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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
			A. BUILDING	6:	COMPLETED
		MHL0411151	B. WING		07/19/2018
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY,	STATE, ZIP CODE	
HICKS HOUSE OF CARE 2611 ZOLA GREENSBO				27405	
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE	
V 115	5 Continued From page 1		V 115	Orion - Mental Health	
	This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to assure that space and supervision			AUG 14201	8
				Lic. & Cert. Se	ction
				111 01.00 1.041	
			~	All SHAPE LOCA	v \
	was provided to ensone (client #1) of tw	sure the safety and welfare of o clients.		RECEIVE AN RES	BULLINES
	The findings are:		on chient 5		C1967
				THE MARKET	1
	Review on 7-19-18 revealed:	of client #1 's facility record		security of the second second	
	- admission date		_	or good on	3000
	 he was 29 years old he was diagnosed with: Schizoaffective Disorder, Bipolar Type Moderate Intellectual Disability Disorder 			1 STRIBED /1'EU	3 SAC 6
				3921 25RP	STREE
			1	3/1/ DE 18/16	46
reports revealed:		of the facility 's incident	*Aug	the someone	2 7 5
		partment was called by a	~	They and evi	
		ved approximately one block	,	WE SOLL ISM	BULLICA
				Dehipulces, Ju	132H=
		ring in the neighbor's yard transported client #1 to a		Will be used	36
	local hospital - upon hearing of the event, former staff #1 (FS1) was terminated by the Director/Qualified Professional (D/QP).			decenion and	101000
				And the Court of the total of the same of	400 1000 1000
				BENAVIORS.	
	Requests made on 7-19-18 of the local police department for all records from 4-1-18 to 7-19-18 revealed: - there was no report of activity involving the		~	111 Stage 1000	
			\	Occasio Nin Ti	2 /2001 5
				TOOLS OF TOO	Barrier
police on 7-8-18				11541UM2 ON, 15	W 10

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL0411151 07/19/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2611 ZOLA DRIVE** HICKS HOUSE OF CARE GREENSBORO, NC 27405 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 115 Continued From page 2 V 115 Interview on 7-18-18 with FS1 revealed: - he had an upset stomach on Sunday, 7-8-18 - he was in the bathroom approximately 10 -12 minutes - after leaving the bathroom, he began, "cleaning up glass and stuff," from when client #1 was upset - "He just walked off while I was in the bathroom." Interview on 7-19-18 with client #1's legal guardian revealed: - she sees client #1 face to face 2 - 3 times per month - client #1 has a history of: - walking off - self-injurious behaviors - manipulating staff in or to go to a hospital Interview on 7-19-18 with client #1's Care Coordinator revealed: - a waiver has been applied for to provide additional staffing for client #1 - client #1 has been to approximately 10 - 12 hospital emergency departments in the previous 6 months Interview on 7-19-18 with the D/QP revealed: - client #1 walks in the neighborhood with staff staying near - client #1 walks in order to self-soothe and calm himself - he regularly lies down in someone 's yard

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL0411151 07/19/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2611 ZOLA DRIVE** HICKS HOUSE OF CARE GREENSBORO, NC 27405 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) V 115 Continued From page 3 V 115 - often claims he 's hurt, sick or has been - when client #1 went for a walk on 7-8-18. FS1 didn't do his job - it was FS1's second day on the job - FS1 was terminated that day - in the future, "We ' Il continue to try and work with [client #1] and monitor him in and out of the facility closely, to meet his needs."

Hicks House of Care

On 7/19/2018 Completed a survey of 2611 Zola Drive, Greensboro, NC 27405 and in response to the deficiencies here is what the agency will put into place to correct citation.

A) Based on interview and record review, the facility staff failed to assure that space and supervision was provided to ensure the safety and welfare of one (client #1) of two clients.

Response:

- 1) What measures will be put into place to correct the deficiencies?
- All staff will receive an update to their NCI training.
- During staff meetings QP will make sure to review behavior plans of those individuals that have behavior plans with the focus on how to deescalate a particular individual behavior.
- QP will create some type of training tool that is related to the individual behavior plan and will review during staff meeting.
- 2) How will the agency prevent the problem from re-occurring.
- All staff are aware of the agency policy when it comes to incident reporting. All staff will be retrained on the process of completing of an incident.
- All staff will receive an retraining on client specific information.
- QP will continue to do routine monitoring of all the homes to ensure that all guidelines are being followed according to regulations.
- QP will assist with creating a safe place where staff will be able to take someone if they exhibiting behaviors. The area will only be used to deescalate any negative behavior and will not be used for isolation purposes.
- All staff will receive an in-house training on how to handle the different behaviors that an individual may display.
- All staff will receive a retraining on what to do in a crisis
- 3) Who will be responsible to monitor and make sure the things are done, and how often?
- QP of the agency will be responsible for making sure all above training are done.
- QP has created a form that will be used to document all incidences that is reported rather big or small.
 All forms will be kept in a central location at the offices of Quality Care III LLC.
- QP will all new staff be trained on all of the above upon hire

The administrative team of Hicks House of Care would like to thank you for all of the support received to ensure that the individual being supported are protected at all times, If you have any further questions you can contact the agency QP Derrick Hicks at 336-681-1653.