DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES	_			OMB NC	D. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>		CONSTRUCTION	COMF	SURVEY PLETED
		34G220	B. WING				C 109/2019
NAME OF PI	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	03/2013
	SON AVENUE GROUP F	JOME		21	03 WILSON AVENUE		
VOCA-WI	SON AVENUE GROUP P	IOME		С	HARLOTTE, NC 28208		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 122	CLIENT PROTECTIC CFR(s): 483.420	DNS	W 1	122			
	The facility must ensu protections requireme	-					
	This CONDITION is The facility failed to e written policies and pr mistreatment, neglect failed to ensure that a were reported immed and to other officials i (W153); and failed to	not met as evidenced by: not met as evidenced by: nsure implementation of rocedures that prohibit t or abuse of clients (W149); all allegations of neglect iately to the administrator n accordance with State law provide evidence that all re thoroughly investigated					
W 149	resulted in the facility statutorily mandated of STAFF TREATMENT CFR(s): 483.420(d)(1 The facility must deve policies and procedur	client protections. OF CLIENTS) elop and implement written es that prohibit	W 1	149			
	This STANDARD is r Based on review of fa interviews, the facility and procedures that p implemented to preve	t or abuse of the client. not met as evidenced by: acility records and staff failed to assure its policies prohibit neglect were ent neglect for 1 of 6 clients home (#4). The findings					
	-	eglectful by not training staff					
LABORATORY	DIRECTOR'S OR PROVIDER/S	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.

	OF DEFICIENCIES	MEDICAID SERVICES		PLE CONSTRUCTION		IO. 0938-03
		IDENTIFICATION NUMBER:	• • •			IPLETED
						С
		34G220	B. WING		0	1/09/2019
NAME OF PI	ROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP C	ODE	
				2103 WILSON AVENUE		
VUCA-WI	LSON AVENUE GROUP	HOME		CHARLOTTE, NC 28208		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETIC DATE
W 149	Continued From page	a 1	W 14	49		
	in a thorough and tim		VV I	49		
		ig of client #4 following an				
		t on 12/8/18 in order to				
		episodes of elopement on				
	12/9/18 and 12/29/18, and by not training staff on					
		orting to law enforcement				
		mediately when client #4				
	was discovered to be 12/29/18.	missing from the facility on				
	Review of a facility ir	vestigation dated 12/11/18 -				
		ient #4 eloped from the				
	facility on 12/8/18 bet	ween 4:00 PM and 5:00 PM,				
		tween 7:00 AM and 7:30 AM				
	on 12/9/18. Further r					
		vestigation revealed on both				
		as found and returned to the after having been missing for				
		h occasion. Review of an				
	incident report dated					
	revealed client #4 eld					
	between 7:00 AM and	d 7:08 AM unobserved by				
		ew of the 12/29/18 incident				
	!	noted client #4 was noted to				
		nome at 7:08 AM and the 3				
		ome took turns searching the 38 AM at which time the				
	on-call manager and					
		a delay of 30 minutes in				
	reporting client #4's v	vhereabouts was unknown.				
	Poviow of the record	for client #4, conducted on				
		ndividual support plan (ISP)				
		included a behavior support				
		0/18 with a BSP addendum				
		iew of the BSP addendum				
	dated 12/12/18 revea	led the addendum was				
		aintain client #4's safety due				
		s of elopement and property				

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	D: 01/16/2019 MAPPROVED D. 0938-0391
STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G220	B. WING			_		C 09/2019
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	•	
VOCA-WIL	SON AVENUE GROUP H	IOME			103 WILSON AVENUE HARLOTTE, NC 28208			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149	Continued From page	2	w	149				
		estrictions documented on lendum included: bedroom						
	and window alarms, g	group home exit door						
		set up in bedroom with						
	-	ng the monitor, GPS wrist						
		up by appropriate agency, ng during waking hours.						
	Continued review of th	ne 12/12/18 BSP addendum						
		toring procedure included						
		visually monitor client #4 at						
		nome and check on him						
	•	e he is in his room. This						
	•	umented staff should be						
	privacy while he was i	vene but give client #4						
		main outside the door. No						
	evidence staff were tr							
		prevent further episodes						
	of elopement prior to	12/29/18 was available.						
		ity records revealed a staff						
		/18 following client #4's third						
	episode of elopement							
		or staff related to 1:1 staff						
		ff training documented staff arms-length of client #4 at						
		assure another staff took						
		es if assigned staff needed						
	to take a break.	J. J						
	Interviews conducted	on 1/9/19 with the executive						
	director, program mar							
	intellectual disabilities							
		staff training was available						
		s put in place on 12/8/18						
		st episode of elopement, no on the restrictions and						
	-	nted on the 12/12/18 BSP						

