

Presentation Content	Teaching Notes
<p>rapists engage in very compulsive, sometimes very ritualized sexual assault behavior. Because they have an erotic response to power and control, extreme violence and torture often characterize their assaults. In many cases, victims of sadistic rapists are murdered during the assaults. Unlike all of the other types of sex offenders in Dr. Groth's typology, sadistic rapists often have very significant psychiatric difficulties that may have a direct relationship to the offense behavior.</p> <p>It is fortunate, given the high degree of violence and significant likelihood of victim death, that there are relatively few known sadistic rapists. Estimates are that approximately 2% to 5% of all rapists are sadistic in nature. It is also fortunate that once apprehended, sadistic rapists are usually removed from the community for many, many years or life.</p> <p><i>Non-contact offenders</i></p> <p>The Groth Typology that we just discussed does not include offenders who perpetrate non-contact forms of sexual abuse (such as voyeurs and exhibitionists¹⁷). These types of offenders are important to keep in mind as their recidivism rates are very high and many non-contact offenders have perpetrated or go on to perpetrate more serious, contact types of offenses.¹⁸</p>	



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<p>TOPIC: AN EMERGING APPROACH TO SEX OFFENDER SUPERVISION (30 minutes)</p> <p>CHALLENGES AND RESPONSES Probation/parole agencies are faced with a number of significant challenges in their efforts to supervise sex offenders safely. These include —</p> <ul style="list-style-type: none">▪ Victims who are usually sexually assaulted in or near their homes by individuals they know;▪ Offenders who are being supervised in the same community where they have committed their offenses and where their victims and potential victims also reside;▪ Offense patterns that are characterized by deceit, secrecy, repetitiveness, and extreme trauma to victims;▪ Offense patterns that include a variety of offenses, making potential victims harder to identify and protect; and▪ A fragmented criminal justice and social service system in which responsibility for investigating, prosecuting, sentencing, supervision, treatment, and monitoring of sex offenders is dispersed across agencies, disciplines, and branches of government. <p>It is not surprising, then, that in many jurisdictions around the nation, an approach to sex offender supervision is emerging that includes the following elements:</p> <ul style="list-style-type: none">▪ <i>An understanding of the importance of a shared and consistent philosophy and strategy for the supervision of sex offenders in the community.</i> Because so many agencies are involved in the identification, assessment, supervision, and treatment of sex offenders, a common philosophical framework and set of expectations are essential to allow	<p>➤Use slide 20: Challenges to Sex Offender Supervision</p> <p>➤Use slides 21-22: Emerging Sex Offender Supervision Practices</p> <p>Refer to handout: The trainer should draw participants' attention to <i>Case</i></p>

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<p>successful collaborative work. In addition, the secrecy, manipulation, and deception that characterize sex offending behavior demand that there be a clear set of expectations for all involved to minimize the ability of offenders to circumvent the goals of community supervision.</p> <ul style="list-style-type: none"> ▪ <i>A primary concern for the prevention of future victimization and the safety and recovery of previous victims, to the extent possible.</i> Probation/parole agencies have traditionally been offender centered in their work. As the concepts of community and restorative justice spread, the notion of the victim as a primary concern in supervision is also growing. Because of the devastating impact of sexual assault on victims, prioritizing victim safety as a critical element of community supervision has become an urgent challenge for probation/parole agencies. Concerns for the recovery of the victim and the well-being of the community should guide the development of policy, the implementation of programs, and the actions of criminal justice practitioners and other professionals working with sexual assault victims and supervising perpetrators. These policies and programs must be sensitive to specific needs of victims and must not increase victim trauma. ▪ <i>An acknowledgment that sex offenders must be held accountable for their actions.</i> The notion that sex offenders should be involved in treatment in no way suggests that they be allowed to escape responsibility for their own actions. Indeed, the offense-specific treatment that is emerging and becoming accepted across the nation holds the offender accountable, is victim centered, and is limited in its confidentiality. Some jurisdictions have found that integrating postconviction polygraph examinations helps bring sex offender behavior more out into the open, where it is 	<p><i>Studies on the Center for Sex Offender Management's National Resource Sites</i> for information regarding the ways in which diverse jurisdictions have operationalized these various elements. This document can be found in its entirety among the participant materials for Section 1 of the short version of this curriculum.</p>

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<p>subject to monitoring and intervention. These interventions aim to be preventive in nature and are based on the proposition that an offender who can successfully manage his behavior to avoid offending in the future is less of a risk to potential victims.</p> <ul style="list-style-type: none"> ▪ <i>An understanding that some offenders can be managed safely in the community.</i> The research is promising regarding the ability to influence the likelihood of rearrest for sex offenses, given an adequate program of supervision and treatment. For those who cannot be safely managed in the community or who will not take responsibility for their continued abusing behavior, incarceration is the appropriate response. ▪ <i>A collaborative effort that begins with the cooperation of supervision agencies and offense-specific treatment providers.</i> Such an effort involves the recognition that information must be shared freely between supervision and treatment to prevent sex offenders from maintaining secrecy and deception or playing members of the team against each other to their own advantage. This collaboration requires a waiver of the confidentiality that is traditionally afforded patients in other kinds of mental health treatment. ▪ <i>Collaborative efforts may extend to include the polygraph examiner and victim advocate in a “containment approach” and may also extend to other agencies and individuals, such as law enforcement, who share responsibility for sex offender management.</i> The polygraph is attaining greater use as a tool to aid in the disclosure of a full sexual history, which is important for treatment and supervision; to monitor compliance with supervision requirements; and to assist in the “maintenance” of offenders under long-term 	

