 typically wanted to establish "pecking order" when someone new moved in. Mostly posturing and speaking aggressively but not physical aggressive. -Client #2 saw himself above (better) than everyone else. -Client #2 would not eat with anyone else in the group home. -Keeping the 2 clients separated from each other seemed to work. -On 2/6/18, Client #1 became upset and was yelling about Client #2. Client #2 followed Client #1 outside to smoking area. By the time staff pulled Client #2 off from on top of Client #1, Client #1 was curled up in a ball and Client #2 was punching his head. -He was on the phone with Staff #2 when Staff #4 yelled for his help with the fight. -Client #2 had called his parents during the verbal escalation to come get him. His dad showed up after the physical altercation and took him home. 	V 110		

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V 110	<p>Continued From page 9</p> <p>-He woke Client #1 the following morning (2/7/18) to find his face swollen and seemed to be in a fog. He was so disoriented he could not complete routine morning tasks. He immediately took Client #1 to the emergency room. He was discharged the same day with concussion instructions to observe for 48 hours.</p> <p>-Staff should have followed on-call emergency plan but did not.</p> <p>Interview on 5/3/18 with ASC #2 revealed:</p> <p>-He recently became ASC 4/25/18 but had worked in the facility for about 10 years.</p> <p>-He was on vacation during both incidents with Client #2.</p> <p>-Described Client #2 as impulsive, explosive, antagonistic and manipulative.</p> <p>-Tension was building between Client #1 and Client #2 so staff had been directed to be more vigilant in keeping Client #1 separated from Client #2.</p> <p>-Recommendations of the behavior plan for Client #2 was to redirect him, go for a walk or talk to him. He would calm pretty quickly.</p> <p>-Client #2 went home with his parents every weekend.</p> <p>Interview on 5/14/18 with the Qualified Professional (QP) revealed:</p> <p>-Client #1 tried to be friends with Client #2 and was upset they could not.</p> <p>-Client #2 made it clear he was not amongst his peers when he moved into the group home. He looked down on the staff too. He preferred to isolate himself in his room. He purposefully stayed away from Client #1.</p> <p>-Client #2 became more verbally assaultive and very rude toward all clients around mid-January.</p> <p>-Told Client #2 to report when Client #1 was following/stalking or bugging him. Made an</p>	V 110		

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V 110	<p>Continued From page 10</p> <p>electronic bell available so that Client #2 could press a button and a bell would ring for staff to come intervene or redirect Client #1. -Client #2 refused counseling or ACT services.</p> <p>Interview on 5/4/18 with Director of Operations revealed: -She was the on-call supervisor the night of 2/6/18. She received the 1st call from Staff #2 around 6pm, dinner time. They discussed the increasing verbal aggression and steps in the crisis plan for both Client #1 and Client #2. She received a 2nd call shortly after the first from Staff #4 who reported Client #1 and Client #2 were still arguing. Client #2 had called the police. The police had come by to calm things down suggesting the clients remain separated. (It was a common occurrence for these 2 clients to call the police on each other.) Client #2 had gone outside to smoke while Client #1 went out the back door of the facility to "ambush" Client #1. Staff #4 heard Client #1 screaming and ran outside to find Client #2 standing over Client #1. No staff called on call again after this fight. Client #2's father showed up at the facility and took him home. Client #2 was home from 2/6/18-2/11/18. -She did not receive another call following the altercation and did not know about the fight or injury to Client #1 until the following morning. -An Internal investigation was completed by the Chief Executive Officer (CEO). Staff #1 and Staff #2 received verbal warnings for failing to follow crisis protocol.</p> <p>Finding #2 Review on 5/3/18 of IRIS report dated 3/29/18 revealed: "At 12:30pm on Thursday March 29th, [Client #2]'s Care Coordinator stopped by for a visit. [Client #2] became upset screaming at her and</p>	V 110		

