

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2018
NAME OF PROVIDER OR SUPPLIER BLESSED ALMS II LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3909 BEARS CREEK ROAD GREENSBORO, NC 27406		
(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 7/10/18. The complaint was substantiated (intake # NC00140473). Deficiencies were cited.</p> <p>For confidentiality purposes and to provide clients and staff with anonymity, some interview dates and client and staff identifiers have been purposely omitted. All interviews occurred between 6/22/18 and 7/10/18.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents</p>	V 000	<p><i>DHSR - Mental Health</i></p> <p><i>JUL 30 2018</i></p> <p><i>Lic. & Cert. Section</i></p>	
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) 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>(e) Qualified professionals as specified in 10A</p>	V 109		

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

Bobby Cunningham TITLE **DIRECTOR**

(X6) DATE **7/26/18**

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V 109	<p>Continued From page 1</p> <p>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.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of qualified professionals (Qualified Professionals #1 and #2) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 6/28/18 of Qualified Professional #1's (QP #1's) record revealed:</p> <ul style="list-style-type: none"> - A hire date of 6/1/05 as Director/Owner <p>Review on 6/28/18 of Qualified Professional #2's (QP #2's) record revealed:</p> <ul style="list-style-type: none"> - A hire date of 7/11/07 as a Qualified Professional <p>Review on 6/28/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 6/16/17 - Diagnoses of Bipolar II Disorder (D/O); Mood D/O; Post Traumatic Stress D/O; Oppositional Defiant D/O; Alcohol Use D/O, Moderate; Tobacco Use D/O; Cannabis Use D/O and Cannabis Abuse, Uncomplicated 	V 109	<p>To address the deficiency reported by this investigation, Monthly supervision shall be initiated by the Facility LPCS to monitor the knowledge, skills, and abilities of all QPs employed by Blessed Alms II. There will also be a safety plan initiated within the group home to prevent the problem from occurring again. The plan will be monitored monthly by the LPCS, Michael Harris during monthly meeting with the QPs. Please see safety plan attached.</p>	

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V 109	<p>Continued From page 2</p> <ul style="list-style-type: none"> - An assessment (no date listed) which documented client #1 had a history of the following behaviors to include but not limited to the following: physical aggression, argumentative and defiance - Client #1 is 16 years old <p>Review on 6/28/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 4/17/18 - Diagnoses of Post-Traumatic Stress D/O, Chronic and Bipolar D/O, Unspecified - An assessment (no date listed) which documented client #2 had a history of the following behaviors to include but not limited to the following: fighting and verbal aggression - Client #2 is 17 years old <p>Review on 6/28/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 4/1/17 to the sister facility - Diagnoses of Attention Deficit Hyperactivity Disorder (D/O), Predominately Inattentive Presentation; Disruptive Mood Dysregulation D/O; Major Depressive D/O, Recurrent, Moderate with Mood Congruent Psychotic Features and Conduct D/O - An assessment dated 4/1/17 which documented client #3 had a history of the following behaviors/diagnoses to include but not limited to the following: physical aggression, impulsiveness, anxiety, depression, lying, and oppositional defiance, etc. - Client #3 is 17 years old <p>Review on 6/28/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/16/17 to the sister facility - Diagnoses of Disruptive Mood Dysregulation D/O; Conduct D/O and Attention Deficit Hyperactivity D/O, Combined Type 	V 109			

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V 109	<p>Continued From page 3</p> <ul style="list-style-type: none"> - An assessment dated 3/6/17 which documented client #4 had a history of the following behaviors/diagnoses to include but not limited to the following: elopement, biting, self-injurious behaviors, stealing, mood swings, angry outbursts, excessive lying and defiance - Client #4 is 16 years old <p>Review on 6/28/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 6/5/18 to the sister facility - Diagnoses of Major Depressive D/O; Anxiety D/O; and Oppositional Defiant D/O <p>An assessment dated 6/1/18 which documented client #5 had a history of the following behaviors to include but not limited to the following: fighting with family members and children in the community</p> <ul style="list-style-type: none"> - Client #5 is 13 years old <p>Interviews with staff revealed:</p> <ul style="list-style-type: none"> - A young male relative of the QPs (#1 and #2) had been visiting the sister facility since the end of the school year on 6/12/18 - The young man had also visited the sister facility when school was out for the holidays and on teacher workdays - The young man would be at the sister facility when one or both of the QPs were present - Staff had overheard the young man call the client's names and say "inappropriate things to them, not sexual, just inappropriate." - On 6/14/18, clients (#1, #2, #3, #4 and #5) were present at the sister facility as they were all preparing to go on an outing - The young man (approximately 12 -13 years of age) was also present in the sister facility and was sitting in the same area as some of the clients were - When staff observed the young man sitting 	V 109			

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V 109	<p>Continued From page 4</p> <p>next to client #1, she directed him to move away from her</p> <ul style="list-style-type: none"> - The young man agreed to move away from client #1; however, a few minutes later, client #1 reported to staff that the young man had "grabbed her breast and rubbed her leg" prior to his getting up from the couch - Staff did not see what client #1 alleged; however, she had heard client #1 state "Don't do that." - Staff directed client #1 to report what had happened to the QP #2 who was in the kitchen - Staff overheard the QP #2 tell client #1 to "stay away from her [relative], you're not going to ruin his life." - On 6/15/18, when law enforcement came to the facility where client #1 resided, to address the elopement of Former Client #6 (FC #6), client #1 spoke with the law enforcement officers because she was concerned that QP #2 was planning to press charges against her as she had informed the QP #2 earlier that if the young man ever touched her again, she would handle the situation herself <p>"She didn't want to talk to the police, but just wanted them (the QPs #1 and #2) to handle it."</p> <ul style="list-style-type: none"> - Since the events of 6/14/18, she did not believe the young man had returned to the sister facility. <p>Additional interviews with staff revealed:</p> <ul style="list-style-type: none"> - The young man had been to the sister facility at least three or four times since the end of the school year - It was not unusual for him to be at the sister facility as he was there quite often - Client #1 reported to her what the young man had done to her on 6/14/18 - The QPs had told client #1 "not to come around their [relative] or talk about their [relative]." 	V 109		

