	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		BERTH TO/THOM NOMBER.					
		MHL079-078	B. WING			C 20/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
BEDFOR	D HOUSE		FORD STREE	Т			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMEN	ſS	V 000				
	The complaint (Inta	was completed on 9/20/18. ke # NC00142568) was deficiency was cited.					
	category: 10A NCA	ed for the following service C 27G .5600B Supervised th a Developmental Disability.					
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110				
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as spe	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for als shall be supervised by an anal or by a qualified crified in Rule .0104 of this					
	knowledge, skills at population served. (d) At such time as	als shall demonstrate nd abilities required by the a competency-based n is established by rulemaking					
	professionals shall (e) Competence sl exhibiting core skill (1) technical know	ledge;					
	 (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal s (6) communication 	; g; kills;					
	develop and impler	body for each facility shall nent policies and procedures he individualized supervision ch paraprofessional.					

STATE FORM

FPWN11

Division of Health Service Re	egulation				APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	MHL079-078	B. WING		C 20/2018	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	221 BED	FORD STREE	т		
BEDFORD HOUSE	EDEN, N	C 27288			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 110 Continued From pa	age 1	V 110			
Based on record re observation, 1 of 3 demonstrate the kr	et as evidenced by: eview and interview and audited staff (staff #1) failed to nowledge, skills and abilities pulation being served. The				
 An admission of a Diagnoses of Ir (D/O), Profound an A treatment/hal documented that of prevent outbursts a of behaviors that in 	ntellectual Disability Disorder d Autism Spectrum D/O bilitation plan dated 9/1/17 that lient #1 needs support to and tantrums and has a history clude aggression, <i>r</i> iors, property destruction, loud				
- A Behavior Sup completed by a Lice which documented following behaviors self-injurious behav screaming	oport Plan (no date listed) and ensed Psychological Associate client #1 displayed the physical aggression, vior, elopement, Pica and Support Plan documented the	;			
following "Proactive - "Maintain a call times when you are including when he behavior"					
tell him what is exp - "Communica words, short senter		2			

Division	of Health Service Re	equlation				APPROVE
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL079-078	B. WING			C 20/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BEDFO	RD HOUSE	221 BEDI EDEN, NO	FORD STREE	т		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
V 110	Continued From pa	ige 2	V 110			
	other support when near. Always tell hi he is safe. Remain reassurance until h - "Prior to goir #1] what to expect. to entering the setti interacting with [clie opportunity. Provid indicated before ad setting" Review on 9/11/18 - A hire date of 8 - Staff #1 had be facility's Qualified P specific needs inclu physical interventio behavior concerns, medical concerns a - He had comple Carolina Interventio (Parts A and B) and physical techniques 8/17/18 No attempt was ma 9/11/18 as he is not Observations of clie pm and 4 pm revea - Client #1 sitting living room watchin - Client #1 follow	ng to a new setting, tell [client Review the information prior ing. At the setting, keep ent #1] and praise him at every le additional reminders if ditional activity occurs at the of staff #1's record revealed: 2/21/17 as Support Staff een trained on 5/2/18 by the Professional on client #1's uding his diagnosis, approved ns, goals and goal outcomes, communication techniques, and medication administration eted annual training in North ons (NCI) Restrictive Training d certified in 12 optional s on 8/26/17 and retrained on ade to interview client #1 on n-verbal. ent #1 on 9/11/18 between 2 aled: g on the couch in the facility's				

Division of Health Service Regulation STATE FORM

FPWN11

If continuation sheet 3 of 7

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			•
		MHL079-078	B. WING			C 20/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
BEDFOR	HOUSE	221 BED EDEN, N	FORD STREET C 27288	Г		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 110	Continued From pa	ge 3	V 110			
	 Client #1 did no followed his directiv 	ot appear afraid of staff #1 and e without incident				
		3 with staff #1 revealed:				
	 He had transfer new facility in May of 	rred from a sister facility to the of 2018				
	 He had reviewe 	ed client #1's behavior support				
		g with client #1 individually transported client #1 to his				
	new school in order	to see his new classroom				
	and to meet his new teacher prior to the beginning of the school year					
	- Client #1's new	teacher and another				
	 individual were present in the classroom While in the classroom, client #1 observed 					
	mats and wanted to lie down on them					
	- Client #1 sat down on the floor and began					
	sliding back towards area where the mats were located mats					
	- Client #1 has a	history of being able to lie on				
	mats in his previous	s settings s sliding back towards the				
		him (client #1) by his pant legs				
	and began to pull h					
	5	ent #1 closer to him, he put h his arms and helped him up				
	onto his feet	aliant #4 annual tha flagm				
		client #1 across the floor; d down and grabbed his				
	pants legs to move	him towards him				
	 Client #1 was n events of 8/21/18 	ot physically injured during the	•			
		d he had kidney stones and				
	was trying not to be	nd down fully ttempting to get client #1 up				
		Id client #1 "We ain't go show				
	your ass in here, we	e're trying to get you in				
	school." - He was made a	aware of the complaint and				
		ork schedule for five days and				

