	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	MHL034-381					
			B. WING		12	2/06/2018
AME OF PF	OVIDER OR SUPPLIER		DDRESS, CITY, STATE			
OA HUM	AN SERVICES, INC		OKESDALE AVENU IN SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	A complaint survey was completed on December 6, 2018. The complaint (Intake #NC00144974) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illnesses. 27G .0208 Client Services					
V 115			V 115			
	 (a) Facilities that provassure that: (1) space and supervative safety and welfar (2) activities are suita and treatment/habilitations and treatment/habilitations and treatment/habilitations are suitational activities. (h) Facilities or programin these Rules as "24 available 24 hours a unless otherwise special assistion are transported, the with secure adaptive (e) When two or more require special assistion a vehicle are transported assistion are transported assistion and the secure adaptive and the secure adaptive assistion assistion and the secure adaptive and the secure adaptive assistion and the secure adaptive assistion assistion as the secure adaptive assistion as the sec	able for the ages, interests, ation needs of the clients in planning or determining ams designated or described k-hour" shall make services day, every day in the year. ecified in the rule. We or prepare meals for hat the meals are nutritious. The have a physical handicap wehicle shall be equipped equipment. e preschool children who tance with boarding or riding ported in the same vehicle, lult, other than the driver, to				
sion of Hea	Ith Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
				A. BUILDING:		
		MHL034-381	B. WING		1:	2/06/2018
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			
NOA HUM	AN SERVICES, INC		OKESDALE AVENU ON SALEM, NC 2710			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETI DATE
V 115	Continued From pag	e 1	V 115			
	interviews the facility supervision to ensure of 5 clients (#1). The Observations on 12/3 10:02am, of the facili -The television was of -No one answered th -No response to surv -Surveyor found a sta (#3 and #4) outside to smoking -Once in the facility, clients (#1 and #5) in only facility staff outs	ns, record reviews and staff failed to provide e the safety and welfare for 1 findings are: 3/18, at approximately ity revealed: on and very loud he facility's door bell veyor's knock on the door aff member (#1) and 2 clients he facility on the back porch, surveyor observed 2 more hiside the residence with the ide with clients #3 and #4. r facility staff in the residence				
	-An admission date of -Diagnoses of Paran Hypertension and De -An assessment date diagnosed in 1974 w has hallucinations, h psychiatric facility] for medication manager her medications prior unable to remain in h animals talk to her an hurt her, was sexuall client's daughter and compliant."	oid Schizophrenia, epression ed 10/4/18 noting "was first ith paranoid schizophrenia, as attended [a local r 10 years, received nent, decided to stop taking r to hospital admission, is her own home safely, states nd sometimes dogs try to y abused as a child, per				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY IPLETED
			B. WING			
		MHL034-381			12	2/06/2018
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
NOA HUM	AN SERVICES, INC		OKESDALE AVENU			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	O THE APPROPRIATE	COMPLET DATE
V 115	Continued From pag	e 2	V 115			
	hallucinations and di and behaviors and w prescribed, will incre socially appropriate h interactions with pee 3 social activities we combative behavior of attend all scheduled medications as preso ACTT services, will r personal hygiene and environment 5 out of Review on 12/3/18 o for 11/1/18 revealed: -On 11/1/18 revealed: -On 11/1/18, "[Client See incident report. If all night" Review on 12/6/18 o Narrative Report, dat -A report for "Police 3 11/1/18 at the facility -The officer arrived a 11/1/18 -"On today's date (11 block on [the facility's naked subject was si the arrival, a complet located standing in th address]. She was lat #1's name], which is	sorganized thinking, speech vill take her medications as ase her ability to engage in behaviors and have positive rs by participating in at least ekly without displaying or becoming easily agitated, appointments, take all cribed and actively engage in maintain appropriate needed d maintain a clean 7 days per week." If the facility's progress notes #1] walked out of the home. Keep eye on her all day and f a local law enforcement's ted 11/1/18, revealed: Service" was called in on				
	her hand. I then mad personnel at the grou	e was carrying her clothes in le contact with [staff #2], up home. He advised about ning (11/1/18), he got up and				
	checked on the resid	lents. He provided he found efore he took a shower. He				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		00000 22120	
		MHL034-381	B. WING		12	2/06/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
IOA HUM	AN SERVICES, INC		OKESDALE AVENU N SALEM, NC 2710			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From page	e 3	V 115			
	walked out during that time. [Client #1] appeared to be in good health and needed no medical assistance. [Staff #2] took her inside the group home and requested no further assistance. He also notified his supervised of this incident while the police were on-scene. I took no further action and requested this case be closed, services rendered."					
