

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G253</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/25/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HELMSDALE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1317 HELMSDALE DR</b> <b>CARY, NC 27511</b>		
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W 000	INITIAL COMMENTS  A complaint survey was completed on October 25, 2018 for 2 complaint intakes ( #NC00142804, NC00144417). One of the complaint intakes #NC00144417 was substantiated. Deficiencies were cited.	W 000			
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated.  This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to conduct a thorough investigation of two incidents of one former client (FC #1)'s target behaviors that necessitated contacting the local law enforcement. The findings are:  Management did not thoroughly investigate two episodes of FC #1's severe target behaviors that necessitated direct care staff contacting law enforcement.  Interviews on 10/24/18 with the qualified intellectual disabilities professional (QIDP) and operations manager (OM) revealed FC#1 had been discharged from the facility on 10/21/18. Further interview revealed FC #1's behavior had recently escalated to repeated situations in which he was endangering the other clients and himself in the facility. The QIDP stated that on two occasions law enforcement had been contacted when his severe disruptive behavior escalated to the point that he was throwing chairs, breaking windows, flipping couches even with 1:1 supervision. The OM stated the team had tried to	W 154			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 154	<p>Continued From page 1</p> <p>get FC #1 admitted to NC Start but the legal guardians would not consent to this admission. After many attempts to work with FC #1 over several weeks, it was determined on 10/18/18 that an emergency discharge needed to be facilitated to protect FC #1 and the other clients in the facility.</p> <p>Review on 10/24/18 of FC #1's individual program plan dated 2/5/18 revealed FC #1 had the following diagnoses: Mild intellectual disability, Attention deficit disorder, Oppositional defiant disorder, Generalized anxiety and Depression. He had a priority Training need to decrease inappropriate behaviors which was addressed by a behavior support program (BSP).</p> <p>Review on 10/24/18 of FC #1's BSP dated 5/7/18 revealed his target behaviors are listed as: non-compliance, physical aggression, property destruction, elopement, inappropriate verbalizations. His BSP includes the use of Abilify, Clonidine, Sertraline, Vyvanase and Intuniv. Further review of this BSP revealed the use of I'm Safe you're Safe techniques for property destruction and physical aggression. His supervision level is listed as 1:1 supervision.</p> <p>Review on 10/24/18 revealed two reports from local law enforcement dated 10/9/18 and 10/15/18:</p> <p>a) 10/9/18: 6:26pm Male subject throwing items and has a habit of using weapons, he is threatening the other residents in the facility.</p> <p>b) 10/15/18: 5:30pm: [FC #1] broke a window in his room. Sat and monitored [FC#1] for over 30 minutes, [FC#1] was calm and not uncontrollable.</p>	W 154			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 154	<p>Continued From page 2</p> <p>Displayed no aggressive behavior. Mobile crisis was called and stated they would have someone respond shortly. All was calm when we left.</p> <p>Review on 10/25/18 of the incident reports for 10/9/18 and 10/15/18 revealed the following:</p> <p>10/9/18 4:00pm: "On 10/9/18 [FC #1] was picking up and sorting clothing out when a peer came from his room and became physically aggressive towards FC #1. He scratched FC #1 on the right bend of his arm. Staff blocked any further aggression and separated the clients. Staff called the Nurse and instructed to wash and put triple antibiotic on wound. FC #1 is a little upset.</p> <p>10/15/18 5:30pm: "On 10/15/18 [FC #1] was wandering around the kitchen. Staff told him to have a seat and he started to kick staff. Staff asked him to go to his bedroom. The police were called and the crisis center was called."</p> <p>Interviews on 10/24/18 with direct care staff and one client revealed the following:</p> <ul style="list-style-type: none"> <li>- FC #1 did not respond well to direct authority. He responded much better when given choices.</li> <li>- Direct care staff who were working on 10/9/18 and on 10/15/18 were not questioned about what may have contributed to FC #1's severe disruptive behaviors on these dates.</li> <li>- FC #1's BSP required direct care staff stay with him in his bedroom if he was in there to calm down or staff were instructed to stay outside his room in the hallway so visual supervision could be maintained.</li> <li>- On 10/15/18 direct care staff walked away from FC #1's bedroom after taking him there to calm down around 5:15pm. She retrieved his shoes from the living room. She heard glass break. She</li> </ul>	W 154			