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	ED: 01/16/2019 MAPPROVED O. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G220	B. WING			01	C I/ 09/2019	
NAME OF P	ROVIDER OR SUPPLIER	I		STRE	EET ADDRESS, CITY, STATE, ZIP CODE			
VOCA-WI	VOCA-WILSON AVENUE GROUP HOME				WILSON AVENUE ARLOTTE, NC 28208			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 149	on 12/29/18, and no r related to reporting m following the third epi 12/29/18. These inte GPS tracking belt rec BSP addendum had h had not arrived or bea B. The facility was ne policies and procedur persons were implem assuring all episodes other officials in acco Review of a facility in 12/16/18 revealed cli facility on 12/8/18 bet then eloped again be on 12/9/18. Further r 12/11/18-12/16/18 inv occasions client #4 w facility by the police a supervision for severa this investigation did i administration as wel contacted immediated investigation did not i indicating the departm (DSS) was notified of incidents on 12/8/18 a not indicate a 24 hour with the Health Care as required by State I Continued review of f incident report dated documenting he elope	e third episode of elopement record of staff training hissing persons immediately sode of elopement on rviews further revealed the commended in the 12/12/18 been ordered, however, it en implemented currently. eglectful by not assuring it's res for reporting missing hented as written, and not of neglect were reported to rdance with State law. vestigation dated 12/11/18 - ient #4 eloped from the tween 4:00 PM and 5:00 PM, tween 7:00 AM and 7:30 AM eview of the vestigation revealed on both ras found and returned to the fifter having been out of al hours each time. While indicate facility I as law enforcement were by on both occasions, this nclude documentation ment of social services f client #4's elopement and 12/9/18, and further did r or 5-day report was filed Personnel Registry (HCPR) aw.	W	149				

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	-	ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G220	B. WING				C 09/2019	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-		
VOCA-WI	LSON AVENUE GROUP H	IOME			103 WILSON AVENUE CHARLOTTE, NC 28208			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE	
W 149	revealed staff noted of the home at 7:08 AM the home took turns as until 7:38 AM at which and police were notifi delay of 30 minutes in whereabouts was unk investigation was availed elopement on 12/29/1 policy relating proced missing person docum be notified immediate should be involved im to believe the person? Interview with the fact program manager and 1/9/18, revealed staff enforcement and the upon becoming aware in the facility. These law enforcement offic 12/29/18 when respon client #4 attempting to the area seeking food C. The facility was ne thoroughly investigate client #4. Review of a facility im 12/16/18, conducted of #4 eloped from the fa 4:00 PM and 5:00 PM between 7:00 AM and Continued review of t	he 12/29/18 incident report dient #4 was missing from and the 3 staff present in searching the neighborhood in time the on-call manager ed. Therefore, there was a in reporting client #4's known. No facility ilable regarding client #4's 18. Review of a facility ure to be followed for a ments a supervisor should ly and law enforcement imediately if there is reason is safety was in jeopardy. d QIDP, conducted on should have notified the law supervisor immediately e client #4 was not present interviews further revealed ers located client #4 on nding to a 911 call related to openter an unknown house in the episodes of elopement for vestigation dated 12/11/18 - on 1/9/19, revealed client cility on 12/8/18 between the eloped again d 7:30 AM on 12/9/18. his investigation revealed g the investigation was		149				