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V 109	<p>Continued From page 5</p> <ul style="list-style-type: none"> - When client #1 reported to the QP #2, that if it happened again, she would handle it herself, the QP #2 thought that client #1 was making a threat towards her relative - The QP #2 spoke to law enforcement about what protocol to follow if she wanted to take out a warrant on someone she felt was threatening another individual; even though, QP #1 had informed client #1 earlier that the young man had acknowledged what he had done and that he wanted to apologize to her - Client #1 reported to her that she "felt uncomfortable and frustrated because [the QPs #1 and #2] did not handle the situation." <p>Interview with the clients (#2, #3, #4 and #5) revealed:</p> <ul style="list-style-type: none"> - The young man was a relative of the QPs (#1 and #2) and had been visiting the sister facility daily since the end of the school year on 6/12/18 - Prior to the end of the school year, the young man had also visited the sister facility on the weekends with the either QP #1 or QP #2 present - On 6/14/18, the QPs (#1 and #2) brought the young man to the sister facility and he sat in the living area with the other clients - While sitting with the clients, the young man called the one of the staff, "his wife" and two of the clients, "his sidepiece." - Earlier that same day, the young man had thrown a water bottle at another client - The young man sat on the same couch as client #1 and staff #1 had to direct him to move away from her - It was later learned that client #1 had alleged that the young man had touched client #1's breast, leg and kissed her on the cheek before getting up from sitting next to her - Client #1 informed the QP #2 what the young man had done; however, he denied that he'd 	V 109		

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V 109	<p>Continued From page 6</p> <p>done anything</p> <ul style="list-style-type: none"> - It did not appear that QP #2 believed client #1 and when the QP #1 also learned of client #1's allegation, he stated, "I don't want you looking at him, talking to him, being around him, or playing ball with my [relative]." - Client #1 just wanted the QPs to address the situation with their family member. - The young man was just like a brother, "...they behave bad, play too much sometimes." <p>Interview with client #1 revealed:</p> <ul style="list-style-type: none"> - On 6/14/18, when she was at the sister facility, the QP's young male relative was also present at the facility - While at the facility, the young man sat next to her and "put his arm around my shoulder and laid his head on my right breast." - He also "touched my thigh but didn't go up any further... and kissed her cheek." - She informed staff who directed her to talk with the QP #2 about what the young man had done - She informed the QP #2, who stated that "she'd talked to him, but he said he didn't do it." - When law enforcement came to her facility on 6/15/18 regarding the elopement of another client (FC #6), she spoke to them because she felt the QPs had not addressed the issue and she was also concerned that the QP #2 was planning to press charges against her because the QP #2 believed she had threatened the young man when she had stated to the QP #2 earlier that evening that she would "take care of it" if the young man touched her again - She had had no further encounters with the young man and had not experienced any distress since the incident occurred. - QP #1 told her (no date given) that the young man had acknowledged that he had touched her 	V 109			

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V 109	Continued From page 7 inappropriately and that he wanted to apologize to her; however, he had not done so. Interview with the Licensed Professional revealed: - He had just recently become aware that a relative of the QP's (#1 and #2) had been coming to the facility and spending time with the clients - "I struggle with why you would have a young man there (at the facility) around those girls." - His recommendation going forward would be to meet with the staff and discuss what happened and to develop "a protection plan" to be put into place to ensure it doesn't happen again - "...Sounds like there was some lashing out at [client #1] when the young man shouldn't have been there, I don't know how you get around that..."	V 109			
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.	V 114			

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V 114	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 6/28/18 of the facility's fire drill log revealed:</p> <ul style="list-style-type: none"> - No documentation a fire drill was conducted during first shift during the third quarter of 2017 (July- September) - No documentation a fire drill was conducted during the first shift during the fourth quarter of 2017 (October - December) - No documentation a fire drill was conducted on either first or third shift during the first quarter of 2018 (January - March) <p>Review on 6/28/18 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> - No documentation a disaster drill was conducted during first shift during the third quarter of 2017 (July - September) - No documentation a disaster drill was conducted during third shift during the fourth quarter of 2017 (October - December) - No documentation a disaster drill was conducted during first or third shift during the first quarter of 2018 (January - March) <p>Interview with Qualified Professionals #1 and #2 revealed:</p> <ul style="list-style-type: none"> - First shift hours were from 7 am until 3 pm; second shift hours were from 3 pm until 11 pm and third shift hours were from 11 pm until 7 am - Staff had been instructed as to how drills were to be held; yet they still failed to do as directed - They would ensure drills were held as required. 	V 114	<p>To address the periodic non-compliance to the rule when a shift did not conduct a drill. Blessed Alms will designate a specific day of the month when drills will be conducted. This will ensure that there will be non-compliance of the rule in the future. These drills will be documented by shift staff at the time. Drills will be monitored by QP Tina Murphy monthly to keep us in compliance.</p>	

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V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring</p>	V 296		