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W 154	<p>Continued From page 3</p> <p>returned to his bedroom to find he had broken his bedroom window. She removed him from the bedroom back to the living room.</p> <p>- On 10/15/18 direct care utilized I'm safe You're safe techniques to protect the clients and FC #1 when he was being physically aggressive. She was observed to physically restrain FC #1 on the living room floor.</p> <p>Interviews with another direct care staff via phone on 10/25/18 revealed:</p> <p>- When asked if I'm Safe You're Safe techniques were used on 10/9/18 or on 10/15/18 direct care staff stated she had used these techniques with FC #1 but could not remember the dates she physically intervened with him.</p> <p>Review on 10/24/18 of FC #1's behavioral data for October 2018 revealed:</p> <p>10/11/18: Turned the dresser upside down. Redirection</p> <p>10/20/18 at 4:40pm: Non-compliance and aggression: Redirected to room</p> <p>10/20/18 5:10pm: Non-compliance, aggression agitation and inappropriate touching staff: redirection</p> <p>10/20/18 5:26pm: verbal aggression, agitation; Redirection</p> <p>10/21/18 6:00am-7am: destroying property, throwing objects, fighting staff, spitting spraying cleaning supplies at staff, flipping couches over and throwing personal items around house: No action listed.</p> <p>There was no data listed for the behavioral incidents on 10/9/18 and on 10/15/18.</p> <p>Interview on 10/25/18 with the OM stated the corporate policy for initiating investigations included: elopement, unknown client injuries,</p>	W 154			

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W 154	Continued From page 4 possible mistreatment and neglect of clients and any other incidents involving clients that management determined there was a need for more information. The OM stated FC #1's supervision per his BSP was 1:1 supervision which required direct care staff keep him in their field of vision at all times. Additional interview revealed she was unaware direct care staff had breached FC #1's 1:1 supervision on 10/15/18 prior to law enforcement being contacted. The OM stated she was also unaware that I'm Safe You're Safe Techniques were utilized during FC #1's behavioral outburst on 10/15/18. She stated statements were not obtained from staff following the incidents on 10/9/18 and on 10/15/18. The OM confirmed staff did not follow the BSP documentation requirements when they failed to document these incidents on the behavioral data sheet. When asked why the incidents on 10/9/18 and on 10/15/18 were not investigated, she stated that it was assumed the information on the incident reports was accurate.	W 154			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on record reviews and interviews, the	W 249			

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W 249	<p>Continued From page 5</p> <p>facility failed to assure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of behavior support programs. This affected 1 former client (FC #1). The finding is:</p> <p>Direct care staff failed to consistently follow FC #1's behavior support plan (BSP).</p> <p>Review on 10/24/18 of FC #1's individual program plan dated 2/5/18 revealed FC #1 had the following diagnoses: Mild intellectual disability, Attention deficit disorder, Oppositional defiant disorder , Generalized anxiety and Depression. He had a priority training need to decrease inappropriate behaviors which was addressed by a behavior support program (BSP).</p> <p>Review on 10/24/18 of FC #1's BSP dated 5/7/18 revealed his target behaviors are listed as: non-compliance, physical aggression, property destruction, elopement, inappropriate verbalizations. His BSP includes the use of Abilify, Clonidine, Sertraline, Vyvanase and Intuniv. Further review of this BSP revealed the use of I'm Safe you're Safe techniques for property destruction and physical aggression. His supervision level is listed as 1:1 supervision.</p> <p>Review on 10/24/18 revealed a report from local law enforcement dated 10/15/18:</p> <p>a) 10/15/18: 5:30pm: [FC #1] broke a window in his room. Sat and monitored [FC#1] for over 30 minutes, [FC#1] was calm and not uncontrollable. Displayed no aggressive behavior. Mobile crisis was called and stated they would have someone respond shortly. All was calm when we left.</p>	W 249			

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W 249	<p>Continued From page 6</p> <p>Review on 10/25/18 of the incident report for 10/15/18 revealed the following:</p> <p>10/15/18 5:30pm: "On 10/15/18 [FC #1] was wandering around the kitchen. Staff told him to have a seat and he started to kick staff. Staff asked him to go to his bedroom. The police were called and the crisis center was called."</p> <p>Interviews on 10/24/18 with direct care staff and one client revealed the following:</p> <ul style="list-style-type: none"> <li>- FC #1 did not respond well to direct authority. He responded much better when given choices.</li> <li>- Direct care staff who were working on 10/9/18 and on 10/15/18 were not questioned about what may have contributed to FC #1's severe disruptive behaviors on these dates.</li> <li>- FC #1's BSP required direct care staff stay with him in his bedroom if he was in there to calm down or staff were instructed to stay outside his room in the hallway so visual supervision could be maintained.</li> <li>- On 10/15/18 direct care staff walked away from FC #1's bedroom after taking him there to calm down around 5:15pm. She retrieved his shoes from the living room. She heard glass break. She returned to his bedroom to find he had broken his bedroom window. She removed him from the bedroom back to the living room.</li> <li>- On 10/15/18 direct care utilized I'm safe You're safe techniques to protect the clients and FC #1 when he was being physically aggressive. She was observed to physically restrain FC #1 on the living room floor.</li> </ul> <p>Interviews with another direct care staff via phone on 10/25/18 revealed:</p> <ul style="list-style-type: none"> <li>- When asked if I'm safe You're Safe techniques</li> </ul>	W 249			