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		ID HUMAN SERVICES MEDICAID SERVICES				FO	ED: 01/16/2019 RM APPROVED NO. 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		ONSTRUCTION	(X3) DATE SURVEY COMPLETED C 01/09/2019		
		34G220	B. WING					
NAME OF P	ROVIDER OR SUPPLIER	l		STR	EET ADDRESS, CITY, STATE, ZIP CODE			
VOCA-WILSON AVENUE GROUP HOME				-	3 WILSON AVENUE ARLOTTE, NC 28208			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	I IX	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 149	timely manner. Revi #4, conducted on 1/9, support plan (ISP)dat behavior support plan Continued review of t targeted behaviors in aggression, property behavior. Continued client #4 revealed a co 8/30/18 and signed b documenting door ch doors were being utili Interviews conducted executive director, pro- qualified intellectual co (QIDP) indicated 1:1 been put into place on #4's first elopement ef further indicated clien monitors and alarms basis. On-going revie verified by interviews, the issue of which sta supervision with clien leave the home under expectations of staff understood what the 1:1 supervision of clied door chimes were fund during client #4's elop Further review of faci 1/9/19, revealed an in documenting client #4 between 7:00 AM and	pements were reported in a ew of the record for client /19, revealed an individual ied 10/1/18 which included a in (BSP) dated 8/30/18. he 8/30/18 BSP indicated cluded elopement, physical destruction and disruptive review of the record for consent for the BSP dated y the guardian on 9/7/18 imes on the front and back ized to ensure safety. d on 1/9/19 with the ogram manager and disabilities professional staffing for client #4 had in 12/8/18 following client spisode. These interviews it #4 was known to disable in the home on a frequent ew of the investigation , revealed it did not address aff was assigned to 1:1 t #4 when he was able to tected on 12/29/18, what the related to 1:1 supervision of i had been trained and expectations were related to ent #4, or whether or not the inctioning or heard by staff pement episodes.		149				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G220	B. WING				C 09/2019
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
VOCA-WILSON AVENUE GROUP HOME					103 WILSON AVENUE HARLOTTE, NC 28208		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149 W 153	home were assisting of doors. Continued rev report revealed the 3 took turns searching to AM at which time the were notified. Written present in the home v 12/29/18 were available investigation was available investigation was available investigation was available investigation was available investigation was available investigation was available director, program man 1:1 staffing, a visual re- window alarms should 12/29/18, however, no initiated by the facility circumstances surrou leave the facility under Therefore, the facility failed to assure staff v appropriately trained in the implementation of staff monitoring and re- for client #4; failed to and law enforcement was discovered to be 12/29/18: failed to rep other officials according investigate episodes of a thorough and timely	o other staff present in the other clients behind closed iew of the 12/29/18 incident staff present in the home the neighborhood until 7:38 on-call manager and police statements from the 3 staff when client #4 eloped on ole, however, no facility ilable related to client #4's 8. on 1/9/19 with the executive hager and QIDP revealed nonitor and door and d have been in place prior to o investigation had been to evaluate the nding client #4's ability to steeted by staff on that date. was neglectful because it were thoroughly and in a timely manner related to 7 interventions, appropriate eporting of missing persons report to the administrator immediately when client #4 missing from the home on oort allegations of neglect to ong to state law;and failed to of elopement for client #4 in manner in order to assess estrictions were appropriate	W ·				

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						O. 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>	PLE CONSTRUCTION G	· · /	E SURVEY IPLETED	
						С	
		34G220	B. WING		01/09/2019		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
VOCA-WI	LSON AVENUE GROUP	НОМЕ		2103 WILSON AVENUE CHARLOTTE, NC 28208			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 153	The facility must ensumistreatment, negleci injuries of unknown simmediately to the accordance established procedur This STANDARD is Based on review of a facility failed to assur neglect were reporter administrator and to a with State law for 1 of group home (#4). The A. Review of a faciliti 12/11/18 - 12/16/18 from the facility on 12 5:00 PM, then eloped and 7:30 AM on 12/9 12/11/18-12/16/18 im occasions client #4 w facility by the police. indicate facility admir enforcement were co occasions, this invest documentation indicates services (DSS) was re elopement incidents of further did not indicate was filed with the He (HCPR) as required I	ure that all allegations of t or abuse, as well as source, are reported diministrator or to other e with State law through es. not met as evidenced by: records and interviews, the e that all allegations of d immediately to the other officials in accordance f 6 clients residing in the ne findings are: y investigation dated revealed client #4 eloped 2/8/18 between 4:00 PM and d again between 7:00 AM /18. Further review of the vestigation revealed on both vas found and returned to the While this investigation did nistration as well as law untacted immediately on both tigation did not include ating the department of social notified of client #4's on 12/8/18 and 12/9/18, and te a 24 hour or 5-day report alth Care Personnel Registry by State law.	W 15	53			
	program manager an disabilities professior verified the HCPR an	Ind qualified intellectual nal, conducted on 1/9/18, nd DSS had not been notified eglect investigated by the					