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V 296	<p>Continued From page 10</p> <p>supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan affecting 4 of 4 clients (client #2) and clients (#3, #4 and #5) from a sister facility. The findings are:</p> <p>Observation on 6/26/18 at approximately 12:20 pm revealed:</p> <ul style="list-style-type: none"> - Clients (#2, #3, #4 and #5) volunteering at a local nursing facility - One staff (#1) was observed to be sitting in the waiting area/lobby of the nursing facility - No other staff from the facility or the sister facility were present at the nursing facility <p>Review on 6/28/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 4/17/18 - Diagnoses of Post Traumatic Stress D/O, Chronic and Bipolar D/O, Unspecified - An assessment (no date listed) which documented client #2 had a history of the following behaviors to include but not limited to the following: fighting and verbal aggression - Client #2 is 17 years old 	V 296	<p>To address this rule deficiency; Blessed Alms will visit the rest home separate from her sister facility and consumers will be monitored by two staff who have completed TB testing. The sister facility will visit on an opposite day and be monitored by two staff. This will be monitored by the group home manager-Avonda Cunningham to assure the presence of two staff at all times to prevent this deficiency from reoccurring. Monitoring will be done weekly until the end of the summer program.</p>		

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V 296	<p>Continued From page 11</p> <p>Review on 6/28/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 4/1/17 to a sister facility - Diagnoses of Attention Deficit Hyperactivity Disorder (D/O), Predominately Inattentive Presentation; Disruptive Mood Dysregulation D/O; Major Depressive D/O, Recurrent, Moderate with Mood Congruent Psychotic Features and Conduct D/O - An assessment dated 4/1/17 which documented client #3 had a history of the following behaviors/diagnoses to include but not limited to the following: physical aggression, impulsiveness, anxiety, depression, lying, and oppositional defiance, etc. - Client #3 is 17 years old <p>Review on 6/28/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/16/17 to a sister facility - Diagnoses of Disruptive Mood Dysregulation D/O; Conduct D/O and Attention Deficit Hyperactivity D/O, Combined Type - An assessment dated 3/6/17 which documented client #4 had a history of the following behaviors/diagnoses to include but not limited to the following: elopement, biting, self-injurious behaviors, stealing, mood swings, angry outbursts, excessive lying and defiance - Client #4 is 16 years old <p>Review on 6/28/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 6/5/18 to a sister facility - Diagnoses of Major Depressive D/O; Anxiety D/O; and Oppositional Defiant D/O - An assessment dated 6/1/18 which documented client #5 had a history of the following behaviors to include but not limited to the following: fighting with family members and children in the community - Client #5 is 13 years old 	V 296			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2018
NAME OF PROVIDER OR SUPPLIER BLESSED ALMS II LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3909 BEARS CREEK ROAD GREENSBORO, NC 27406		
(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 296	Continued From page 12 Interviews with clients (#2, #3, #4 and #5) revealed: - Staff #1 was the only staff present with them at the nursing facility Interview on 6/26/18 with staff #1 revealed: - Client (#2) and clients (#3, #4 and #5) from the sister facility had begun volunteering at the nursing facility on 6/25/18 - She was sitting in the waiting area/lobby of the nursing facility as the nursing facility management would not allow her to accompany and/or monitor the clients while they were volunteering because she had not yet had a skin test for tuberculosis - The clients were being supervised by the nursing facility's social worker - She understood that in order to meet minimum staffing requirements, there should be at least three additional staff at the nursing facility to monitor the clients as there was one client from one facility and three clients from a sister facility present at the nursing facility; however, she was the only staff present Interview on 6/28/18 with the QPs (#1 and #2) revealed: - They would have the clients from each facility visit the nursing facility on a separate day and have two staff present while they were volunteering at the nursing facility.	V 296		
V 298	27G .1706 Residential Tx. Child/Adol - Operations 10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents.	V 298		

Division of Health Service Regulation

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V 298	<p>Continued From page 13</p> <p>(b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.</p> <p>(c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.</p> <p>(d) Psychiatric consultation shall be available as needed for each child or adolescent.</p> <p>(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to operate 24 hours per day, seven days per week, and each day of the year. The findings are:</p> <p>Observation on 6/22/18 at approximately 11 am revealed: - Client #2 at a sister facility with the three</p>	V 298	<p>To address this indicated rules deficiency, Blessed Alms II consumers will never stay over night at her sister facility. Not even in the case of emergency. Which is 99.9% the case when an overnight stay at her sister facility was initiated. This involved severe incimate weather where the electricity was lost for multiple days. Group home rates have been cut to the bare minimum, and this method was used to lessen the expense of going to</p>	

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V 298	<p>Continued From page 14</p> <p>clients who resided at the sister facility (#3, #4 and #5)</p> <p>Review on 6/28/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 6/16/17 - Diagnoses of Bipolar II D/O; Mood D/O; Post Traumatic Stress D/O; Oppositional Defiant D/O; Alcohol Use D/O, Moderate; Tobacco Use D/O; Cannabis Use D/O and Cannabis Abuse, Uncomplicated <p>Review on 6/28/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 4/17/18 - Diagnoses of Post Traumatic Stress D/O, Chronic and Bipolar D/O, Unspecified <p>Review on 6/28/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 4/1/17 to the sister facility - Diagnoses of Attention Deficit Hyperactivity Disorder (D/O), Predominately Inattentive Presentation; Disruptive Mood Dysregulation D/O; Major Depressive D/O, Recurrent, Moderate with Mood Congruent Psychotic Features and Conduct D/O <p>Review on 6/28/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/16/17 to the sister facility - Diagnoses of Disruptive Mood Dysregulation D/O; Conduct D/O and Attention Deficit Hyperactivity D/O, Combined Type <p>Review on 6/28/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 6/5/18 to the sister facility - Diagnoses of Major Depressive D/O; Anxiety D/O; and Oppositional Defiant D/O <p>Interview on 6/26/18 with client #1 revealed:</p>	V 298	<p>a hotel which is in the disaster plan. (See disaster plan attached) Overnight stays at her sister facility will be completed eliminated as we move forward from here to prevent this problem from occurring again. This situation will be monitored by the director and owner Bobby Cunningham. He will monitor this daily to ensure compliance.</p>	

