

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-521</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>B &amp; D INTEGRATED HEALTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>249 EAST NC HWY 54 SUITE 320 DURHAM, NC 27713</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on March 6, 2019. The complaint was substantiated (intake #NC00148885). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. -4400 Substance Abuse Intensive Outpatient Program -4500 Substance Abuse Comprehensive Outpatient Treatment</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 108	<p>Continued From page 1</p> <p>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the Director of Consumer Affairs had current training in First Aid and Cardiopulmonary Resuscitation (CPR). The findings are:</p> <p>Review on 3/6/19 of the Director of Consumer Affairs personnel record revealed: -Hired date: 2/14/05. -First Aid and CPR expired 3/24/17. -There was no evidence of a current First Aid and CPR training in the record.</p> <p>Interview on 3/6/19 with Human Resource Staff revealed: -Training staff was out today to discuss staff training. -She reviewed the personnel file and confirmed First Aid/CPR had expired. -She would inform training staff the Director of Consumer Affairs needed First Aid/CPR training.</p>	V 108		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> <li>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</li> </ul> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an allegation of abuse was reported to the North Carolina Health Care Personnel Registry (HCPR) of the Division of Health Service Regulation affecting one of five audited clients, Former Client (FC#5). The findings are:</p> <p>Review on 2/27/19 of FC#5's record revealed: -Admission date of 10/22/18. -Diagnosis of Bipolar Disorder and related disorder due to another medical condition.</p> <p>Review on 2/27/19 of the Incident Report Improvement System report dated 2/26/19 revealed: -"[FC#5] has engaged in a sexual relationship with a transportation provider. [FS#1], an employee at B&amp;D. [FS#1] last date of employment was 12/18/18."</p> <p>Interview on 3/6/19 with the Quality Assurance Director revealed: -Staff and the Executive Director was aware of the allegation on 12/18/18. -Confirmed the HCPR was not informed or contacted on 12/18/18. -He was not aware or informed of the allegation until 2/26/19. -The Local Management Entity (LME) informed him of the allegation on 2/26/19. -An internal investigation and incident report was completed and documented on 2/26/19. -Confirmed the HCPR section of the incident report was not completed due to problems with the system. -Contacted the LME to report problems and to</p>	V 132		

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V 132	Continued From page 4  ensure HCPR information was submitted. -Policies and procedures will be reviewed at the next staff meeting on March 27, 2019.	V 132		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the 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 missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that	V 367		

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V 367	<p>Continued From page 5</p> <p>information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Level II incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO). The findings are:</p> <p>Review on 2/27/19 of the Incident Report Improvement System report dated 2/26/19 revealed: -[FC#5] has engaged in a sexual relationship with a transportation provider. [FS#1], an employee at B&amp;D. [FS#1] last date of employment was 12/18/18."</p> <p>Interview on 2/27/19 with the Quality Assurance Director revealed: -Staff and the Executive Director was aware of the allegation on 12/18/18. -Confirmed the incident report was not submitted on 12/18/18. -He was not aware or informed of the allegation until 2/26/19. -The Local Management Entity (LME) informed him of the allegation on 2/26/19. -All staff received incident report training upon hire. -Policies and procedures will be reviewed at the next staff meeting on March 27, 2019.</p>	V 367		

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V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to protect one of one former client (Former Client #5) from exploitation by one of one Former Staff (FS #1). The findings are:</p> <p>Review on 2/27/19 of Former Client (FC#5's) record revealed: -Admission date of 10/22/18. -Diagnoses of Bipolar Disorder, Anxiety Disorder, Substance use, and related disorder due to another medical condition.</p>	V 512		



