STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-148		• •	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		BERTH IOATION TO MIDER.	A. BUILDING: B. WING			
		MHL067-148				R 19/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RICKEY	S PLACE		NOX CIRCLE	8540		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000		,	
	An annual and follo 10/19/18. Deficien	w up survey was completed cies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 112	27G .0205 (C-D) Assessment/Treatr	nent/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall if (1) client outcome achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for annually in consultar responsible person (5) basis for evaluar outcome achievem (6) written consent responsible party, or	ILITATION OR SERVICE be developed based on the in partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days. include: (s) that are anticipated to be on of the service and a chievement; le; review of the plan at least ation with the client or legally or both; ation or assessment of				
vision of H	ealth Service Regulation					

	of Health Service Re		()()) (())			
AND PLAN OF CORRECTION						E SURVEY PLETED
		MHL067-148	B. WING			R 19/2018
	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
		104 LEN	NOX CIRCLE			
RICKEY	S PLACE	JACKSO	NVILLE, NC 2	8540		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN			
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 112	Continued From pa	ge 1	V 112		,	
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement strategies to meet the needs of the client affecting 1 of 3 clients (# 1). The findings are: Review on 10/18/18 of Client #1's record revealed: - 25 year old male admitted on 12/11/16. - Diagnoses included Severe Intellectual Developmental Disability; Schizo-Affective Disorder; Ehlers-Danlos Syndrome; and Soto's Syndrome. - Individual Support Plan for Client # 1 dated 7/18/18. - Risk/Support Needs Assessment for Client # 1 dated 7/18/18. - No other strategies were identified to address Client # 1's behaviors of elopement, aggression, or calling "911."					
	Support Plan revea - "What Others N MeBehavioral[C did not qualify for L significant behavior supervision10 phy inappropriate calls to know to never tu he will choke you if delusional thoughts - "What is not Wo ChangeBeing tolo significant trigger w implementing of pe be an issue for [Clia or angryThere co	eed to Know to Best Support Client #1] had the following that evel II reports but were rs: 12 elopement or evading ysical aggressionand 5 to '911'It is important for staff rn their back on [Client # 1] as upset or consumed with				

	of Health Service Re			CONCEPTION	(/0) D		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY	
		MHL067-148	B. WING			R 19/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	S PLACE		NOX CIRCLE				
	OT EXCE	JACKSO	NVILLE, NC 2	8540		-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From pa	ge 2	V 112				
	- "Crisis Preventic assisting [Client # 1 your back[Client # supervision and will permission and has times when he leav will be attempting to [Client # 1] demons also attempt to ente know the owner, in Review on 10/18/18 Needs Assessment - "M. Positive Ber applicable): [Client = episodes of very po elopement, trying to homes, carsand or response needsI am an elopement ri and day program w	avior SupportNotes(if # 1] continuesincreased for decision making such as benter random citizens calling 911 for inappropriate continue to demonstrate that I sk. I have left the group home hen upset and went to while in crisis trying to get in					
	Reports from July 2 revealed: - "Date of Inciden showing signs of ar repetitive requests	8 of the Facility Level I Incident 2018 to October 2018 t: 7/2/18[Client # 1] was hxiety by pacing, making and calling several people.	t				
	arrived at the house 1] and [Facility Dire making a report" - "Date of Inciden became upset when him from picking his threatened staff and	11 and the police department a. After speaking with [Client # ctor] the police left without t: 7/16/18[Client # 1] n staff attempted to redirect s feet. [Client # 1] verbally d went outside called 911. up and spoke with [Client # 1]					