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V 110	<p>Continued From page 11</p> <p>saying 'if I live here another year, he's going to die' in reference to his housemate. [Client #2] then seemed to deescalate and the Care Coordinator left. Soon after [Client #2] was screaming at someone on his cell phone in his room. He was escalating quickly so I asked him if he was okay. He told me not to get near his door I was going to get hurt. I called the police and during that phone call [Client #2] became extremely agitated screaming that if the police came they were going to be in trouble and alternatively they would have to kill him. I followed the recommendations of the police operator and gathered the other residents in a room and blocked the door. I heard [Client #2] breaking things, crying and screaming both coherent and incoherent things. When the police arrived [Client #2] initially said for them to just kill him and get it over with. He said that he wanted to die. While the police were here, [Client #2]'s father arrived, presumably because [Client #2] had called him at some point. It was unclear whether or not [Client #2] had hurt himself because I was with the other residents trying to reassure them. I heard [Client#2]'s father mention that [Client #2] had cut himself but I do not know the severity or the cause. The police agreed to let [Client #2]'s father take him out of [the facility]. The police, [Client #2] and [Client #2]'s father left soon after."</p> <p>Review on 5/4/18 of 3/29/18 internal incident report written and signed by ASC #1 revealed: "During a visit from his care coordinator, [Client #2] became upset and threatened to kill one of his housemates. After the care coordinator left, [Client #2] started threatening staff, destroying his room and threatened to attack police if they were called. 911 called, [local Managed Care Organization (MCO)] crisis called, supervisor</p>	V 110		

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V 110	<p>Continued From page 12</p> <p>notified. [Client #2]'s father was called and he was removed from the home."</p> <p>Interview on 5/4/18 with Client #2 revealed: -His MCO Care Coordinator (CC) came to the group home and to his doorway to talk to him. -"She asked, 'were they taking you out to look at places to live?'" -"She kept asking stupid questions." -"I got mad and punched holes in the closet doors." -"She called mom and blamed mom for putting me in there." -ASC #1 called the police and then left. "He didn't try to talk to me." -Police came about 15-20 minutes later. Then he (ASC #1) showed up about 5 minutes after the police. -He cut his feet by stepping on broken glass from a jar of coins he had thrown in his room.</p> <p>Interview on 5/3/18 with ASC #1 revealed: -On 3/29/18 soon after lunch, Client #2's CC visited with him in his room because Client #2 refused to come to a common area to meet. -In less than 2 minutes, Client #2 was screaming and swearing. -The CC was able to calm Client #2 but told ASC #1 on her way out that she didn't think Client #2 was safe there. -Client #2 received a phone call on his cell phone and further escalated screaming unintelligible words and throwing things in his room. -Client #2 said "[ASC #1] stay away from the door you are going to get hurt." ASC #1 responded saying he would have to call the police. Client #2 said "if you call the police someone is going to get hurt." -He directed Staff #1 to take Client #1 away from the facility immediately to eliminate the chance of</p>	V 110		

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V 110	<p>Continued From page 13</p> <p>another altercation. He then called the supervisor to request additional staff to come get Client #3 and #4 and called 911.</p> <p>-He took Client #3 and Client #4 to the other side of the house and barricaded the door, leaving Client #2 alone until the police came in.</p> <p>-Two police arrived with hands on guns. One policeman told ASC #1 that Client #1 was bleeding and asked for a towel and asked that he contact the MCO crisis response. He heard Client #2 tell the police to "just kill him".</p> <p>-Client #2's Dad showed up a few minutes later. Police asked to cancel crisis response and released Client #2 to his father.</p> <p>Interview on 5/9/18 with MCO CC revealed:</p> <p>-She had tried to avoid visiting with Client #2 in a confined space because she knew her visit alone would trigger him. He had refused to come out of his room. The conversation immediately escalated. He yelled that he wanted to get out of there and asked why she was asking stupid questions. He began speaking very aggressively and she told him she would not allow him to speak to her that way. He also told her that Client #1 didn't deserve to live. He was de-escalated prior to her leaving the facility.</p> <p>-She called Client #2's mom after leaving the facility to suggest she take him home.</p> <p>-Client #2 had not been physically aggressive for the past 5 years.</p> <p>-Client #2 had been non-compliant with goals in his plan, his behavior plan and refused to see a psychiatrist, participate in therapy or attend any type of day program.</p> <p>Interview on 5/4/18 with Director of Operations revealed:</p> <p>-She was again on call since the QP was on medical leave during the incident on 3/28/18.</p>	V 110		