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<p>supervision. Victim advocates are essential to ensuring that victim safety and other victim concerns are adequately addressed in policy and practice. The development of intra-agency, interagency, and interdisciplinary teams (at both policy and case management levels) helps jurisdictions overcome the fragmentation that often results from a complex criminal justice system and assists in the development of more effective supervision strategies for sex offenders. These teams develop and consistently evaluate policies, procedures, and protocols for managing sex offenders. Collaboration is vitally important in the effective supervision of sex offenders in the community because it —</p> <ul style="list-style-type: none"> ▪ Improves communication among the agencies involved; ▪ Allows for quicker and less intrusive responses to victims; ▪ Promotes the exchange of ideas among individuals with different perspectives and expertise; ▪ Facilitates the sharing of information about specific cases and resources; ▪ Improves system problem-solving ability; ▪ Provides ongoing support for team members; ▪ Increases the understanding by all team members of what everyone else on the team needs to do their jobs well; and ▪ Fosters a unified and comprehensive approach to the management of sex offenders.¹⁹ <p>To review the practices so far, then:</p> <ul style="list-style-type: none"> ▪ Shared, consistent philosophy, and strategy ▪ Primary concern for victim safety and recovery ▪ Prevention of future victimization ▪ Sex offenders held accountable for their actions ▪ Some offenders can be managed safely and some 	<p>➤Use slide 23: Collaboration...</p>

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<p>cannot</p> <ul style="list-style-type: none"> ▪ A collaborative effort <p>In addition:</p> <ul style="list-style-type: none"> ▪ <i>An understanding that traditional methods of assessment and supervision may not be appropriate for sex offenders and that specialized approaches are warranted.</i> Because of the high stakes involved for the victim and because sex offenders present challenges that may not be present with other criminal populations, specialized approaches to community supervision are being developed and implemented in jurisdictions around the country that include: specialized caseloads, relapse prevention as an organizing principle for supervision, the imposition and management of specialized conditions, and the use of a collaborative team approach with team membership extending beyond the criminal justice system. ▪ <i>Informed and consistent public policy wherever and whenever possible.</i> To develop, maintain, and improve approaches to their community supervision of sex offenders, local criminal justice practitioners must be actively involved in creating new and improved public policy at all levels of government. These practitioners should work with policymakers, the judiciary, and state corrections departments to develop informed policies that reflect the most recent research regarding sex offender supervision, and support a public safety philosophy that emphasizes the safety of past and potential victims and the community. In addition to shaping broad jurisdictional policies regarding sex offender management, supervision representatives must also work to ensure that there are clear, written guidelines in their own agencies to guarantee that sex offense cases are managed and processed 	<p>➤Use slide 24: Emerging Sex Offender Supervision Practices</p>

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<p>consistently. Such guidelines may include the following:</p> <ul style="list-style-type: none"> ▪ Timelines for victim reporting; ▪ The acceptance or rejection of plea agreements in cases of sexual assault; ▪ The use of polygraph information; ▪ Treatment requirements for sex offenders; ▪ Guidelines for treatment providers; ▪ Guidelines for polygraph examiners; ▪ Special conditions for the supervision of sex offenders; ▪ Confidentiality waivers; ▪ Requirements and standards for evaluation;²⁰ and ▪ Guidelines agreed to by treatment providers on any family or victim recontact or reunification. <p>Written policies and procedures also provide a mechanism for jurisdictions to examine critically and monitor the processes through which sex offenders are managed. Many jurisdictions that have written policies and procedures scrutinize them to ask whether they are clear, whether they can be improved, and what we can learn from the experiences of other jurisdictions. In addition, written policies and procedures help jurisdictions institutionalize the approaches they have found to be most effective and helpful. Promotions, resignations, retirements, and staff transfers are common in most agencies and jurisdictions. Clear policies and procedures help ensure consistency in practice.</p> <p>The final element of this emerging approach to sex offender supervision is:</p> <ul style="list-style-type: none"> ▪ <i>An understanding that ongoing evaluation and monitoring are vital components in any sex offender supervision and management program. The information obtained through monitoring and</i> 	

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<p>evaluation assists in developing and improving the program. Evaluation and monitoring also allow the interagency team to examine, in a collaborative fashion, whether their policies and procedures are meeting the team's goals.</p>	

¹ Greenfeld, L.A. (1997). *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Washington, D.C., cover page of document.

² Kilpatrick, D., Edmonds, C., & Seymour, A. (1992). *Rape in America: A Report to the Nation*. Charleston: National Victim Center and Crime Victims Research and Treatment Center, Medical University of South Carolina, 1.

³ Russell, D. (1984). *Sexual Exploitation*. Beverly Hills, CA: Sage Publications.

⁴ Tjaden, P., and Thoennes, N. (1998). *Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey*. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice; and the Centers for Disease Control and Prevention, 3.

⁵ *Rape in America*, 1.

⁶ Kilpatrick, D.G. and Saunders, B.E. (1997). *Prevalence and Consequences of Child Victimization: Results from the National Survey of Adolescents, Final Report*. U.S. Department of Justice, National Institute of Justice.

⁷ *Rape in America*, 4.

Quality Care III, LLC



Date: 07-24-2018

I [REDACTED] am acknowledging that on 07-24-2018 I received an Inservice on the Identifying sexual predator, and supervision of sexual offenders in the community. I have received copies of all the material presented during the inservice.

I do understand that if I have any questions regarding any parts of my job I am to write down all of my concerns and questions to my immediate supervisor.

Staff Signature [REDACTED] Date 07-24-2018

Qualified Professional [REDACTED] BS/AP Date 7-24-2018

Quality Care III, LLC



Date: 7/24/2018

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Staff Signature

[REDACTED]

Date

7/24/2018

Qualified Professional

[REDACTED]

BS/PP

Date

7-24-2018

Quality Care III, LLC



Date: 7/24/18

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Staff Signature [REDACTED] Date 7/24/18

Qualified Professional [REDACTED] BS/OP Date 7-24-2018

Quality Care III, LLC



Date: 7-24-18

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Quality Care III, LLC



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Staff Signature [REDACTED]

Date 7/24/18

Qualified Professional [REDACTED]

BS/OP

Date 7-24-18

Quality Care III, LLC



Date: 7/24/13

I [redacted] am acknowledging that on _____ I received an Inservice on the Identifying sexual predator, and supervision of sexual offenders in the community. I have received copies of all the material presented during the inservice.

I do understand that if I have any questions regarding any parts of my job I am to write down all of my concerns and questions to my immediate supervisor.

Staff Signature

[redacted]

Date 7/24/13

Qualified Professional

[redacted]

B5/Op Date 7-24-13

Quality Care III, LLC



Date: 6-24-18

I [REDACTED] am acknowledging that on 6-24-18 I received an Inservice on the Identifying sexual predator, and supervision of sexual offenders in the community. I have received copies of all the material presented during the inservice.