	Review on 12/4/18 of staff #1's record revealed: -A hire date of 3/17/17 -A job description of Paraprofessional -A training certificate on Crisis Prevention and Response was completed					
	-Sometime in Octobe she went outside the -"The dogs were talk hallucinating. I thoug I took all of my clothe					
	revealed:	12/3/18 with client #2 lawn" (early morning hours)				
	-"The sheriff came ou The sheriff brought m outside naked and le	ut. A whole bunch of them. ne back inside. I had walked ft my clothes inside." of the neighbors might have				
	-Stated the dogs wer the dog said he woul -When asked what fa	e talking "really good" and d gnaw her leg off. acility staff was working when off, client #1 stated "I am not				
		with staff #2 revealed: the sister facility on first shift				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
	MHL034-381		B. WING		12	2/06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
NOA HUM	AN SERVICES, INC		OKESDALE AVENU			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From page	e 4	V 115			
	 -Filled in at this facility for several days -Had no knowledge of client #1 being unsupervised outside the facility -He was working at the facility on 11/1/18 -"I was in the kitchen fixing breakfast and there were only 4 clients present. They were all outside on the back porch. I guess [client #1] walked off because the police came to the door and told me they had found her with no clothes on outside [client #1] told the police the dog was talking to her and made her take off all her clothes" -Stated the morning of 11/1/18 was "very chaotic" -"The fact that [client #1] was gone for five minutes of lessthe fact that she did this and took her clothes off outside, that was chaotic" -Stated it might have been helpful if there was another staff present, but it depended on the clients and their needs. -Stated he was not aware client #1 had hallucinations. 					
	Interview on 12/3/18 with a neighbor revealed: -Had observed a male client walking down the street with no clothing on -It was 11/1/18 and in the early morning hours -Had observed the same male client a month earlier walking over to another neighbor's porch and placing a suitcase on it -Stated this was the second time law enforcement had been to the facility for the lack of supervision of the clients by the facility staff -Had not seen a female with no clothes on in the front yard of the facility					
	her clothes off -Was not aware law e					

Division of Health Servic STATE FORM

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MUL 024 004	B. WING			
	ROVIDER OR SUPPLIER	MHL034-381	ADDRESS, CITY, STATE,		12	2/06/2018
	NOVIDER OR SUIT EIER		OKESDALE AVENUE			
NOA HUM	IAN SERVICES, INC		N SALEM, NC 2710			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 115	Continued From page	e 5	V 115			
	-Staff #2 had been tra plans, diagnoses and -Would also speak w to communicating wit incidents. -He would retrain the of the clients, special course by the local m illnesses, and to ensu arm's reach of the fac Interview on 12/4/18 -She would coordinat	ith the facility staff in regards th him over unusual facility staff on supervision populations, and a refresher nanagement entity on mental ure the clients are within				
V 367	10A NCAC 27G .060 REPORTING REQUI CATEGORY A AND E (a) Category A and E level II incidents, exc the provision of billat consumer is on the p incidents and level II to whom the provider 90 days prior to the in responsible for the ca services are provided becoming aware of th be submitted on a for Secretary. The report in person, facsimile co means. The report s information:	REMENTS FOR B PROVIDERS B providers shall report all ept deaths, that occur during ole services or while the roviders premises or level III deaths involving the clients rendered any service within noident to the LME atchment area where d within 72 hours of ne incident. The report shall rm provided by the rt may be submitted via mail, or encrypted electronic hall include the following	V 367			

Division of Health Service Regulation STATE FORM

	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		MHL034-381	B. WING		12/06/2018	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
		4328 ST	OKESDALE AVENU	JE		
	AN SERVICES, INC	WINSTO	N SALEM, NC 271	01		
(X4) ID			ID			(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
V 367	Continued From pag	e 6	V 367			
	(2) client identi	ification information;				
	(3) type of inci					
	(4) description	of incident;				
	(5) status of th	e effort to determine the				
	cause of the incident	; and				
	(6) other individuals or authorities notified or responding.					