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V 512	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-Treatment plan dated 10/22/18.</li> <li>-Admitted to Detox 11/21/18 - 11/27/18.</li> <li>-Returned to SAIOP 11/28/18.</li> <li>-Reported incident on 12/18/18.</li> <li>-Treatment Team Meeting 1/4/19.</li> <li>-Completed Substance Abuse Intensive Outpatient Program (SAIOP) 1/25/19.</li> </ul> <p>Review on 3/6/19 of Former Staff (FS#1's) personnel records revealed:</p> <ul style="list-style-type: none"> <li>-Hired date of 9/18/17.</li> <li>-Position: Transportation Driver.</li> <li>-Resigned 12/18/18.</li> <li>-Client rights and professional ethics training completed.</li> </ul> <p>Review on 2/27/19 of the Incident Report dated 2/26/19 revealed:</p> <p>-"[FC#5] has engaged in a sexual relationship with [FS#1], an employee at B&amp;D and a transportation provider. [FS#1] last date of employment was 12/18/18."</p> <p>Review on 2/27/19 of the Facility's Internal Investigation Summary dated 2/26/19 revealed:</p> <ul style="list-style-type: none"> <li>-"Through employee interviews, it was learned SAIOP staff had learned that there had been rumors about [FS#1] and [FC#5] engaging in a relationship of a sexual nature. Staff reported the rumors to the [Director of Community Affairs]."</li> <li>-"On 12/18/18, the [Director of Community Affairs] questioned [FS#1] over the phone about the rumors. [FS#1] denied the relationship being sexual. [FS#1] admitted to being friendly with [FC#5] but maintained that was the extent of the relationship. In a subsequent phone call, [FS#1] then became hostile with [Director of Community Affairs], who then requested a face-to-face meeting with [FS#1]. [FS#1] then presented to the office, surrendered [FS#1] keys and walked</li> </ul>	V 512		

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V 512	<p>Continued From page 9</p> <p>off the job without explanation."                      -"[Director of Community Affairs] then questioned [FS#1's] live-in girlfriend about [FS#1's] departure and the rumors of [FS#1's] relationship with [FC#5]. [FS#1's] girlfriend is an employee. [FS#1's] girlfriend reported having no knowledge of why [FS#1] left without explanation. [FS#1's] girlfriend also denied having any knowledge or suspicion of a sexual relationship between [FS#1] and [FC#5]."                      -"[Director of Community Affairs] then met with [FC#5] who stated that the rumors were true. [FC#5] then stated [FS#1] had broken up with her earlier that day in order to preserve [FS#1's] job. [Director of Community Affairs] then informed the Executive Director of what she had learned."                      -"The [Executive Director] then contacted [FC#5's] mother to review the situation with her and discuss the appropriate next clinical steps in [FC#5's] treatment."                      -"When asked why an incident report wasn't made, the [Executive Director] indicated that it did not occur to her given the apparent non-abusive and consensual nature of the relationship and [FS#1's] non-clinical status as a driver."</p> <p>Review on 2/27/19 of FC#5's Comprehensive Assessment dated 10/15/18 revealed:                      -"[FC#5] presents with a long standing mental health history. [FC#5] reports a prior diagnosis of Bipolar, Depression and Anxiety Disorders. [FC#5] reports a history of multiple hospitalizations for substance use, anxiety and depression. [FC#5] reported her most recent admission was to [recovery center] for depression and substance use on 2 months ago. [FC#5] reported mental health issues first beginning when [FC#5] was in the 9th grade. [FC#5] reported that her depressive symptoms have historically included feelings of helplessness,</p>	V 512		

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V 512	<p>Continued From page 10</p> <p>hopelessness and feelings of sadness that persist all day. [FC#5] reported her current depressive symptoms include isolation, loss of interest in previously pleasurable activities and feelings of hopelessness. [FC#5] endorsed recurrent depressive states lasting daily marked by crying spells, hypersomnia, inability to function and perform tasks, hopelessness and isolation. [FC#5] reported historic symptoms of excitability, not sleeping and days with increased energy. [FC#5] reported manic states last 3 to 5 days with loud speech, angry outburst, pressure speech, racing thoughts and sleep disruption."</p> <p>-"[FC#5] reported history of physical, verbal and emotional abuse by men within her lifetime. [FC#5] reported physical abuse included being beat, smacked, and punched by men, having cigarettes put out on her body and being drugged all by men she identified as significant others."</p> <p>-"[FC#5] reported history of past suicide attempts. [FC#5] reported a history of polysubstance use and current drug use. [FC#5] reported that she first was introduced to heroin at the age of 20 due to her current relationship with significant other who she identified as the cause of her current use. [FC#5] reported using 2 grams daily with her method of use being snorting."</p> <p>-"[FC#5] reported housing instability for the past year. [FC#5] shared that [FC#5] has been between friends and boyfriends. [FC#5] is currently staying with her significant other however is at risk of jeopardizing current living situation and relationship due to substance use behaviors. [FC#5] reported having a one year old son who is in the custody of her mother."</p> <p>-"In terms of criminal history, [FC#5] report most recent charge of trafficking heroin. [FC#5] reported currently being on supervised probation ...with the mental health court system."</p>	V 512		