I do understand that if I have any questions regarding any parts of my job I am to write down all of my concerns and questions to my immediate supervisor.

Staff Signature [REDACTED]

Date 6-24-18

Qualified Professional [REDACTED]

BS/PP

Date 6-24-18

Quality Care III, LLC



Date: 7-24-18

I [REDACTED] am acknowledging that on 7-24-18 I received an Inservice on the Identifying sexual predator, and supervision of sexual offenders in the community. I have received copies of all the material presented during the inservice.

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Staff Signature

[REDACTED]

Date

7-24-18

Qualified Professional

[REDACTED]

BS/pp

Date

7-24-18

Quality Care III, LLC



Date: 7/24/18

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Staff Signature

[REDACTED]

Date

7/24/18

Qualified Professional

[REDACTED]

BS/pp

Date

7-24-18

Quality Care III, LLC



Date: 7-24-18

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Staff Signature

[Redacted Signature]

Date 7-24-18

Qualified Professional

[Redacted Signature]

BS/PP

Date 7-24-18

Quality Care III, LLC



Date: 7/24/18

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Staff Signature [REDACTED]

Date 7/24/18

Qualified Professional [REDACTED]

BS/JP

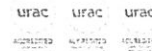
Date 7-24-18

WHO MUST SUBMIT?

- Providers of publicly-funded services licensed under NC General Statutes 122C, except hospitals (Category A providers) and;
- Providers of publicly-funded non-licensed periodic or community-based mental health, developmental disabilities and/or substance abuse services (Category B providers).
- All Opioid Treatment Providers.
- Failure to report incidents as required NC Administrative Code 10A NCAC 27G.0600 may result in DHHS taking administrative action against the provider's license or authorization to provide services.



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REPORTS TO LAW ENFORCEMENT

- For the purposes of the DHHS incident system, this includes reports to police, sheriff departments, and magistrates of destructive, aggressive, absences/missing person or potentially dangerous acts by consumers, including self endangerment.
- Do not include reports related to a consumer's violation of a probation judgment.



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IRIS investigations of abuse, neglect, and exploitation by a staff member will become Level III incident.

WHAT IS AN INCIDENT

There are three levels of response to incidents based on the potential or actual severity of the event.

- Level I – Level I incidents are events that, in isolated numbers, do not significantly threaten the health or safety of an individual, but could indicate systemic problems if they occur frequently. (Level I incidents are NOT submitted in IRIS. They must be documented internally and reviewed as part of the providers' quality assurance process.)
- Level II – Includes any incident, as defined in 10A NCAC 27G .0602, which involves a consumer's death due to natural causes or terminal illness, or results in a threat to a consumer's health or safety or a threat to the health or safety of others due to consumer behavior.
- Level III – Includes any incident, as defined in 10A NCAC 27G .0602, that results in (1) a death, sexual assault or permanent physical or psychological impairment to a consumer, (2) a substantial risk of death, or permanent physical or psychological impairment to a consumer, (3) a death, sexual assault or permanent physical or psychological impairment caused by a consumer, (4) a substantial risk of death or permanent physical or psychological impairment caused by a consumer or (5) a threat caused by a consumer to a person's safety.



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PURPOSE OF INCIDENT REPORTING

- To ensure that serious adverse events involving persons receiving publicly-funded mental health, developmental disabilities and/or substance abuse (MH/DD/SA) services are addressed quickly and analyze trends to prevent future occurrences and improve the service system



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MAKE SURE STAFF
Document in
The Individual
Record And
Complete
Incident
Report

CONFIDENTIALITY

- All incident reports are confidential quality assurance documents, protected by G.S. 122C-30, 31, 91 and 192.
- Do not file a copy of the incident report in the consumer's record; however, staff should document the incident in the consumer's record.



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HOW TO SUBMIT


- All Level II and Level III incidents are to be submitted electronically through IRIS at the following website: <https://iris.dhhs.state.nc.us/>
- If IRIS is unavailable at any time, providers must still meet the required reporting timeframes for submission of an incident. Incident reporting forms may be obtained at the IRIS website address. If you are unable to access the incident reporting forms please contact Sandhills Center.
- The provider **MUST** enter the incident report into IRIS as soon as possible once the IRIS system is available.
- Once an incident report has been submitted, IRIS will automatically notify all the appropriate agencies, **except DSS**, of the submission and the report is made available to each of these agencies.
- Provider is required to notify DSS for allegations of Abuse, Neglect or Exploitation. **IRIS does not notify DSS.**
- Provider must also notify the parent/guardian and clinical treatment plan team when appropriate.
- When the provider obtains or is informed about new or additional information related to the incident, the provider must update the original report and submit the update information by the end of the next business day.



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← Secure https://irisobhs.state.nc.us



Quality
NC DMH DD SAS

NORTH CAROLINA
INCIDENT RESPONSE IMPROVEMENT SYSTEM

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Welcome to the NC Incident Response Improvement System
LIVE SITE - DO NOT ENTER TEST INCIDENT REPORTS HERE!

Provider Incident Reporting

Providers: You may enter only Level II and Level III incidents.

Incident Number:
Consumer's Last Name:

To view or edit an existing Incident Report, enter the Incident Number and Consumer Name. If you do not have the Incident Number, please call your LME and request that it be sent to you.

If you are unable to access the Incident Report form through the web site, notify your LME's QA/QI office by phone. You are still responsible for reporting the incident and must complete a paper copy and deliver it to your LME within the required timeline.

Links to Other State Agencies and Documents


[Local Offices of the Division of Social Services](#)
[DHSE - Health Care Personnel Registry](#)
[DHSE - Complaint Intake Unit](#)
[DMH DD SAS Consumer Service and Community Rights](#)
[DMH DD SAS Local Management Entities](#)
[IRIS Technical Manual](#)
[IRIS Reporting Manual](#)

LME/DHHS User Log In




Enter your NCID User ID and Password to access the NC-IRIS application.

User ID:
Password:

" LIVE IRIS SITE "




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





UNDER YOUR CARE

- Report all incidents that occur while the consumer is under the care of the reporting provider. The definition for **"a consumer under the care of the provider"** refers to a consumer who has received any service in the 90 days prior to the incident.
- Individuals receiving **Residential** or **ACTT** services are considered **under the provider's care 24 hours a day**.
- Individuals receiving **day services** or **periodic services** are considered **under the provider's care while a staff person is providing services** or if the consumer received any services from the provider in the 90 days prior to the incident.