	of Health Service Re				I	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R 10/19/2018	
		MHL067-148	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
		104 LENI	NOX CIRCLE			
RICKET	S PLACE	JACKSO	NVILLE, NC 2	8540		
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PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	DATE
V 112	Continued From pa	ige 3	V 112			
	The QP (Qualified I	Professional) and CPI (Crisis				
) Instructor were also notified				
		esidence. The QP spoke with				
		CPI instructor helped				
		's] feet and help de-escalate				
	the situation"					
	- "Date of Incident: 8/8/18[Client # 1] became upset and eloped from the house and began					
	walking the neighborhood. [Facility Director] and					
	support staff followed [Client # 1] in the are and					
	were able to redirect him back to the househe					
	continued to threaten and attempt to leave the					
	house without supervision after [Facility Director]					
	left [Client # 1] grabbed the phone and ran to his					
	room and called 911. The police arrived to the					
	home and spoke with [Client # 1]"					
	- "Date of Incident: 10/13/18I was helping the client (Client # 1) make his bed up so he got mad					
		ads on his bed so he pushed				
		and then he tried to swing on				
		n the bed as he kept				
	swinging"					
		8 of North Carolina Incident				
		ment System revealed:				
		Client (Client # 1) attempted				
	•	acted Law Enforcement. Client eded to choke out staff"				
		.[Former Staff (FC) # 3] has				
		Client # 1] to take his evening				
		# 1] did not want to. Staff [FC				
		xplain to [Client # 1] the				
	importance of showering and completing his hygiene. [Client # 1] continued to refuse to					
		C # 3] stated to [Client # 1]				
		ce and he does not have to				
		does not want to. Staff [FC #				
		aring dinner on the stove and the kitchen and began				
		ses of water at the kitchen				
ision of LL	ealth Service Regulation					<u> </u>

If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COM	PLETED
	MHL067-148				R 19/2018
IAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RICKEY'S PLACE	104 LEN	NOX CIRCLE			
	JACKSO	NVILLE, NC 2	28540		
()	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	DATE
			DEFICIENC	Y)	
V 112 Continued From pa	ige 4	V 112			
sink_Staff [EC # 3]	verbally prompted [Client # 1]				
	ing to prevent him from				
	ded him that if he continues to				
drink so much wate					
	[Client # 1] continued drinking	1			
	ed to staff "I am going to attack				
	was still cooking the dinner or				
	ent # 1] lunged at staff [FC #				
	g his arms connecting his				
	forearm with staff [FC # 3]'s head. Staff [FC # 3]				
attempted to gain c	attempted to gain control of [Client # 1]'s hands				
as he continued sw	as he continued swinging. Staff [FC # 3] was able				
to redirect [Client #	to redirect [Client # 1's] hands to his side and able				
	listance from [Client # 1.]				
	t the second support staff on				
	tchen and called 911 for				
assistance. When [
	staff and she was able to gain				
	nt # 1] then walked out of his				
	ont of a neighbors house two				
	this writer arrived on the				
	was calm and sitting in his				
	er spoke with the police				
	that they were not going to				
	the station due to his				
	ing. This writer spoke with				
	stated he was sorry. The				
•	he residence and this writer				
	y for approximately another 20				
	the incident was de-escalated.				
were no further inci	ished his dinner and there				
Interview on 10/181	18 Client # 1 stated:				
	when the staff tell him the				
	id he can't call his mom.				
	police and they have come to				
		1			1
the nouse.					
the house. - He does leave the	e house if gets mad.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-148		(X2) MULTIPLE		(X3) DATE SURVEY			
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	COMPLETED	
		MHL067-148	B. WING		R 10/19/2018		
AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE. ZIP CODE			
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RICKEY	S PLACE	JACKSO	NVILLE, NC 2	28540			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE	(X5) COMPLE DATE	
				DEFICIENC	CY)		
V 112	Continued From pa	ige 5	V 112				
	 She has certificat Crisis Prevention Ir She has trained a house to know the triggers are for the 1. She had found tha a schedule that car he is given choices Client # 1 has left working and she to to go follow him. Interview on 10/19/ stated: She was aware of calls, and aggresside She lives close to contacted her where The number of ep he was admitted. The facility has be from his LME reson assistance since And Interview on 10/19/ She was aware of calls, and aggresside The facility has be from his LME reson assistance since And Interview on 10/19/ She was aware of calls, and aggresside These episodes he admitted. She had been call 1 was in crisis on s The facility will fol network for behavior 	nd mentored new staff in the client to understand what behaviors especially Client # at Client # 1 responds better to h keep him engaged and when the house when she was ok the other 2 clients with her 18 the Facility Clinical Director f the elopement episodes, 911 on. the facility and staff have n Client # 1 was in crisis. bisodes have decreased since een attempting to gain referrals urce network for behavioral ugust 2018. 18 the Facility Director stated: f the elopement episodes, 911					