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W 249	Continued From page 7 were used on 10/9/18 or on 10/15/18 direct care staff stated she had used these techniques with FC #1 but could not remember the dates she physically intervened with him.  Interview on 10/25/18 with the operations manager (OM) revealed FC #1's BSP was not followed consistently on 10/15/18 when direct care staff stepped away from his bedroom to the living room after he been redirected to his bedroom for physical aggression and property destruction. She confirmed his 1:1 supervisory component required direct care staff keep him in his visual supervision at all times.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure data relative to the accomplishment of criteria specified in the individual program plan (IPP) was documented in measurable terms. This affected 1 former client (FC #1). The finding is:  Direct care staff did not collect data as specified in his behavior support plan (BSP).  Review on 10/24/18 of FC #1's behavior support plan (BSP) dated 5/7/18 revealed his target behaviors are listed as: Non-compliance, physical	W 252			

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W 252	<p>Continued From page 8</p> <p>aggression, property destruction, elopement, inappropriate verbalizations. His BSP includes the use of Abilify, Clonidine, Sertraline, Vyvanase and Intuniv. Further review of this BSP revealed the use of I'm Safe you're Safe techniques for property destruction and physical aggression. His supervision level is listed as 1:1 supervision.</p> <p>Review on 10/24/18 of two reports from local law enforcement dated 10/9/18 and 10/15/18 revealed the following:</p> <p>a)10/9/18: 6:26pm Male subject throwing items and has a habit of using weapons , he is threatening the other residents in the facility.</p> <p>b) 10/15/18: 5:30pm: [FC #1] broke a window in his room. Sat and monitored [FC#1] for over 30 minutes, [FC#1] was calm and not uncontrollable. Displayed no aggressive behavior. Mobile crisis was called and stated they would have someone respond shortly. All was calm when we left.</p> <p>Review on 10/25/18 of the incident reports for 10/9/18 and 10/15/18 revealed the following:</p> <p>10/9/18 4pm: "On 10/9/18 [FC #1] was picking up and sorting clothing out when a peer came from his room and became physically aggressive towards FC #1. He scratched FC #1 on the right bend of his arm. Staff blocked any further aggression and separated the clients. Staff called the Nurse and instructed to wash and put triple antibiotic on wound. FC #1 is a little upset."</p> <p>10/15/18 5:30pm: "On 10/15/18 [FC #1] was wandering around the kitchen. Staff told him to have a seat and he started to kick staff. Staff asked him to go to his bedroom. The police were called and the crisis center was called."</p>	W 252			

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W 252	<p>Continued From page 9</p> <p>Review on 10/24/18 of FC #1's behavioral data for October 2018 revealed: 10/9/18 5:40pm: Yelling. Hit and spit on staff, non-compliance: redirection. 10/11/18: turned the dresser upside down. Redirection 10/20/18 at 4:40pm: Non-compliance and aggression: Redirected to room 10/20/18 5:10pm: Non-compliance, aggression agitation and inappropriate touching staff: redirection 10/20/18 5:26pm: verbal aggression, agitation; Redirection 10/21/18 6:00am-7:00am: destroying property, throwing objects, fighting staff, spitting spraying cleaning supplies at staff, flipping couches over and throwing personal items around house: No action listed.</p> <p>Interviews on 10/24/18 with direct care staff and one client revealed the following: - On 10/15/18 direct care utilized I'm safe You're safe techniques to protect the clients and FC #1 when he was being physically aggressive. She was observed to physically restrain FC #1 on the living room floor.</p> <p>Interview on 10/25/18 with the Operations Manager (OM) revealed she was unaware the FC #1's behavioral incident on 10/15/18 was not documented. Further interview revealed she was unaware that the use of I'm Safe You're Safe techniques on 10/15/18 were not documented on the use of physical restraint.</p>	W 252			