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V 298	<p>Continued From page 15</p> <ul style="list-style-type: none"> - There have been numerous times when the clients at her facility went to the sister facility for the day and/or overnight. - "Sometimes between six to eight clients" were at the sister facility - On one occasion, it was because it had snowed and school was out and the clients at her facility spent the night at the sister facility; however, there were other times, they were just there - The clients from the sister facility did not come to her facility to spend the day or overnight - She believed the clients went to the other facility due to limited availability of staffing <p>Interview on 6/22/18 with client #2 revealed:</p> <ul style="list-style-type: none"> - There were times when clients went to the sister facility to go on an outing; however, there were times when they either spent the entire day or stayed there overnight instead of returning to their facility - The plans were for her to remain at the sister facility throughout the day and to remain there throughout the weekend - She assumed the clients spent time at the sister facility because there was limited staff available to cover both facilities - She liked being at her own facility because there was "a bunch of lies, drama and he say, she say" when all of the clients were together. <p>Interviews on 6/26/18 with clients (#3, #4 and #5) revealed:</p> <ul style="list-style-type: none"> - Clients from their sister facility stayed at their facility on occasion, including overnights. <p>Interview on 6/28/18 with the QPs (#1 and #2) revealed:</p> <ul style="list-style-type: none"> - There had been occasions when the clients from this facility had spent the night at the sister 	V 298			

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V 298	Continued From page 16 facility; however, it had been due to the loss of electricity at this facility.	V 298			

Protection Plan

What immediate action will the facility take to ensure the safety of the consumers in your care?

1) Blessed Alms/Blessed New Beginnings will incorporate the philosophies and principles of Substance Abuse and Mental Health Services Administration's (SAMHSA) information on trauma-informed care and assume that all consumers who enter the group home have experienced some form of trauma. Blessed Alms/Blessed New Beginnings will:

1. "Realize the widespread impact of trauma and understand potential paths for recovery;
2. Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Respond by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seek to actively resist re-traumatization."

"A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures." Blessed Alms/Blessed New Beginnings will consistently acknowledge the following six key principles:

1. "Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues"

<https://www.samhsa.gov/nctic/trauma-interventions>

2) Blessed Alms/Blessed New Beginnings will ensure that staff are trained in the proper uses of CPI to address appropriate verbal communication and/or proper therapeutic holds when the latter is required.

3) Blessed Alms/Blessed New Beginnings will implement the following protocol when a consumer leaves the group home without permission:

1. Encourage the consumer to remain in the group home.
2. Use proper CPI techniques only if the consumer is deemed a threat to self or others, i.e. consumer has communicated the desire to harm or has exhibited dangerous behaviors.
3. Make a note of the consumer's attire, for example, blue jeans, red shirt; have an idea of client's height, weight, ethnicity, and the direction the consumer has departed in.
4. Inform the Qualified Professional. The QP may contact the owner and the Licensed Professional.
5. Contact the local authorities and provide the information collected from #3 above.
6. Complete an incident report.

4) Blessed Alms/Blessed New Beginnings will terminate employees who consistently do not follow the above steps and the employee will be subject to placement on the NC Health Care Registry. The contents of this step will be evaluated on a case by case basis.

Protection Plan

Describe your plans to make sure the above happens.

- 1) The Qualified Professional will update the supervision goals of all employees to ensure that the goals highlight the trauma informed approach of Blessed Alms/Blessed New Beginnings. The Qualified Professional will ensure that new employees' supervision goals highlight the trauma informed approach of Blessed Alms/Blessed New Beginnings.
- 2) The Licensed Professional will conduct monthly supervision with the Qualified Professional to ensure that the contents of the protection plan have been implemented. The LP will also meet with the group home owners weekly to process/discuss owners' interactions with consumers and staff to identify areas for development.
- 3) The Blessed Alms/Blessed New Beginnings will develop a safety plan for the group home to highlight policies and procedures that address the most appropriate ways to handle instances of unwanted behaviors.
- 4) Blessed Alms/Blessed New Beginnings will ensure that there are no unauthorized persons inside of the group home. Authorized persons will be defined as: 1) group home staff members, 2) treatment team members, 3) members of managed care organizations, 4) members of child protective services, and 5) members of North Carolina Division of Medical Assistance.
- 5) In the event of that an allegation is presented to any staff member of Blessed Alms/Blessed New Beginnings, the staff member will immediately inform the Qualified Professional. The Qualified Professional will inform the Licensed Professional. Both will conduct an internal investigation that will involve the gathering of information via interview of all parties associated with the allegation. Substantiated findings will become a part of the incident report.

Licensed Professional

M. M. F., LCS

Qualified Professional

Dina Murphy

Group Home Owner(s)

Bobby Cizh / Amanda B. Cunningham

Date

7/25/18



GUILFORD COUNTY
DEPARTMENT OF EMERGENCY SERVICES
EMERGENCY MANAGEMENT DIVISION



April 24, 2012

Blessed Alms

~~4321 Rehobeth Church Rd~~
~~Greensboro, NC 27455~~

(BC) 3909 BEARS CREEK RD
(BC) GREENSBORO, NC 27406

Dear Mr. Cunningham:

This is to acknowledge receipt of your facility's Contingency / Disaster Plan to Guilford County Emergency Services (Emergency Management, Emergency Medical Services and Fire Marshal). Your Contingency Plan will remain on file with Guilford County Emergency Services.