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ILLNESS OF A CONSUMER

- Medical illness is not reportable unless it results in injury or death, or is believed to be caused by abuse/neglect or medication error.



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DEATHS

- Report all consumer deaths whenever you become aware of the death even if it did not occur while the individual was under your care.
- Death certificate/ME report/documentation by physician should be submitted for deaths due to natural cause/terminal illness.
- Death due to unknown cause is a Level III.
- When the cause of death is determined by the death certificate/ME report, death information in IRIS must be updated and the report resubmitted. This may downgrade death report from Level III to Level II.



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INJURY

- Complete this section whenever a consumer is injured and requires more than first aid.
- A visit to an emergency room (in and of itself) is not considered an incident. Do not submit incident reports for visits to a hospital emergency room, if the person received no treatment. An X-ray, CAT Scan, drawing of blood or any other diagnostic assessment is not considered treatment. (Example: Bob thinks his arm is broken and goes to the E.R. An x-ray is performed and his arm is not broken.) This is not an incident. If the x-ray showed his arm to be broken and the doctor applied a cast, the application of the cast is treatment. Putting a sprained arm in a cast, cleaning and stitching a wound are considered treatments. Giving shots and prescribing medication are treatments.



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ALLEGATIONS OF ABUSE/NEGLECT/EXPLOITATION

- Report allegations of abuse, neglect and exploitation to county DSS in which the suspected activity occurred.
Provider must notify DSS - IRIS does not submit reports to DSS.
- Report to the DHSR Healthcare Personnel Registry, if the activity involves healthcare personnel.
- An allegation against an unlicensed staff in a licensed or unlicensed facility should be submitted within 24 hours of the agency becoming aware of the incident.



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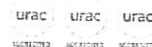
RESTRICTIVE INTERVENTIONS

Report any restrictive intervention that is:

- (a) used in an unplanned, emergency situation (i.e., not part of the individual's service plan and approved according to 10A NCAC 27E .0104);
- (b) planned, but administered improperly or without proper authorization, by staff without proper training, or for longer than the authorized time; or
- (c) planned, but resulting in discomfort, complaint, death or injury requiring treatment by a licensed health professional.
- PRTFs do not have planned interventions, all restrictive interventions must have an incident report submitted.



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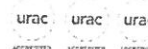


INCIDENTS OF CONCERN FOR COMMUNITY

- A Level II incident is upgraded to a Level III incident when the incident resulted in or is likely to result in a danger or concern to the community or a report to newspaper, television or other media.
- If an incident is perceived to be a significant danger to the community or involves a consumer whose behavior poses an imminent concern to the community, the provider will verbally report the incident to the Host LME, and DMH/DD/SAS Customer Service and Community Rights Team (919-715-3197) immediately upon learning of the incident.



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MEDICATION ERRORS

- In the case of any medication error, the consumer's physician or pharmacist, should be notified immediately of any medication error, as required by 10A NCAC 27G.0209(h).. **The physician, pharmacist, physician's assistant or a nurse practitioner should determine the level of threat to the consumer's health and determine the treatment required, if any.**
- If the physician or pharmacist indicates that the medication error does not threaten the consumer's health or safety, document the medication error as a Level I incident.
- Report Level II or III errors in self-administration of medications within 72 hours of learning of the incident, even if it did not happen while actively engaged in providing services.
- Report the following medication errors: Missed dose, wrong dose, dose preparation error, wrong administrative technique, dose given to wrong consumer, wrong medication, loss or spillage of medication, refusal of medication and other.



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CONSUMER BEHAVIOR

- Report any sexual, aggressive, or destructive behavior that involves a report to law enforcement, a complaint to an oversight agency, including any LME, DSS, DHSR or DMH/DD/SAS, or a potentially serious threat to the health or safety of self or others.



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A CONSUMER ABSENCE

- Is any absence over the time specified in the individual's service plan.
- Any absence that may or may not require police contact is an incident.
- The level of the incident is determined by the number of hours that a person is absent and whether police contact is required.
- If an **Amber or Silver Alert** has been issued, it is a **Level III** incident and providers should alert appropriate agencies as soon as possible.

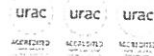
Amber and Silver Alert website address:

<https://www.ncdps.gov/amber-alert>

<https://www.ncdps.gov/Our-Organization/Law-Enforcement/State-Highway-Patrol/Silver-Alert>



SANDHILLS CENTER



SUSPENSION OR EXPULSION FROM SERVICE

- Complete this section whenever a consumer is suspended or expelled from services.
- For suspension of an individual from services, check the box and also enter the length of the suspension.



SANDHILLS CENTER



FIRE

Complete an incident report for:

- Any fire that threatens the health or safety of consumers or others;
- Results in permanent physical or psychological impairment; or
- Is perceived to be a significant danger to or concern of the community.

 SANDHILLS CENTER



REPORTING TIMELINES

- Level II
 - Written report - submit within 72 hours of provider **learning** of the incident. *3 days*
 - Level III
 - Verbal report to the HOST LME and HOME LME as soon as possible upon learning of the incident but no longer than 24 hours. *1 day*
 - Written report - submit within 72 hours of learning of the incident. *3 days*
 - Death within 7 days of seclusion or restraint – submit report immediately.
- 72 hours includes weekends and holidays**

 SANDHILLS CENTER



REPORTING TIMELINES

- Sandhills Center continues to fail to meet the State benchmarks for incident reports submitted within the required timeframe.
- Sandhills Center will issue Plans of Corrections for providers who submit incident reports late.
- Sandhills Center will track the timeliness of all incident reports.



SANDHILLS CENTER



INTERNAL REVIEW TEAM LEVEL III INCIDENTS

- All Category A and B providers except ICF-MR's are required to conduct an internal team (formerly "peer review") review of Level III incidents when a consumer was receiving a service at the time the incident occurred or if the incident occurred on the provider's premises.
- Refer to the Incident Response and Reporting Manual (page 14) for specific internal review team requirements including, but not limited to, submission of a written preliminary findings of fact within 5 working days of the incident and a final written report signed by the owner within 3 months of the incident or sooner if completed.