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V 110	<p>Continued From page 14</p> <p>-Client #2 had become loud and verbally aggressive toward his MCO Care Coordinator.</p> <p>-ASC #1 contacted her regarding behavior of Client #2. He had already instructed Staff #1 to take Client #1 away from the facility so there was no chance of physical interaction with them. She instructed ASC #1 to call 911 and she called for additional staff to go to the facility.</p> <p>-2nd call from ASC #1 indicated he had moved the remaining clients (Clients #3 and #4) to a safe area and was waiting for the police.</p> <p>-Police arrived followed by Client #2's dad. Client #2 went home with his dad.</p> <p>Plan of Protection reviewed on 5/15/18 signed by the Director of Operations on 5/15/18 revealed: "Immediate action to ensure the safety of the persons in our care:</p> <p>-When an individual supported is in crisis, actively aggressing toward themselves or others, or sustains any kind of injury, the staff will follow the steps in the individual's crisis plan. THE STAFF WILL MONITOR THE PERSON, AT A SAFE DISTANCE, AND NOT LEAVE THE PERSON ALONE FOR ANY LENGTH OF TIME. Crisis and emergency response providers will be called if anyone is in danger.</p> <p>-Staff MUST notify supervisor during working hours or on call supervisor after hours immediately following any incident, specifically when two or more individuals are involved in physical aggression toward each other.</p> <p>-(Oncall) Supervisor will ask inquiry questions to determine nature of the incident, accident, injuries, or other related information, and ADVISE OF MEDICAL TREATMENT OPTIONS.</p> <p>-(Oncall) Supervisor will provide FOLLOW UP UNTIL INCIDENT IS RESOLVED.</p> <p>-If the person refuses medical treatment, LCE staff will defer to the legal guardian. If the person</p>	V 110		

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V 110	<p>Continued From page 15</p> <p>is their own guardian, and is refusing treatment, supervisor and staff will determine if it is appropriate to call 911 for treatment.</p> <p>-(Oncall) Supervisor will ensure the Guardian of the person or Medical POA is notified when injury occurs. Based on the severity of accident/incident, supervisor will determine next steps in treatment. IF A PERSON WITH TRAUMATIC BRAIN INJURY HITS OR IS HIT IN THE HEAD, MEDICAL TREATMENT WILL BE SAUGHT.</p> <p>-If injury is considered treatable by basic first aid, staff will document all first aid provided and monitoring thereafter in electronic medical record.</p> <p>-Incident report MUST BE accurately completed before the end of shift.</p> <p>-Staff will communicate report to next shift staff after an incident has occurred. On call supervisor will report incident to supervisor responsible for individual supported the next work day, with all actions taken.</p> <p>Plans to make sure the above happens:</p> <p>-Director of Operations is providing in service to Supervisors today, May 15, 2018, to follow and implement supervision on the protocol effective immediately. Formal review of crisis response protocol and plans for re-training will occur in QP Staffing with the Director on May 16, 2018.</p> <p>-Effective immediately, May 15, 2018, Supervisors /Assistant Coordinators will review this procedure with each staff as they report to next shifts</p> <p>-Staff will receive formal re-training in next staffing team meeting.</p> <p>-All staff will continue to remain current in NCI+ and CPR/First aid training. Staff will continue receive supervision ongoing to ensure incident and crisis response is followed.</p> <p>-Preventative measure in place prior to the violation:</p>	V 110		