As a reminder, it is your facility's responsibility to plan for contingencies that occur at or near your facility. Please ensure that you have plans to shelter-in-place or evacuate (to include transportation and housing) your facility if needed and that your company is responsible for the care of your residents / patients.

All response agencies will follow the procedures outlined in the Guilford County Emergency Operations Plan and each agency's general operating guidelines. The principles of the National Incident Management System (NIMS) are followed on all emergency responses and the appropriate Incident Commander will be determined by incident, location and resources based on the Guilford County Emergency Operations Plan.

If there are any questions, please contact this office at 641-2278 or the address below.

Sincerely,

Eric Griffin
Assistant Emergency Management Coordinator



GUILFORD COUNTY
DEPARTMENT OF EMERGENCY SERVICES
EMERGENCY MANAGEMENT DIVISION



Emergency Planning Criteria for Residential Mental Health Facilities

1. Facility information
 - a. Blessed Alms
 - b. 4321 Rehobeth Church Rd. – Greensboro, NC 27406
 - c. On site program director: Bobby Cunningham
 - i. Office phone: 336-379-1314
 - ii. Cell phone: 336-997-0971
 - iii. Email: blessedalmsinc@bellsouth.net
 - d. Licensee: Bobby Louis Cunningham/Avonda B. Cunningham
 - i. Office Phone: 336-379-1314/336-659-7892
 - ii. Cell phone: 336-997-0971/336-997-6114
 - iii. Email: blessedalmsinc@bellsouth.net/cunningham7470@bellsouth.net
 - iv. Mailing address: P.O. Box 16527 – Greensboro, NC 27416
 - e. What is your water system? Municipal
 - f. Sewer/Septic system? Sewer
 - g. Clients on oxygen? NO
 - i. If yes, provide all contact information for provider including 24/7 information
 - h. Carbon Monoxide detection? Yes
 - i. Sprinkler system? No
 - j. NOAA weather radio? Yes
 - k. Emergency supply locations
 - i. Food: Pantry Cabinet
 - ii. Water: Pantry Cabinet
 - iii. Flashlights and extra batteries: Pantry cabinet
2. Services
 - a. Clients: Females; ages 11 thru 17
 - i. Licensed number: MHL 041-691
 - ii. Staffing counts:
 - iii. 1 shift hours: 7am to 3pm
 1. Number of staff: 2 on duty staff
 - iv. 2nd shift hours: 3pm to 11pm
 1. Number of staff: 2 on duty staff
 - v. 3rd shift hours: 11pm to 7am
 1. Number of staff: 2 on duty staff



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3. Organizational structure/emergency responsibilities

- a. On site supervisor/decision maker name: Bobby Cunningham/Avonda Cunningham
 - i. Cell phone(s): 336-997-0971/336-997-6114
- b. Facility manager name: Avonda Cunningham
 - i. Cell phone(s): 336-997-6114
- c. Name of responsible position for evacuation coordination: Director
- d. Name of responsible position to gather client records: Manager
- e. Name of responsible position to talk to the media: Director
- f. Name of position to communicate with families, DHSR: Director
- g. Name of responsible position(s) to approve purchases/rentals: Manager
- h. Name of responsible position to maintain emergency plan and communicate with Guilford County Emergency Management: Director

4. Vendors (if yes, please provide the additional information below the heading)

- a. Medication supplier yes
 - i. Name: Lane drugs (CVS Pharmacy for 24 hour medication needs)
 - ii. Address where medications can be picked up: Lane – 2021 martin Luther king Jr. Drive Greensboro, NC 27406/CVS – Corn Wallace Dr. Location
 - iii. Hours of operation: L- 8:30am to 7:00pm M-F; 8:30am to 3:00pm on Sat./CVS- 24 hours
 - 1. 24 hour access? Lane Drugs – No; CVS - Yes
 - iv. Include plan to access medications 24 hours and holidays: (will access CVS on Corn Wallace Dr. for 24 hour/Holidays)
 - v. Memorandum of agreement in place? Yes
- b. Medical supplies yes/no: **No special needs medical supplies needed for consumers**
 - i. Name
 - ii. Address where supplies can be picked up
 - iii. Hours of operation
 - 1. 24 hour access?
 - iv. Include plan to access medical supplies 24 hours and holidays
 - v. Memorandum of agreement in place?
- c. Generator: No
 - i. Name
 - ii. Location of provider



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- iii. Average time needed to get generator delivered, or maintenance person to arrive
- iv. Hours of operation
 - 1. 24 hour number
- v. Memorandum of agreement in place?
- d. Emergency transportation provider: no
 - i. Name
 - ii. Location of provider
 - iii. Average time needed to get transportation to site
 - iv. Non-ambulatory transportation access (based on need)
 - v. Wheelchair access (based on need)
 - vi. Hours of operation
 - 1. 24 hour number
 - vii. Memorandum of agreement in place?
- e. Relocation facility (cannot be a Red Cross shelter)
 - i. Name: **Hyatt Place**
 - ii. Address: **1619 Stanley Rd. Greensboro, NC 27407**
 - iii. Average time to travel to relocation site: **8 Minutes**
 - iv. Wheelchair access/non-ambulatory access? **(No non-ambulatory consumers)**
 - v. Emergency power? **YES**
 - vi. 24 hour contact information **(336-852-1443)**
 - vii. Memorandum of agreement? **NO**
- 5. Site information
 - a. Facility floor plan: **attached**
 - b. Identify on floor plan:
 - i. Entry/exit points: **identified**
 - ii. Marked locations of fire extinguishers: **rear of hall; kitchen next to cabinet**
 - iii. Cutoff valves for water, sprinkler system, gas: **N/A**
 - iv. HVAC shutoff switches: **N/A**
 - v. Circuit breakers/power disconnect: **(in laundry room)**
 - vi. Generator connections/controls/transfer switch: **N/A**
 - c. Area map showing road facility is off of to ¼ mile: **Yes**
 - d. Map to relocation site: **Yes**