SANDHILLS CENTER

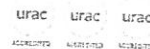


Suicide and Suicide Attempt Incident Reports

- SHC will request consumer records for all suicide and suicide attempt incident reports
- SHC will also request consumer records from providers who provided services within the last 3 months of the incident report
- The records will have 2 levels of clinical review—SHC Medical & Assistant Medical Directors and Prest
- The providers will receive a letter from SHC with recommendations from the clinical review
- The providers will submit a response to SHC within 20 days of receipt of the letter



SANDHILLS CENTER

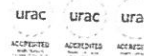


RESOURCES

- IRIS WEBSITE: <https://iris.dhhs.state.nc.us/>
- Incident Response And Reporting Manual
<http://www.ncdhhs.gov/mhddsas/statpublications/manualsforms/incidentmanual2-25-11.pdf>
- *Please refer to "The Criteria for Determining the Level of Response to Incidents" on pages 20-25 for guidance in determining the level of response to Level I, Level II and Level III incidents.
- IRIS TECHNICAL MANUAL
<http://www.ncdhhs.gov/mhddsas/statpublications/manualsforms/iris6-4-10dhsmanual.pdf>
- Medical Examiner's Report, Autopsy Report or Toxicology Report website address:
<http://www.ocme.unc.edu/docrequest.shtml>
- IRIS "PRACTICE" WEBSITE – **DO NOT ENTER REAL INCIDENTS HERE**
<https://irisuat.dhhs.state.nc.us/>
- Link for paper Incident Reports <https://www.ncdhhs.gov/document/incident-response-improvement-system-iris-forms>



SANDHILLS CENTER



Quality Care III, LLC



Date: 07-24-2018

I [REDACTED] am acknowledging that on 07-24-2018 I received an Inservice on incident reporting, and medication management. I have received copies of all the material presented during the inservice. I do understand that if I have any questions regarding any parts of my job I am to write down all of my concerns and questions to my immediate supervisor.

Staff Signature

[REDACTED]

Date 07-24-2018

Qualified Professional

[REDACTED]

Date 7-24-2018

Quality Care III, LLC



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Staff Signature

[REDACTED]

Date

7/24/2018

Qualified Professional

[REDACTED]

BS/PP

Date

7-24-2018

Quality Care III, LLC



Date: 7/24/18

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Qualified Professional [REDACTED] BS/PP Date 7-24-18

Quality Care III, LLC



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Staff Signature [REDACTED]

Date 7/24/18

Qualified Professional [REDACTED]

BS/PP

Date 7-24-18

Quality Care III, LLC



Date: 7/24/18

I [REDACTED] am acknowledging that on 7/24/18 I received an Inservice on the Identifying sexual predator, and supervision of sexual offenders in the community. I have received copies of all the material presented during the inservice.

I do understand that if I have any questions regarding any parts of my job I am to write down all of my concerns and questions to my immediate supervisor.

Staff Signature

[REDACTED]

Date

7/24/18

Qualified Professional

[REDACTED]

BS/PP

Date

7-24-18

Quality Care III, LLC



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Staff Signature

[REDACTED]

Date 7/24/18

Qualified Professional

[REDACTED]

BS/OP

Date 7-24-18

Quality Care III, LLC



Date: 6-24-18

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Staff Signature

[REDACTED]

Date

6-24-18

Qualified Professional

[REDACTED]

BS/CP

Date

7-24-18

Quality Care III, LLC



Date: 7-24-18

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Date 7-24-18

Qualified Professional [REDACTED]

BS/CP

Date 7-24-15

Quality Care III, LLC



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Date

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Qualified Professional

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Quality Care III, LLC



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BS/OP

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Staff Signature [REDACTED]

Date 7/24/18

Qualified Professional [REDACTED]

BS/PP Date 7-24-18



Service Contract

For the treatment of Bed Bugs (*cimex lectularius* Linnaeus)

(1902 PW)

This contract provides for the treatment or retreatment of areas of the covered structure(s) infested by bed bugs. Company is not responsible for any injury, disease or illness caused, or allegedly caused, by bites, stings or contamination of bed bugs or any other insects, or for any property damage or personal injury of any kind.

Customer Name Ronald Benjamin Date 6-13-18
Mailing Address 4010 Hickory tree LN Treatment Address 4010 Hickory Tree LN
City Greensboro State NC Zip 27405 City Greensboro State NC Zip 27405
Phone (home) 336-558-1742 Phone (work) _____
Structure(s) Treated Residential, Split level home

This Service Contract for the Treatment of Bed Bugs (hereinafter, the "Contract") is entered into by and between the customer named above ("Customer") and Bruce-Terminix Company. Bruce-Terminix Company ("Company") is a North Carolina corporation licensed by the Terminix International Company L.P., of Memphis, TN, as a Terminix licensee. The Contract provides for treatment or retreatment of Bed Bugs (*Cimex lectularius* Linnaeus) by Company in accordance with the terms set forth below. This Contract does not provide for treatment of any other pests, including household pests, or of termites or other insects, etc.

For the sum of \$ 2900.00 ~~2800.00~~, Company will provide the services described below for a period of 1 day during the original period of 6/18/2018 through 6/18/2018. Either party may cancel this Contract at any time on thirty (30) days written notice to the other party. Customer understands and acknowledges that Company's responsibility and obligation under this Contract is limited to providing a **REMEDIAL TREATMENT ONLY** during the original period and that Company in no way, implied or otherwise, is responsible or obligated for the repair or replacement of any content of the structure(s) or for any alleged injury, disease, illness or damage to person or property, or for services, treatment or retreatment subsequent to the original period. This Contract does **not** provide for renewals of the service Contract or for treatment during subsequent periods.

1. **DESCRIPTION OF SERVICE.** Company will provide services intended to control Bed Bugs within the structure(s) treated in the following manner:

Heat treat split level home excluding the Garage. Include bed covers for all beds. Must complete 3 day follow up inspection for 30 day guarantee.

This Contract does not, under any circumstances, provide for treatment for or control of any other insect or organism not specifically listed in this Contract, and particularly not household pests.