Division of Health Servi STATE FORM

FPWN11

If continuation sheet 4 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-078		· · ·		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		B. WING			C 20/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
BEDFOR	D HOUSE	221 BED EDEN, N	FORD STREET C 27288	r		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
V 110	Continued From pa	ge 4	V 110			
	 Since his return the Team Lead or th There had been him and client #1 si not appear to be afin Interview on 9/11/18 revealed: He was not wor happened at the sci client #1 but learned Client #1 loves been with client #1, client #1 to do so an Staff have to kn see the behaviors of Client #1 "will g quickly." He has support how he could have while at the school will and "we have to lear our battles." "We learn from is perfect." 	B with the Staff Team Lead king on the day the events hool between staff #1 and d about it later to lie on mats, and if he had he may have chosen to allow nd then directed him to get up now the clients' triggers and coming before they start o from zero to one hundred ed staff #1 in understanding handled things differently with client #1 on 8/21/18 "more seasoned than others" inn and grow, pick and choose the mistakes and that no one 8 with the QP revealed: of the allegation that staff #1 nt #1 while visiting his new she initiated an internal aff #1 was taken off the				
	submitted the neces Care Personnel Reg	the required contacts and ssary paperwork to the Health gistry and the North Carolina Improvement System (IRIS) meframe				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-078			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						0
		MHL079-078	B. WING			C 20/2018
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
BEDFOR	D HOUSE	221 BED EDEN, N	FORD STREET C 27288	Г		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 110	Continued From pa	ge 5	V 110			
		e other individual that was in				
	the room on 8/21/1	-				
		e with the teacher and the erceived conflicting stories.				
		ed that although client #1 was				
		classroom and touching				
		belong to him, he did not				
	observe staff #1 do anything that would have caused harm to client #1 to him - Staff #1 told him "no" and to not to touch					
	things that did not belong to him					
	- At one point, client #1 was on the floor and					
	was making noise and staff #1 attempted to get					
	him up from the floorClient #1 "was yelling and pulling" as staff #1					
	attempted to get him up from the floor					
	- He would have intervened if he felt staff #1					
	was doing anything that would have hurt client #1 - The other individual in the room (an					
		ner student) reported that she				
		ell client #1 to get his "ass up				
		nk client #1 by his arms while				
	trying to get him up					
		idual also reported that staff				
	#1 pulled client #1 I	by his ankles in attempt to get				
	client #1 up from th					
		lling client #1 to "stop, sit				
		nat, it's not yours," etc.				
		anted to sit on the mats in the				
	classroom instead	I staff #1 had addressed the				
		ely and was concerned about				
	client #1's safety					
		ith staff #1 was conducted on				
		1 and he reported that while at				
	the school, client #7	I was running around the				
		h laid down on the floor.				
		puching things in the				
		teacher was directing client #1				
	not to touch things					1