Checklists



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1. Fire
 - a. How fire department will be notified: **ADT Security**
 - i. Allow anyone can call 9-1-1 to report the fire
 - b. How activation of fire alarm system will occur: **Automatic/electronic response to Fire Dept.**
 - i. Allow : anyone can activate the fire alarm
 - c. Evacuation procedures
 - i. Staff will Close doors and windows while leaving if time will allow
 - ii. Staff to shut off any oxygen or other medical gases in the vicinity of the fire immediately: **N/A**
 - iii. How residents will be moved: **According to Fire Evacuation Plan**
 - d. Outdoor emergency gathering points description: **In the front yard of the facility**
 - e. Accountability information: **On duty staff will account for and assure all residents are out of the facility and in the designated area.**
 - f. No one is to return into the facility until authorized by the fire department
 - g. Contact the administrator/facility manager as soon as possible unless they are already on site
 - h. Have one person in charge of all staff and have that person coordinate directly with the fire department
 - i. Notify other staff not on scene
2. Utility Outage
 - a. Report outage to utility provider
 - b. Contact facility manager
 - c. Frequent contact with clients will be made
 - d. Make contact with emergency suppliers such as water, power
 - e. Turn off unnecessary equipment to prevent a power surge when power supply is restored
 - f. If extremely hot or cold temperatures are outside, see appropriate checklist: **For Relocation**
3. Medical emergency
 - a. The first staff member with the patient assumes control of the facility's response to the situation. This person will call for help from other staff



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- b. Assess patient's condition
- c. Contact 9-1-1 if appropriate
- d. Staff will stay with the patient and provide care to the level of the staff member's training
- e. While waiting for EMS to arrive, have one staff member gather the patient's emergency information such as the patient's face sheet, current medication record, insurance information, medical history
- f. Staff will begin documenting care given, items that the patient had with them when taken to hospital, which hospital patient was taken to, family contact/responsible party contact
- g. The patient's physician or health care provider will be notified of the emergency

4. Evacuation

- a. Establish a hierarchy of staff and identify necessary steps to implement evacuation
- b. Notify employees, both on site and off site and program administrator
- c. Determine if evacuation can be handled by staff transportation, or client's personal transportation
- d. Notify relocation site, if any, of intention to evacuate
- e. Contact emergency transportation providers, if any
- f. If moving to a relocation site, dispatch at least one staff member to the relocation site to begin preparing for arrival of clients
- g. Notify facility manager, owner, licensee, DHSR of intent to evacuate
- h. Begin tracking clients using a tracking log
- i. Notify clients' family members if necessary
- j. Contact medication supplier with evacuation information and potential need for backup medications
- k. Bring drinks and snacks to relocation site
- l. Complete head count at relocation site

5. Hazardous materials incident

- a. Contact 9-1-1 with any information you can provide
- b. Turn off air conditioners/ventilation systems
- c. Close all external windows and doors
 - i. Move clients into a central part of the facility when possible



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- ii. Station a staff member where they can see through/hear the front door in case a first responder comes to evacuate the facility
- d. Notify facility manager and key staff

6. Bomb Threat

- a. Have call taker keep the caller on the line as long as possible by asking questions from the U.S. Department of Homeland Security bomb threat checklist
- b. Have another staff member notify 9-1-1 or do so immediately after the call is over
- c. Do not use cell phones in the area
- d. Unless instructed by law enforcement, do not relocate or evacuate unless the threat includes the location of the bomb or suspicious object
- e. Staff should quietly and safely conduct a search of their area as well as all bathrooms, storage closets, mechanical rooms, and look for any unusual or unfamiliar items such as boxes, packages or bags. Pay close attention to anything that appears oily, misshapen, or has excessive tape or protruding wires. Instruct staff before initiating the search to not touch or disturb anything around the suspicious object.
- f. Clear all personnel from the area around the suspicious object and isolate the area
- g. Report the discovery immediately to the person who will liaise with law enforcement and if law enforcement is not on scene yet, call 9-1-1 again to update the record that a suspicious object has been found.
- h. Have a copy of the facility's floor plan available
- i. The staff person who took the call must remain on site until released by law enforcement

7. Tornado

- a. Watch – "A tornado watch means that tornadoes and other kinds of severe weather are possible in the next several hours"
 - i. Notify all staff that a tornado watch has been issued and remind staff each hour it is in progress
 - ii. Monitor NOAA weather radio, commercial radio and/or local television news throughout the watch



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- iii. Review the tornado warning section of this plan and make assignments to staff for key duties
- iv. Secure outdoor objects such as garbage cans, outdoor furniture, etc. to prevent them from becoming a threat in high winds.
- v. Check location and operation of flashlights
- vi. If there is high likelihood of tornados occurring based on information from the National Weather Service, consider moving clients that are outdoors, indoors and cancel outdoor activities
- vii. Once the tornado watch has been cancelled, notify all staff
- b. Warning- "A tornado warning means that a tornado has been spotted, or that Doppler Radar indicates a thunderstorm circulation which can spawn a tornado"
 - i. Immediately cancel outdoor activities and bring any clients or staff who are outdoors indoors
 - ii. Notify all onsite staff
 - iii. Move consumers, visitors, and staff to hallways and/or the ground floor of the facility, away from windows and outside walls. Small rooms or interior hallways away from doors and windows are suitable for taking cover in a situation where an immediate threat is present. If the hallway has a door or window at the end of the corridor, all persons must be kept at a distance of at least 30 feet away.
 - iv. If time permits and it is possible, move comfortable chairs from rooms into the hallway so consumers can sit. If available, furnish a pillow and blanket so the consumers feel more secure.
- c. After the tornado has passed
 - i. Render first aid to clients and staff as necessary
 - ii. Call 9-1-1 if necessary
 - iii. Account for all persons
 - iv. Inspect inside and outside of the facility
 - v. Shut off damaged or potentially damaged utilities
 - vi. Notify off site staff of the impacts if necessary
 - vii. Notify clients' family members as needed