2. **SERVICES PROVIDED.** Company will conduct a thorough visible inspection of the premises for evidence of infestation by Bed Bugs and will provide treatment attempting to control the Bed Bugs as determined appropriate by Company. Company will apply pest control products in accordance with the directions of the manufacturers of the products, U.S. EPA approved labels, and the requirements of federal and state laws and regulations. For purposes of this Contract, "control" is defined as the periodic eradication of existing bed bug infestations within practical limits, but control may be only partial or only temporary. There is no warranty or guarantee that bed bug infestations can be controlled or successfully treated. Customer is not entitled to any refund of the Contract price if Company's treatment is not successful or does not control infestation.

3. **AREAS SERVICED.** Company will apply treatment, as it deems appropriate, to potential bed bug harborage areas within the structure. Customer agrees to provide access to the structure and to harborage areas at the scheduled time of service. In the event Company is denied access to the interior of the structure, Company will not provide treatment, and Customer agrees to pay a service charge for a return visit to provide treatment of the structure.

4. **CUSTOMER'S OBLIGATIONS.** Customer agrees to maintain the premises subject to this Contract in a condition which does not promote infestations by Bed Bugs. Specifically, Customer agrees to maintain the premises in a reasonably clean and sanitary condition and to keep the structure in such a state of repair so as to avoid providing easily accessible means of access by Bed Bugs. Customer acknowledges that follow-up visits and treatments during the original period may be deemed appropriate by Company. Upon request by Company, Customer agrees to purchase and utilize mattress covers or other implements or aids as recommended by Company to assist in control of Bed Bugs.

5. **PERFORMING THE WORK.** Company will exercise reasonable care while performing any work hereunder to try to avoid damaging any part of the structure(s), plants or animals. Under no circumstances or conditions shall Company be responsible for property damage caused by Company at the time the work is performed, except that property damage resulting from gross negligence on the part of Company.

6. **CHANGE IN LAW.** This Contract shall be interpreted and regulated in accordance with applicable federal, state and local laws and regulations as they exist at the time this Contract is executed. Should any federal, state or local law or regulation be changed regarding Company's services or treatment, Company may take whatever steps are necessary to comply with said laws.

By signing this Contract, I, the Customer, certify that I have read and fully understand the provisions on all pages of this Contract (specifically including the Specific Exclusions contained in Paragraph 14) and have read and fully understand all of the Contract's terms and conditions, without limitation; and it is specifically understood that Company and Customer are bound by the terms and conditions of this Contract and not by any other representations, oral or otherwise. Customer may cancel this Contract at any time prior to midnight of the third (3rd) business day after execution of this Contract.

Customer Signature Ronald Benjamin Date 6-13-18
Terminix Company Representative [Signature] Date 6-13-18

Quality Care III, LLC



Date: 07-24-2018

I [REDACTED] am acknowledging that on 07-24-2018 I received a training that went over client specific information for the Individual that I support. I am aware that there is a Manual that is placed in the home whereas, if I need to reference any of my Individual diagnosis, medical needs, and list of medication (cause, effects treatment.) I do understand that if I have any questions regarding any parts of my job I am to write down all of my concerns and questions to my immediate supervisor.

Staff Signature

[REDACTED]

Date 07-24-2018

Qualified Professional

[REDACTED]

BS/PP

Date 7-24-2018

This manual is
A client specific that
is placed in the
home to help staff
to identify with the
needs of the individual

Quality Care III, LLC



Date: 7/24/2018

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Staff Signature

[REDACTED]

Date

7/24/2018

Qualified Professional

[REDACTED]

BS/CP

Date

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Quality Care III, LLC



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Qualified Professional [REDACTED]

B51/CP

Date 7-24-18

Quality Care III, LLC



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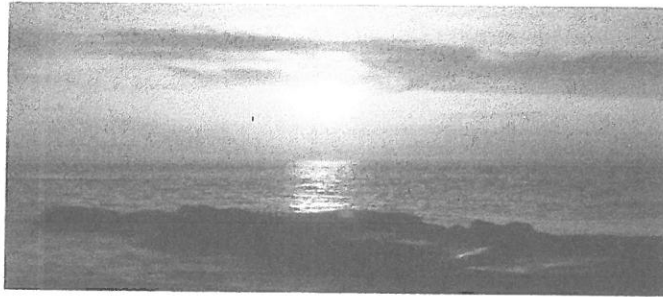
Staff Signature

Date 7/24/18

Qualified Professional

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Quality Care III, LLC



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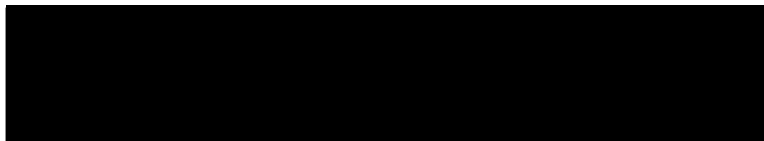
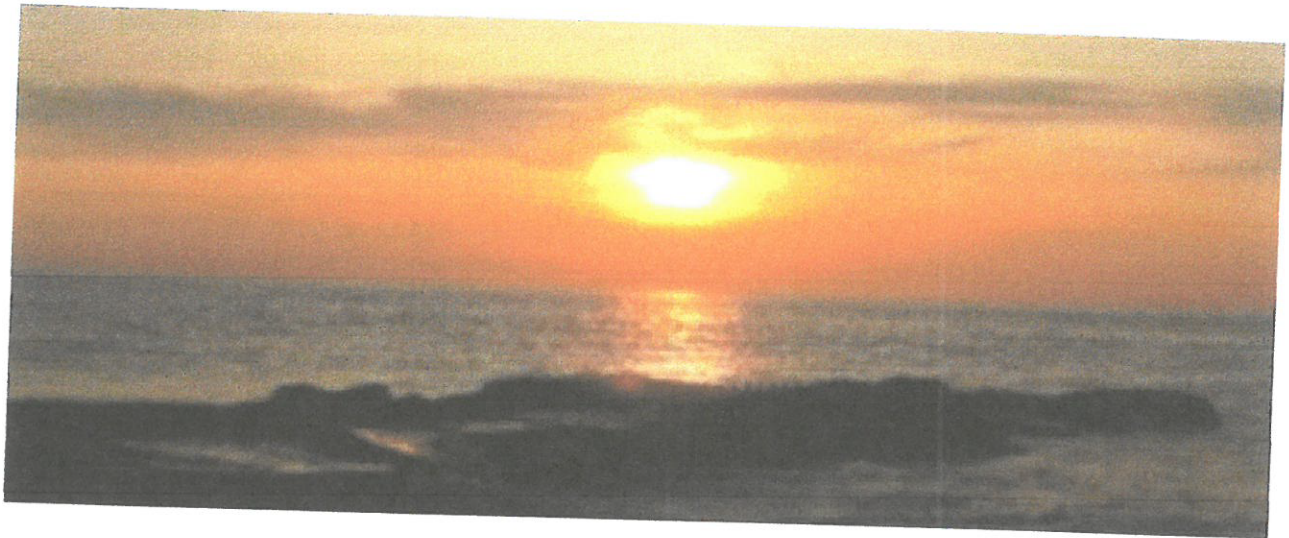
Date 7/24/18