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V 110	<p>Continued From page 16</p> <p>-The individual who was aggressive and self-injurious as part of this complaint/violation, is no longer living in the Marne Road Home. He left immediately after the last incident occurred (March 28, 2018) and did not return to the home. His family moved his belongings the following weekend."</p> <p>Client #2 had a history of verbal and physical aggression. Tensions started between Client #1 and Client #2 with verbal threats and insults, which later escalated into a physical assault on Client #1 leaving him with a concussion. Client #1, already with a diagnosis of TBI, was thrown to the ground and punched in the head multiple times by Client #2. Staff #1 and Staff #2 failed to demonstrate competence by not providing additional supervision after the verbal altercation and by allowing the clients' an opportunity to be together without staff present. Furthermore, staff did not follow the facility's crisis protocol after the physical altercation and did not notify an on-call supervisor, guardian or seek medical care.</p> <p>During a second incident, Client #2 became highly agitated and verbally aggressive toward his Care Coordinator, threatening staff and destroying property. One staff left the facility with a client, while the other staff moved all other clients to a safe area and stayed with them, leaving Client #2 alone on the bedroom side of the home for 10-15 minutes until the police arrived. The Assistant Service Coordinator failed to demonstrate competence by leaving a volatile Client #2 alone without supervision to provide de-escalation options or ensure his safety. Client #2 was injured from stepping on glass he had broken on the floor but had to wait for a police officer to offer assistance.</p>	V 110		

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V 110	Continued From page 17 This deficiency 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.	V 110		
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. Activities shall be designed to foster community inclusion. Choices may be limited when the court	V 291		

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V 291	<p>Continued From page 18</p> <p>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 record review and interviews, the facility staff failed to coordinate services with community professionals for 1 of 3 sampled clients (Client #1). The findings are:</p> <p>Record review on 5/3/18 for Client #1 revealed: -Date of admission 1/26/15 -Diagnoses- Traumatic Brain Injury (TBI), Impulse Control Disorder, Cognitive Disorder, Mood Disorder and Generalized Anxiety Disorder.</p> <p>Review on 5/4/18 of local hospital records for Client #1's visit on 2/7/18 revealed: "This patient lives in a group home and was assaulted last night. When speaking with the patient who does have some mental deficiencies he said that he got hit in the head by another group home member. They don't think there was any unconsciousness reported last night. He does have abrasion this morning that the caretaker noticed and he is acting a little oddly this morning according to one of the facility's employees. The facility employee says that he usually always comes to get his meds with a cup of water and today he came with a toothbrush. They said he was caught walking around in circles and not acting his normal self. The patient knows that he is at [local] hospital he knows his name and doesn't appear impaired at this time. No other history is available at this time." Diagnosis/Disposition: "Assault. Concussion. Discharge in stable condition."</p> <p>Interview on 5/10/18 with Staff #2 revealed:</p>	V 291		

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V 291	<p>Continued From page 19</p> <p>-He stated Staff #4 called supervisor on-call on 2/6/18 to tell her about the altercation and that Client #1 had minor abrasions on his face.</p> <p>-Client #1 did not want to go to the hospital nor did he want any Tylenol.</p> <p>-He did not call the guardian for Client #1 nor his ACT (Assertive Community Treatment) Team.</p> <p>Interview on 5/8/18 with Staff #4 revealed:</p> <p>-Client #1 had a small amount of blood on face above his eye.</p> <p>-Client #1 declined medical care and said he was fine.</p> <p>-She talked to Client #2 to find out if he was ok while Staff #2 called on-call supervisor.</p> <p>Interview on 5/4/18 with the QP revealed:</p> <p>-Expectations were that "staff should have made a call to the on-call supervisor and/or taken Client #1 to the Emergency room or even called 911 following the altercation."</p> <p>-Staff should have contacted the ACT Team for Client #1 notifying them as well.</p> <p>-The on-call supervisor's responsibility would be to contact the guardian.</p> <p>-No one was called following the altercation.</p> <p>-Client #2 went home with his father following the altercation.</p> <p>-The agency had an unwritten procedure that all head injuries go to the Emergency Department.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies and supervision of Paraprofessionals (V110) for a Type A1 violation and must be corrected within 23 days.</p>	V 291		