	(b) Category A and B providers shall explain any					
		e information. The provider				
		ted report to all required				
		report recipients by the end of the next business day whenever:				
	-	(1) the provider has reason to believe that				
	information provided in the report may be					
	erroneous, misleading or otherwise unreliable; or					
	(2) the provider obtains information					
		ent form that was previously				
	unavailable.	, ,				
	(c) Category A and E	3 providers shall submit,				
	upon request by the	LME, other information				
		ne incident, including:				
		(1) hospital records including confidential				
	information;					
		other authorities; and				
		r's response to the incident.				
		B providers shall send a copy t reports to the Division of				
		lopmental Disabilities and				
		ervices within 72 hours of				
		he incident. Category A				
	providers shall send a copy of all level III					
	-	client death to the Division of				
	-	lation within 72 hours of				
	-	he incident. In cases of				
		even days of use of seclusion				
		der shall report the death				
		ired by 10A NCAC 26C				
	.0300 and 10A NCA	3 27E .0104(e)(18). B providers shall send a				
	(e) Calegoly A allu	Providers shall sellu a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-381	B. WING		12	2/06/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
NOA HUM	AN SERVICES, INC		OKESDALE AVENUI			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 367	Continued From pag	e 7	V 367			
	catchment area when The report shall be s by the Secretary via include summary info (1) medication definition of a level II (2) restrictive in the definition of a level (3) searches o (4) seizures of the possession of a c (5) the total nu- incidents that occurre (6) a statement been no reportable in incidents have occurre meet any of the criter	errors that do not meet the or level III incident; nterventions that do not meet el II or level III incident; f a client or his living area; client property or property in client; mber of level II and level III ed; and t indicating that there have noidents whenever no red during the quarter that ria as set forth in Paragraphs le and Subparagraphs (1)				
	facility staff failed to the Local Management hours of becoming at findings are: Review on 12/3/18 of -An admission date of -Diagnoses of Paran Hypertension and De -An assessment date	iews and interviews, the report a Level II incident to ent Entity (LME) within 72 ware of the incident. The f client #1's record revealed: of 10/4/18 oid Schizophrenia, epression ed 10/4/18 noting "was first ith paranoid schizophrenia,				

OF CORRECTION					
	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
	MHL034-381	381 B. WING		12	2/06/2018
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
AN SERVICES INC	4328 ST	OKESDALE AVENU	IE		
	WINSTO	ON SALEM, NC 271	01		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A) CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 8	V 367			
unable to remain in h animals talk to her ar hurt her, was sexuall client's daughter and compliant." -A treatment plan dat manage symptoms a of schizophrenia inclu- hallucinations and dis and behaviors and w prescribed, will increa- socially appropriate to interactions with pee- 3 social activities were combative behavior of attend all scheduled medications as preso ACTT services, will n personal hygiene and	ter own home safely, states ind sometimes dogs try to y abused as a child, per is not medication ted 10/5/18 noting "will associated with the diagnosis uding, but limited to sorganized thinking, speech ill take her medications as ase her ability to engage in behaviors and have positive rs by participating in at least ekly without displaying or becoming easily agitated, appointments, take all cribed and actively engage in maintain appropriate needed d maintain a clean				
for 11/1/18 revealed: -On 11/1/18, "[Client	#1] walked out of the home.				