Qualified Professional [REDACTED]

BS/QP

Date 7-24-18

Training Manual



This training manual was developed to provide anyone working with the above individual with knowledge, and the tools needed to provide the best care to the individual. Quality Care III LLC. prides itself on providing the best care possible to any individual living in one of our residential facility. This manual will provide you with the different meaning of medications, mental health issues, and any special equipment that any individual might need. We hope that you find this information useful to you when you are caring for one of the individual listed in this manual. Thank you, and if you have any questions please fill free to contact your immediate supervisor.



Staff Training Index

Outline [REDACTED]

Section 1: Medication:

List

- a) Tegretal
- b) Calcium Caltrate
- c) Niproxen

Section 3: Medical

List

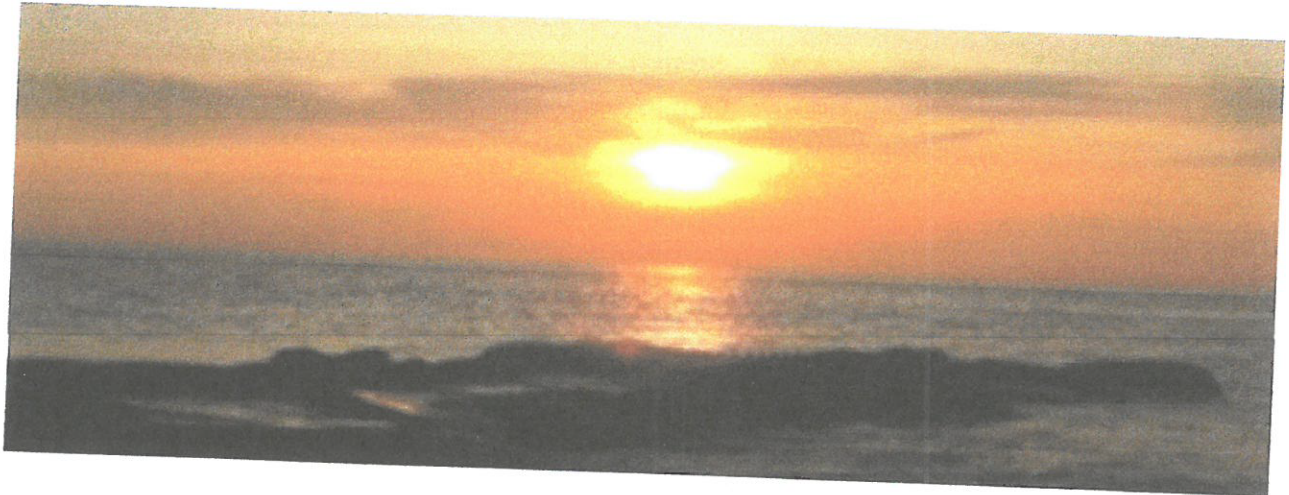
- a) Arthurites

Section 2: Mental Health Diagnosis

- a) TBI
- b) Cognitive Disorder
- c) Conduct Disorder

Section 4: Coordination of Care

Training Manuel



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Staff Training Index

Outline: [REDACTED]

Section 1: Medication:

- a) Aripiprazole
- a) Fluoxetine
- b) Zolpidem Tartrate
- c) docusate Sodium
- d) clindamycin Benzoyl

Section 3: Medical

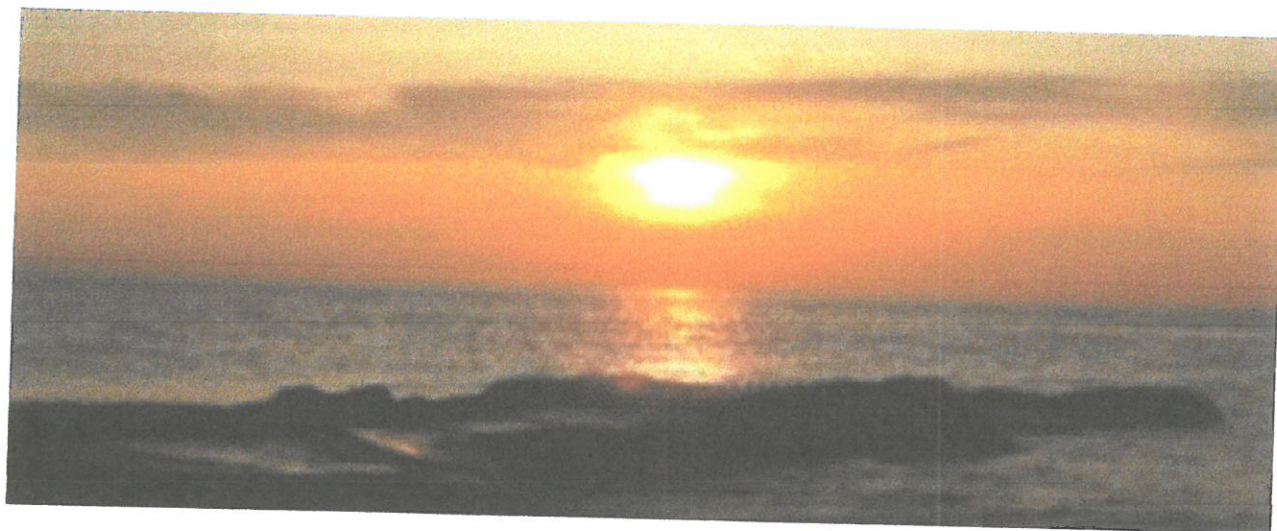
- a) Dehydration
- b) Sleep Apnea
- c) Agitation
- d) Hypertension
- e) Cholesterol