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V 512	<p>Continued From page 11</p> <p>Review on 2/27/19 of FC#5's Person Centered Plan Updated from 10/22/18 to 1/24/19 revealed:                      -"11/29/18 [FC#5] has increased her attendance in [SAIOP] services. [FC#5] missed a week from treatment recently after being admitted into detox. [FC#5] was admitted on 11/21/18 and discharged on 11/27/18, and returned to [SAIOP] treatment on 11/28/18. [FC#5] is currently residing in a sober living environment and is working with [SAIOP] staff to be re-engaged in [SAIOP] services."                      -"12/24/18 [FC#5] stated, "I'm frustrated 24/7. I'm physically and mentally drained. I don't have my own income. I'm really depressed, angry and tired. A lot isn't working."                      -"12/24/18 [FC#5] currently resides with her mother and son ... [FC#5] completed detox and has been clean for about 34 days. [FC#5] has transitioned from Suboxone strips to the Subutex shot. [SAIOP] staff will continue to assist [FC#5] with medication management appointments, individual therapy and psycho-education ..."                      -"1/24/19 [FC#5] mentioned that [FC#5] "feel good" about her life right now but [FC#5] knows that [FC#5] has to keep going ... [FC#5] acknowledges that she has to forgive herself, learn to practice acceptance and move pass her guilt and shame. [FC#5] reported that [FC#5] feels that her self-image has improved ..."</p> <p>Review on 2/28/19 of FC#5's Phone Record sent by Parent via messages revealed:                      -The number starting with #225 was FS#1's work phone.                      -The number starting with #500 was FC#5's personal cell phone.                      -Calls with dates and times included the following:                      -10/26/18:                      #225 called #500 at 7:16 p.m. (2 times).                      #225 called #500 at 7:42 p.m.</p>	V 512		

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V 512	<p>Continued From page 12</p> <p>#225 called #500 at 8:23 p.m. (2 times). #500 called #225 at 8:40 p.m. #225 called #500 at 8:42 p.m. (2 times). -Calls without dates included the following: #225 called #500 at 9:31 p.m. #500 called #225 at 9:32 p.m. #225 called #500 at 10:46 p.m. #500 called #225 at 10:47 p.m. #500 called #225 at 10:48 p.m. #225 called #500 at 11:03 p.m. #500 called #225 at 11:09 p.m. #225 called #500 at 11:21 p.m.</p> <p>Interview on 3/1/19 with FC#5's Parent revealed: -Concerned interviewing FC#5 would re-victimize FC#5. -She requested that surveyor not interview FC#5. -She would be able to provide information based what FC#5 shared with her. -FC#5 was a young mother with a son. -FC#5 went into severe depression and got into drugs prior to this incident. -"Things went under quickly." -FC#5 left home several times prior to attending SAIOP Program and left her with the baby. -She now had custody of FC#5's son. -FC#5 had a history of inappropriate interactions. -She noticed the late phone calls. -She reported feeling responsible for not confronting FS#1 about the late calls. -She thought maybe FS#1 was a concerned and caring person. -FC#5 shared with her that there was a sexual relationship with FS#1. -She reported FC#5 said she met FS#1's family member who had diabetes. -She could not confirm whether drugs were involved. -She would not be surprised if they didn't use drugs together.</p>	V 512		