FPWN11

A. BUILDING: C MHL079-078 B. WING 09/20/ NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BEDFORD HOUSE 221 BEDFORD STREET EDEN, NC 27288 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	VIDER/SUPPLIER/CLIA			CONSTRUCTION		E SURVEY PLETED
MHL079-078 B. WING 09/20/ VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 BEDFORD STREET BEDFORD HOUSE DEPINE VEXTEMENT OF DEFICIENCES ID PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCES D PROVIDER CORRECTIVE ACTION SHOULD BE (K4/I)D (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 110 Continued From page 6 V 110 Continued From page 6 V 110 Staff #1 reported to her that he attempted to get client #1 up off the floor Staff #1 reported that he while he did not curse at client #1, he may have used an inappropriate word Based on staff #1's actions and the facility's internal investigation, staff #1 has been trained in restrictive interventions and client #1 is behavior support plan prior to his working with client #1 Staff #1 has been trained in restrictive interventions and client #1 is behavior support plan prior to his working with client #1 Staff #1 has also been interviewed by a social worker with the local Department of Social Services Client #1 I dd not appear				A. BUILDING:			
Description 221 BEDFORD STREET EDEN, NC 27288 (M) ID TAG Isource and the second state precedebel BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTIVA (EACH DEPICIENCY MUST BE PRECEDEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTIVA (EACH DEPICIENCY MUST BE PRECEDEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V110 V110 Continued From page 6 V 110 V110 Staff #1 reported to her that he attempted to get client #1 up off the floor by taking him by his arms to assist him in getting up from the floor - Staff #1 reported that he while he did not curse at client #1, he may have used an inappropriate word - Based on staff #1's actions and the facility's interventions and client #1's behavior support plan prior to his working with client #1 - Since the incident Staff #1 has met with her, the Program Director and other facility staff to address his conduct while at the school - Staff #1 has also been interviewed by a social worker with the local Department of Social Services - Client #1 did not appear to have been injured during this incident and does not appear to be suffering any long term effects for this encounter with staff #1 - Client #1 had not exhibited any fear towards staff #1 and has been able to follow staff #1's currectives - Although staff #1 had been trained in client	MHL079-		.078 B. WING		C 09/20/2018		
Jackbork EDEN, NC 27288 (M) D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DECINCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEATED AND TO THE APPROPRIATE DEFICIENCY) V 110 Continued From page 6 V 110 V 110 - Staff #1 reported to her that he attempted to get client #1 up off the floor by taking him by his arms to assist him in getting up from the floor - Staff #1 reported that he while he did not curse at client #1, he may have used an inappropriate word - Based on staff #1's actions and the facility's internal investigation, staff #1 was off the work schedule for approximately five days - Staff #1 has been trained in restrictive interventions and client #1's behavior support plan prior to his working with client #1 - Since the incident Staff #1 has met with her, the Program Director and other facility staff to address his conduct while at the school - Staff #1 has also been interviewed by a social worker with the local Department of Social Services - Client #1 did not appear to have been injured during this incident and does not appear to be suffering any long term effects for this encounter with staff #1 - Client #1 had hose been able to follow staff #1's directives - Although staff #1 had been trained in client	IAME OF PROVIDER OR SUPPLI	STREET A	OF PROVIDER OR SUPPLIER	DDRESS, CITY, S	TATE, ZIP CODE		
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V110 Continued From page 6 V 110 - Staff #1 reported to her that he attempted to get client #1 up off the floor by taking him by his arms to assist him in getting up from the floor - V 110 - Staff #1 reported that he while he did not curse at client #1, he may have used an inappropriate word - Based on staff #1's actions and the facility's internal investigation, staff #1 was off the work schedule for approximately five days - Staff #1 has been trained in restrictive interventions and client #1's behavior support plan prior to his working with client #1 - Since the incident Staff #1 has met with her, the Program Director and other facility staff to address his conduct while at the school - Staff #1 has also been interviewed by a social worker with the local Department of Social Services - Client #1 did not appear to have been injured during this incident and does not appear to be suffering any long term effects for this encounter with staff #1 - Client #1 had not exhibited any fear towards staff #1 and has been able to follow staff #1's directives - Although staff #1 had been trained in client	(X4) ID SUMMARY		D SUMMARY STA		PROVIDER'S PLAN OF (CORRECTION	(X5)
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 intervention techniques; he failed to follow the proper procedures in this instance It has been determined that for the immediate future, staff #1 would be paired with either the Staff Team Lead or the facility's Program Director while working his assigned shifts Review on 9/11/18 of the internal investigation completed by the QP confirmed the information as reported by the QP. 	get client #1 up of arms to assist hi - Staff #1 repor- curse at client #1 inappropriate wo - Based on sta- internal investiga schedule for app - Staff #1 has interventions and plan prior to his w - Since the ind the Program Dire address his cond - Staff #1 has worker with the la Services - Client #1 did during this incide suffering any lon with staff #1 - Client #1 had staff #1 and has directives - Although sta #1's behavior su intervention tech proper procedure - It has been of future, staff #1 w Staff Team Lead while working his Review on 9/11/7	by taking him by his g up from the floor e while he did not ave used an ons and the facility's f1 was off the work five days ed in restrictive behavior support h client #1 #1 has met with her, ther facility staff to t the school nterviewed by a social ment of Social r to have been injured s not appear to be cts for this encounter ted any fear towards to follow staff #1's een trained in client and restrictive failed to follow the stance that for the immediat red with either the ity's Program Directo shifts	get client #1 up off arms to assist him - Staff #1 reporte curse at client #1, H inappropriate word - Based on staff internal investigation schedule for appro - Staff #1 has be interventions and c plan prior to his wo - Since the incid the Program Direct address his conduct - Staff #1 has als worker with the loc Services - Client #1 did no during this incident suffering any long t with staff #1 - Client #1 had r staff #1 and has be directives - Although staff # #1's behavior supp intervention technic proper procedures - It has been det future, staff #1 wou Staff Team Lead on while working his a Review on 9/11/18 completed by the C				

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