Narrative Report, dat -A report for "Police \$ 11/1/18 at the facility"	ted 11/1/18, revealed: Service" was called in on s address				
11/1/18 -"On today's date (11 block on [the facility's naked subject was st the arrival, a complet	/1/18), I responded to the s address] in reference to a anding in their yard. Upon red naked white female was				
	(EACH DEFICIENC REGULATORY OR Continued From page her medications prior unable to remain in h animals talk to her ar hurt her, was sexuall client's daughter and compliant." -A treatment plan dat manage symptoms a of schizophrenia inclu- hallucinations and dis and behaviors and w prescribed, will increa- socially appropriate to interactions with pee 3 social activities wer combative behavior of attend all scheduled medications as presc ACTT services, will m personal hygiene and environment 5 out of Review on 12/3/18 or for 11/1/18 revealed: -On 11/1/18, "[Client See incident report. H all night" Review on 12/6/18 or Narrative Report, dat -A report for "Police \$ 11/1/18 at the facility's naked subject was st the arrival, a complet located standing in th	ROVIDER OR SUPPLIER STREET / 4328 ST WINSTO AN SERVICES, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 her medications prior to hospital admission, is unable to remain in her own home safely, states animals talk to her and sometimes dogs try to hurt her, was sexually abused as a child, per client's daughter and is not medication compliant." -A treatment plan dated 10/5/18 noting "will manage symptoms associated with the diagnosis of schizophrenia including, but limited to hallucinations and disorganized thinking, speech and behaviors and will take her medications as prescribed, will increase her ability to engage in socially appropriate behaviors and have positive interactions with peers by participating in at least 3 social activities weekly without displaying combative behavior or becoming easily agitated, attend all scheduled appointments, take all medications as prescribed and actively engage in ACTT services, will maintain appropriate needed personal hygiene and maintain a clean environment 5 out of 7 days per week." Review on 12/3/18 of the facility's progress notes for 11/1/18, "[Client #1] walked out of the home. See incident report. Keep eye on her all day and all night" Review on 12/6/18 of a local law enforcement's Narrative Report, dated 11/1/18, revealed: -A report for "Police Service" was called in on 11/1/18 at the facility's address -The officer arrived at the scene at 7:01am on	Immediation Immediation AN SERVICES, INC STREET ADDRESS, CITY, STATE AN SERVICES, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 8 V 367 her medications prior to hospital admission, is unable to remain in her own home safely, states animals talk to her and sometimes dogs try to hurt her, was sexually abused as a child, per client's daughter and is not medication compliant." 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Upon the arrival, a completed naked white female was located standing	Intervent STREET ADDRESS, CITY, STATE, ZIP CODE AN SERVICES, INC 4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WINST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLANC (EACH CORRECTIVE A CROSS-REFERENCED T TAG Continued From page 8 V 367 her medications prior to hospital admission, is unable to remain in her own home safely, states animals talk to her and sometimes dogs try to hurt her, was escually abused as a child, per client's daughter and is not medication compliant." V 367 - A treatment plan dated 10/5/18 noting "will manage symptoms associated with the diagnosis of schizophrenia including, but limited to hallucinations and disorganized thinking, speech and behaviors and will take her medications as prescribed, will increase her ability to engage in social activities weekly without displaying combative behavior or becoming easily agitated, attend all scheduled appointments, take all medications as prescribed and actively engage in ACTT services, will maintain appropriate needed personal hygiene and maintain a clean environment 5 out of 7 days per week." Review on 12/3/18 of the facility's progress notes for 111/1/18, "[Client #1] walked out of the home. See incident report. 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Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMBE		IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	MHL034-381		B. WING		12	2/06/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
NOA HUM	AN SERVICES, INC		OKESDALE AVENU N SALEM, NC 2710			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 367	able to convenience clothes back on. She her hand. I then mad personnel at the grou 0530 hours this morr checked on the resid them all asleep, there advised [client #1] m walked out during tha to be in good health a assistance. [Staff #2] home and requested also notified his supe the police were on-so and requested this ca rendered." Review on 12/4/18 of reports revealed: -No documentation o regarding client #1 an involvement on 11/1/ Interview on 12/3/18 Professional revealed	a group home. Officers were [client #1] to put some of her was carrying her clothes in e contact with [staff #2], up home. He advised about ning (11/1/18), he got up and ents. He provided he found efore he took a shower. He ust have woke up and at time. [Client #1] appeared and needed no medical took her inside the group no further assistance. He ervised of this incident while cene. I took no further action ase be closed, services f the facility's level II incident f a level II incident report nd law enforcement's 18. with the Qualified	V 367			
	her clothes off -Was not aware law e the facility on 11/1/18 no clothes on, standi Interview on 12/4/18 -Would ensure a leve	enforcement responded to b in reference to a client, with ng in the yard unsupervised. with the Licensee revealed: Il lincident was submitted				
	regarding client #1 ai involvement	na law enforcement's				