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V 512	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-FC#5 went to detox in November 2018 one month after starting SAIOP.</li> <li>-She wondered if there was anything legally she could do.</li> <li>-FC#5 was now living with her.</li> <li>-FC#5 no longer had a phone; phone contract was under her plan.</li> <li>-Learned that FC#5 told staff and others about her relationship with FS#1.</li> <li>-The Executive Director asked her and FC#5 to come in for a team meeting to address the situation.</li> <li>-They met the treatment team about 2 days later.</li> <li>-She was informed FS#1 quit, returned the keys and walked out.</li> <li>-"While this was disturbing, this was an individual actions and not the facility."</li> <li>-"They were great to us."</li> <li>-The team did everything they could do.</li> <li>-"We were trying to turn [FC#5] actions around."</li> <li>-"The staff went "above and beyond."</li> <li>-Staff provided individual transportation to FC#5, family support and services at the home.</li> <li>-FC#5 was doing well and receiving individual therapy.</li> </ul> <p>Attempted interview with FS#1. Surveyor received two phone numbers. Messages left on March 1, 2019. No call was returned by FS#1 as of exit of survey 3/6/19.</p> <p>Interview on 2/27/19 and 3/1/19 with the SAIOP Facilitator revealed:</p> <ul style="list-style-type: none"> <li>-She was the Lead Supervisor.</li> <li>-FC#5 was referred to the program by a government agency.</li> <li>-FC#5 attended mental health court.</li> <li>-FC#5 treatment was to attend program daily.</li> <li>-She learned of a relationship between FS#1 and FC#5 on 12/18/18.</li> </ul>	V 512		

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V 512	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-FS#1 was the transport driver and picked up and dropped off clients.</li> <li>-FC#5 was going around telling people about the relationship.</li> <li>-FC#5 told her she was having a sexual relationship with FS#1.</li> <li>-The team took action immediately and contacted the FC#5's parent.</li> <li>-There was no mention that FC#5 and FS#1 used drugs together.</li> <li>-FC#5 was sent to detox in November 2018 and spent about 7 days.</li> <li>-FC#5 returned to SAIOP program after detox.</li> <li>-FC#5 informed her and others about the incident because FS#1 broke it off on 12/18/18.</li> <li>-FC#5 shared FS#1 broke off the relationship because FS#1's job was more important.</li> <li>-FC#5 experienced changes in emotions and crying while talking about the situation.</li> <li>-She reported FC#5 told her she was hurt and loved FS#1.</li> <li>-Team met with FC#5 and parent regarding the incident.</li> <li>-Team included herself, the Executive Director and Suboxone Treatment Coordinator.</li> <li>-Team decided to provide individual transport.</li> <li>-FC#5 completed SAIOP and then transitioned to the aftercare program.</li> <li>-After the incident, the team provided intensive community support in the home.</li> <li>-FC#5 received individual, group and family therapy and case management.</li> </ul> <p>Interview on 2/27/19 with the Director of Consumer Affairs revealed:</p> <ul style="list-style-type: none"> <li>-She worked with the company for 15 years.</li> <li>-She was the supervisor for the transportation drivers.</li> <li>-Transportation pickup started from the client living the furthest to the closest.</li> </ul>	V 512		