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		34G220	B. WING				。 09/2019	
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	-		
VOCA-WII	SON AVENUE GROUP F	IOME			103 WILSON AVENUE CHARLOTTE, NC 28208			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 153	facility related to clien elopement on 12/8/18 B. Review of an incid for client #4 revealed facility between 7:00 / unobserved by staff. 12/29/18 incident repo- client #4 was missing and the 3 staff preser searching the neighbor which time the on-call notified. Therefore, th minutes in reporting of unknown. No facility regarding client #4's of Review of a facility po- followed for a missing supervisor should be enforcement should be	t #4's incidents of 3 and 12/9/18. lent report dated 12/29/18 client #4 eloped from the AM and 7:08 AM Continued review of the ort revealed staff noted from the home at 7:08 AM at in the home took turns orhood until 7:38 AM at I manager and police were ere was a delay of 30 dient #4's whereabouts was investigation was available elopement on 12/29/18. blicy relating procedure to be	W	153				
W 154	program manager and disabilities profession revealed staff should enforcement and the upon becoming award in the facility. STAFF TREATMENT CFR(s): 483.420(d)(3 The facility must have violations are thoroug	al, conducted on 1/9/18, have notified the law supervisor immediately e client #4 was not present OF CLIENTS) e evidence that all alleged	W	154				

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				CONCEPTION		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	· · ·	E SURVEY IPLETED
						С
		34G220	B. WING		01/09/2019	
NAME OF PR	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		100/2010
			21	03 WILSON AVENUE		
VOCA-WIL	SON AVENUE GROUP	HOME	С	HARLOTTE, NC 28208		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
W 154	Continued From page		W 154			
	facility failed to provid investigation was cor	for 1 of 6 clients residing in				
	A. Review of a facilit 12/11/18 - 12/16/18, revealed client #4 elo 12/8/18 between 4:00 eloped again betwee 12/9/18. Continued r revealed documentat	y investigation dated				
	timely manner. Revi #4, conducted on 1/9 support plan (ISP) da behavior support plan Continued review of t	pements were reported in a iew of the record for client /19, revealed an individual ited 10/1/18 which included a in (BSP) dated 8/30/18. the 8/30/18 BSP indicated cluded elopement, physical				
	behavior. Continued client #4 revealed a c 8/30/18 and signed b documenting door ch	destruction and disruptive review of the record for consent for the BSP dated y the guardian on 9/7/18 imes on the front and back ized to ensure safety.				
	Interviews conducted director, program ma intellectual disabilities indicated 1:1 staffing	on 1/9/19 with the executive				
	elopement episode. indicated client #4 wa and alarms in the hor	These interviews further as known to disable monitors me on a frequent basis. he investigation verified by				

Facility ID: 922891

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 01/16/2019 APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G220	B. WING		_	(01/	C 09/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
VOCA-WI	LSON AVENUE GROUP H	IOME		2103 WILSON AVENUE CHARLOTTE, NC 2820	8		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 154	client #4 were, if staff understood what the 1:1 supervision of clie door chimes were fun during client #4's elop B. Review of an incid revealed client #4 elo between 7:00 AM and assigned to supervisio bathroom and the two home were assisting doors. Continued rev report revealed the 3 took turns searching t AM at which time the were notified. Written present in the home v 12/29/18 were availab investigation was ava elopement on 12/29/1 Interview conducted of director, program man 1:1 staffing, a visual r window alarms should 12/29/18, however, no initiated by the facility circumstances surrou	12/29/18, what the related to 1:1 supervision of had been trained and expectations were related to ent #4, or whether or not the actioning or heard by staff bement episodes. Int report dated 12/29/18 ped from the facility d 7:08 AM while staff on of client #4 was in the o other staff present in the other clients behind closed riew of the 12/29/18 incident staff present in the home the neighborhood until 7:38 on-call manager and police statements from the 3 staff when client #4 eloped on ole, however, no facility ilable related to client #4's 18. on 1/9/19 with the executive mager and QIDP revealed monitor and door and d have been in place prior to o investigation had been	W 15	4			

Facility ID: 922891

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