8. Hurricane



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- a. Watch issued for North Carolina coast- "The National Hurricane Center determines that sustained hurricane force winds (73 mph or higher) will occur within 36 hours."
 - i. Monitor weather information from NOAA weather radio, local television, commercial radio
 - ii. Provide updates to staff
 - iii. When the facility's location falls within the projected path take additional measures
 - 1. Review evacuation procedures with staff
 - 2. Alert relocation site(s), transportation providers, and vendors of the possible need to evacuate
 - 3. Establish a staffing schedule for the storm
 - 4. Contact family members of the situation and determine if the client is to be taken to the family member's home for the duration of the storm
 - 5. Ensure the fuel tank for the generator is full
 - 6. Fuel any facility owned vehicles and recommend to all staff to do the same for their personal vehicles
- b. Warning- "A hurricane is expected to strike land, conditions are considered imminent, and effects may begin to be felt immediately with rapid strengthening expected over the next 12 to 24 hours bringing:
 - Sustained winds of 74 mph or higher
 - Torrential rain fall that will cause flooding
 - Storm surge, rising tidal sea levels of more than 10 feet above normal conditions"
 - i. Move consumers, visitors, and staff to hallways and/or the ground floor of the facility, away from windows and outside walls. Small rooms or interior hallways away from doors and windows are suitable for taking cover in a situation where an immediate threat is present. If the hallway has a door or window at the end of the corridor, all persons must be kept at a distance of at least 30 feet away.
 - ii. If it is possible, move comfortable chairs from rooms into the hallway so consumers can sit. Furnish a pillow and blanket so the consumers feel more secure
 - iii. Close windows and pull curtains in all areas of the facility.



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- iv. If necessary, shut off lights and close doors to unoccupied rooms and service areas.
 - v. Bring a battery powered radio, flashlights, emergency water and food and extra batteries into the shelter area
9. Severe Hot Weather with Loss of Cooling
- a. Contact facility manager and program administrator
 - b. If due to a power loss, follow utility outage checklist
 - c. When the facility's temperature reaches and remains at 85 degrees Fahrenheit for 4 hours
 - i. Contact facility manager and program administrator
 - ii. Consider notifying offsite staff of situation
 - iii. If possible, move clients to another air conditioned part of the facility
 - iv. Encourage clients to take in more fluids and keep hydrated
 - v. Provide cold wash cloths as needed
 - vi. Conduct just in time training/review with staff on signs and symptoms of heat related illness and proper response
 - vii. If outside temperatures are cooler than the inside, consider opening windows and utilize fans to move air
 - viii. Monitor inside temperatures
 - ix. Monitor clients' body temperatures. Offer to do same for staff
 - x. Call 9-1-1 if client or staff member is in danger of heat related illness
10. Severe Cold Weather with Loss of Heat
- a. Contact facility manager and program administrator
 - b. Consider notifying offsite staff of situation
 - c. If a power outage, follow utility outage checklist
 - d. Ensure necessary emergency supplies and blankets and other warming devices are on hand and can be readily obtained
 - e. Ensure clients are dressed warmly and have enough blankets/covering
 - f. Cover the clients' heads and protect their extremities
 - g. Encourage fluid intake
 - h. Monitor body temperatures of consumers and staff



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11. Winter Storm

- a. Watch- "Severe winter weather conditions may affect the area. This could mean freezing rain, sleet, snow, or blizzard conditions could occur."
 - i. Notify facility manager, program administrator and all staff of watch issuance
 - ii. Make sure the emergency power supply (if available) is operable and plans are in place to arrange for fuel deliveries should the need arise to run the equipment for an extended period.
 - iii. Ensure necessary emergency supplies and equipment (blankets, water, flashlights, etc.) are on hand and can be readily obtained.
 - iv. Ensure emergency food and water supplies are on hand or can be delivered before the severe weather begins.
 - v. Monitor staffing levels. Consider recalling additional staff before severe weather begins
 - vi. Establish at least one entrance as a safe entry to the facility. Use de-icing salts, rock salt, sand, kitty litter, etc. Ensure entry floors are kept as dry as possible to minimize the potential for falls. Place "wet floor" signs in appropriate locations
 - vii. Cancel outings and outdoor activities for the warning period
- b. Warning
 - i. Cancel outdoor activities
 - ii. If power outage occurs, follow utility outage checklist
 - iii. If heat fails, follow Severe Cold Temperature with heat loss checklist

12. Missing Client

- a. Verify that the client has not been signed out of the facility
- b. Note the time that the client was discovered missing.
- c. Notify on site staff and consider notifying off duty staff
- d. Conduct a quick door to door check taking no longer than 15 minutes (level 1 search)
- e. Assign one person to be in charge during the event
 - i. Assign one person to track search progress
- f. If client is not found after the Level 1 search
 - i. Call 9-1-1 and notify them of the situation