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V 512	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>-Transportation drivers picked up and dropped off clients.</li> <li>-Drivers had to have clients at program by 10:00 a.m. and depart at 1:00 p.m.</li> <li>-She would contact drivers if route was taken longer than expected.</li> <li>-There was no tracking record of routes.</li> <li>-There were different clients to pick up every day.</li> <li>-The van was a 16 seat van.</li> <li>-She learned about FC#5's allegations on 12/18/18.</li> <li>-She reported receiving an anonymous call stating, "[You need to see what's going on with FS#1]."</li> <li>-After receiving the phone call, she contacted FS#1.</li> <li>-She contacted FS#1 and stated, "Is there anything you know or need to tell me about."</li> <li>-FS#1 stated, "[I'm sick of people accusing me]" and hung up the phone.</li> <li>-She stated to FS#1, "I could ask you anything as long as you work for me."</li> <li>-She was at the store when she spoke with FS#1.</li> <li>-She returned to the office and saw a lot of clients talking in the parking lot.</li> <li>-Clients were talking about the allegation.</li> <li>-She learned FS#1 came to the office, left his keys and walked out.</li> <li>-She never had a one-on-one conversation with FS#1 about the allegations.</li> <li>-This was the first allegation against FS#1.</li> <li>-Later that day, FC#5 came to her office and told her she wanted to talk to her about something.</li> <li>-FC#5 informed her about the relationship.</li> <li>-FC#5 told her she stayed at a hotel with FS#1 for four days.</li> <li>-FC#5 reported FS#1 said that they were going to have to stop the relationship because he did not want to lose his job.</li> <li>-FC#5 told her FS#1 hurt her feelings; that FS#1</li> </ul>	V 512		



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V 512	<p>Continued From page 16</p> <p>job was more important than FC#5. -FC#5 was going around the office telling everyone about the relationship. -After learning of the allegation, she personally provided one-on-one transport to FC#5. -The staff did everything to protect the safety of FC#5.</p> <p>Interview on 2/27/19 with the Quality Assurance Director/Practice Manager revealed: -He was not informed of the allegation until 2/26/19. -The Local Management Entity (LME) informed him of the allegation on 2/26/19. -An internal investigation and incident report was completed and documented on 2/26/19. -There would be a staff training on March 27, 2019 to discuss staff/client relationships. -FS#1 resigned without notice on 12/18/18.</p> <p>Review on 3/6/19 of a Plan of Protection written by the Quality Assurance Director dated 3/6/19 revealed: What will you immediately do to correct the above rule violation in order to protect clients from further risk or additional harm? -"Ensure all employees understand the importance of professional behavior (no sexual relationships with clients) and the roles around incident reporting, especially timeliness of incident reporting."</p> <p>Describe your plans to make sure the above happens? -"Update policy and procedures to specifically address employee/client interactions." -"Update policy and procedures to specifically address timely reporting in regards to suspected incidents of abuse, neglect and exploitation with staff of any kind."</p>	V 512		

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V 512	<p>Continued From page 17</p> <p>-Review policy and procedure at upcoming all staff meeting on March 27, 2019."</p> <p>-Update orientation and critical incident reporting trainings to explicitly address incident reporting and staff/client interactions. The annual training will be updated in the same way."</p> <p>FC#5 presented with a history of physical, verbal and emotional abuse by men as well as a history of drug abuse. Facility staff had learned of an allegation on 12/18/18 about FS#1/Facility transportation driver and FC#5 being involved in a sexual relationship. Facility Staff reported the allegations to the Director of Community Affairs who questioned FS#1 about the allegation. FS#1 denied any sexual involvement with FC#5 and when asked to meet face to face with the Director of Community Affairs, FS#1 became hostile FS#1 presented himself to the office, surrendered his facility keys and walked off the job without explanation. During FC#5's treatment at the facility from 10/22/19 through 1/25/19 she was admitted to a detox program for seven days on 11/21/18. There was a confirmation of phone calls occurring both evenings and late night hours between FS#1 and FC#5 beginning on 10/26/18. FC#5 told the Director of Consumer Affairs the rumors of her involvement with FS#1 were true and that FS#1 had broken up with her in order to preserve his job. The Director of Consumer Affairs failed to complete an incident report, do an internal investigation or report the allegations to the QA Director/Program Manager. The facility's management failed to provide training with facility staff, nor developed or revised their system to protect clients in the future of inappropriate sexual encounters and relationships between staff and clients. FC#5's history of abuse by men, past suicide attempts and drug abuse made her vulnerable and FS#1 exploited FC#5 by engaging</p>	V 512		

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V 512	<p>Continued From page 18</p> <p>in an inappropriate relationship with her.</p> <p>This deficiency constitutes a Type A1 rule violation for serious exploitation and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 512		