Section 2: Mental Health Diagnosis

- a) Autistic
- b) Moderate Intellectual Disability
- c) Unspecified intellectual
- d) Moderate Mental retardation
- e) ADHD

Section 4: Coordination of Care

Training Manuel



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Staff Training Index

Outline

Section 1: Medication:

List

- a) Latuda
- b) Fluoxetine
- c) Montelukast
- d) Omeprazole
- f) Melatonin
- g) INOSITOL
- h) Lanzapine
- i) Risperdone
- j) Multi-Vitamin

Section 2: Mental Health Diagnosis

- a) Conduct Disorder
- b) Attention-Deficit
- c) Major Depression Disorder
- d) Unspecified Psychosis
- f) Schizophrenia

Section 3: Medical

List

- a) Sickle Cell Trait
- b) Asthma
- c) Dry Skin
- d) actnae

Section 4: Coordination of Care



Section 1

Medication:

- 1) Aripiprazole
- 2) Calcium Caltrate
- 3) Clindamycin Benzoyl
- 4) Docusate Sodium
- 5) Fluoxetine
- 6) Inositol
- 7) Olanzapine
- 8) Latuda
- 9) Melatonin
- 10) Montelukast
- 11) Muti-Vitamin
- 12) Niproxen
- 13) Omeprazole
- 14) Risperdone
- 15) Tegretal
- 16) Zolpiderm tartrate

Section 2

Mental health Diagnosis

- 1) Autism
- 2) Attention Deficit
- 3) Conduct Disorder
- 4) Cognitive Disorder
- 5) Depression
- 6) Moderate Intellectual Disability
- 7) Mental Retardation
- 8) TBI
- 9) Schizophrenia
- 10) Unspecified intellectual Disability
- 11) Unspecified Psychosis

Section 3 Other Health Diagnosis

- 1) Agitation
- 2) Asthma
- 3) Acne
- 4) Dehydration
- 5) Dry Skin
- 6) Cholesterol
- 7) Hypertension
- 8) Hypotension
- 9) Sleep Apna
- 10) Sickle Cell

Section 4

Coordination of Care

Section 1-Medication

(1)Aripiprazole- Is another word for Abilify)

is used to treat certain mental/mood disorders (such as bipolar disorder, schizophrenia, Tourette's disorder, and irritability associated with autistic disorder). It may also be used in combination with other medication to treat depression. Aripiprazole is known as an antipsychotic drug (atypical type). It works by helping to restore the balance of certain natural chemicals in the brain (neurotransmitters).

This medication can decrease hallucinations and improve your concentration. It helps you to think more clearly and positively about yourself, feel less nervous, and take a more active part in everyday life. Aripiprazole can treat severe mood swings and decrease how often mood swings occur.

Take this medication by mouth with or without food as directed by your doctor, usually once daily. The dosage is based on your medical condition, response to treatment, age, and other medications you may be taking. Be sure to tell your doctor and pharmacist about all the products you use (including prescription drugs, nonprescription drugs, and herbal products). To reduce your risk of side effects, your doctor may direct you to start this medication at a low dose and gradually increase your dose. Follow your doctor's instructions carefully.

The manufacturer directs to swallow this medication whole. However, many similar drugs (immediate-release tablets) can be split/crushed. Follow your doctor's direction on how to take this medication.

If you are using the liquid form of this medication, carefully measure the dose using a special measuring device/cup. Do not use a household spoon because you may not get the correct dose.

Do not increase your dose or use this drug more often or for longer than prescribed. Your condition will not improve any faster, and your risk of side effects will increase.

It may take several weeks before you get the full benefit of this drug. Use this medication regularly to get the most benefit from it. To help you remember, take it at the same time each day.

It is important to continue taking this medication even if you feel well. Do not stop taking this medication without consulting your doctor. Some conditions may become worse when this drug is suddenly stopped. Your dose may need to be gradually decreased.

Tell your doctor if your condition does not improve or if it worsens.

Side Effects:

drowsiness, nausea, vomiting, tiredness, excess saliva/drooling, blurred vision, weight gain, constipation, headache, and trouble sleeping may occur. If any of these effects persist or worsen, tell your doctor or pharmacist promptly.

Dizziness and lightheadedness can increase the risk of falling. Get up slowly when rising from a sitting or lying position.

Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects.

Tell your doctor right away if you have any serious side effects, including: fainting, mental/mood changes (such as increased anxiety, depression, suicidal thoughts), trouble swallowing, restlessness (especially in the legs), shaking (tremor), muscle spasm, mask-like expression of the face, seizures, signs of infection (such as fever, persistent sore throat), trouble controlling certain urges (such as gambling, sex, eating or shopping), interrupted breathing during sleep.

This medication may rarely make your blood sugar rise, which can cause or worsen diabetes. Tell your doctor right away if you have symptoms of high blood sugar such as increased thirst/urination. If you already have diabetes, check your blood sugar regularly as directed and share the results with your doctor. Your doctor may need to adjust your diabetes medication, exercise program, or diet.

This medication may rarely cause a condition called tardive dyskinesia. In some cases, this condition may be permanent. Tell your doctor right away if you develop any unusual uncontrolled movements (especially of the face, mouth, tongue, arms, or legs).

This medication may rarely cause a very serious condition called neuroleptic malignant syndrome (NMS). Get medical help right away if you have any of the following symptoms: fever, muscle stiffness/pain/tenderness/weakness, severe tiredness, severe confusion, sweating, fast/irregular heartbeat, dark urine, signs of kidney problems (such as change in the amount of urine).

A very serious allergic reaction to this drug is rare. However, get medical help right away if you notice any symptoms of a serious allergic reaction, including: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing.

Precaution:

Before taking aripiprazole, tell your doctor or pharmacist if you are allergic to it; or if you have any other allergies. This product may contain inactive ingredients (such as propylene glycol), which can cause allergic reactions or other problems. Talk to your pharmacist for more details.