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- ii. Recall staff as needed to assist with the search or care for clients so others may search
- iii. Conduct a level 2 search
 - 1. Look under beds and furniture, in walk-in refrigerators and freezers, in closets, under desks, behind doors, in any unlocked rooms, in bathrooms, in show rooms, in boxes, behind equipment, etc
 - 2. Inform staff that a client who is missing may be frightened and/or may be hiding
 - 3. Search outside to 20 feet away from the building paying attention to shrubs and trees
 - 4. All vehicles on facility grounds should remain until law enforcement arrives
 - 5. Manage clients and keep them calm
- iv. Conduct a level 3 search
 - 1. Conduct a systematic search of the entire building, grounds, outside structures and neighboring streets/property
- v. Notify Local Management Entity
- vi. Notify family members and/or responsible party of the client
- vii. Have ready for law enforcement
 - 1. Photograph of client
 - 2. Description of what the client was last wearing
 - 3. Client's cognitive status
 - 4. Information where the client might be going, or has gone in the past
 - 5. Client's current address, former address, family members' addresses, friends' addresses
- g. After client is found
 - i. Notify 9-1-1 or ask law enforcement to have EMS examine the client
 - ii. Contact the client's family member(s)
 - iii. Notify Local Management Entity
 - iv. Complete an incident report and follow facility reporting process
 - v. Reassure other clients in facility

13. Work place violence



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- a. Immediately dial 9-1-1 from a safe place
- b. Inform on duty staff of situation if time permits
- c. Contact facility manager, program administrator when safe to do so
- d. When possible, staff members should move all clients and visitors to a safe area as far as possible from where the incident is occurring
- e. If confronted by the subject, use calm and non threatening voice and language to try to diffuse the situation
- f. Account for all clients and staff

Notes

mapquest

Trip to:

1619 Stanley Rd

Greensboro, NC 27407-2616

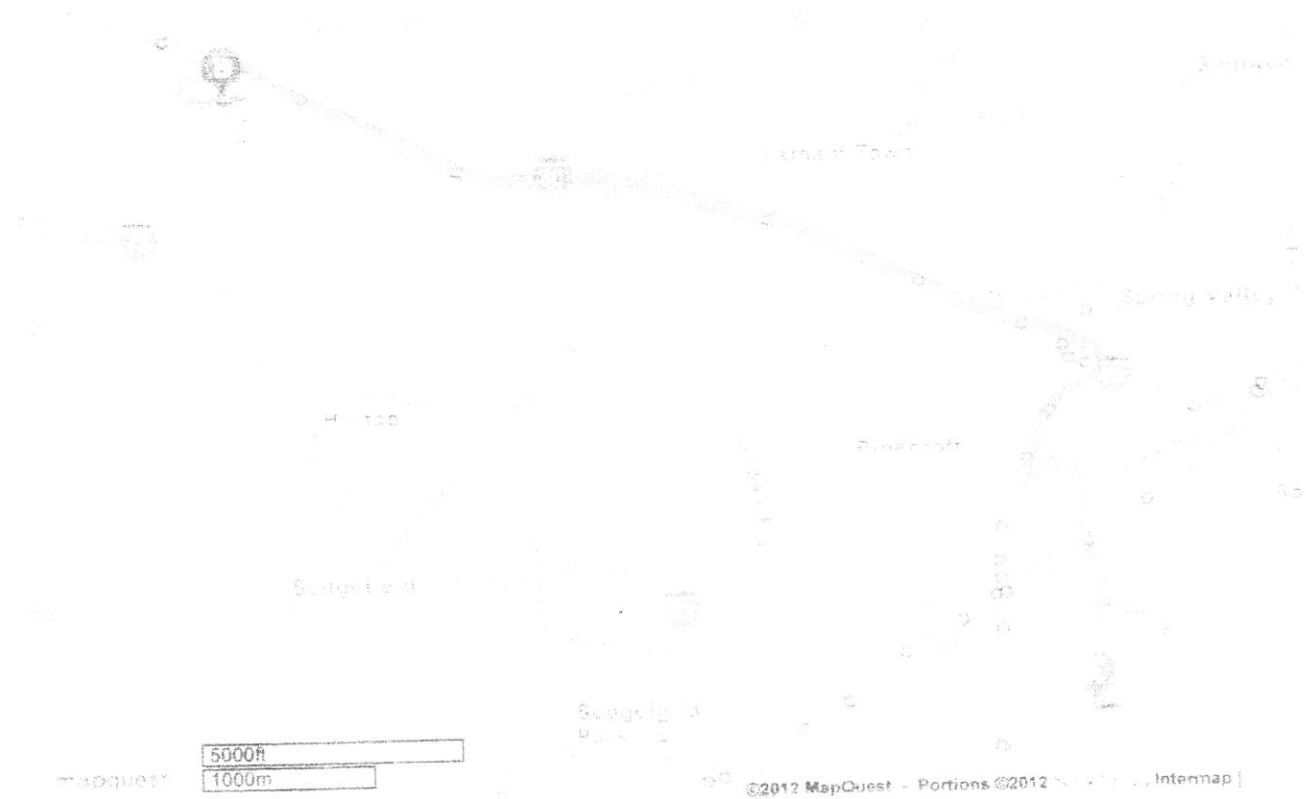
7.28 miles / 12 minutes

4321 Rehobeth Church Rd, Greensboro, NC 27406-9244

1. Start out going north on Rehobeth Church Rd toward Castlerock Rd. 1.2 Mi
2. Turn left onto Creek Ridge Rd. 0.1 Mi
3. Merge onto US-220 N / Freeman Mill Rd via the ramp on the left toward I-40. 0.5 Mi
4. Merge onto I-40 W / Fordham Blvd via EXIT 81 toward Winston-Salem. 4.5 Mi
5. Take the Wendover Ave exit. EXIT 214. 0.4 Mi
6. Turn left onto W Wendover Ave. 0.3 Mi
7. Turn left onto Stanley Rd. 0.3 Mi
8. 1619 STANLEY RD is on the left.

1619 Stanley Rd, Greensboro, NC 27407-2616

Total Travel Estimate: 7.28 miles - about 12 minutes



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