	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION (X3) DATE SURV ONG: COMPLETED		
			A. BOILDING			
		MHL034-382	B. WING		05/02	/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
HOME CA	RE SOLUTIONS AT FOL	KSTONE RIDGE	(STONE RIDGE SALEM, NC 2			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint survey was completed on May 2, 2019. The complaint was substantiated (intake #NC00150954). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The sister facility will be identified as sister facility A. Sister facility staff and clients will be identified using the letter of the facility and a numerical identifier.					
V 115	27G .0208 Client Ser	vices	V 115			
	10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities.					
	(h) Facilities or progra in these Rules as "24 available 24 hours a c unless otherwise spec (c) Facilities that serv clients shall ensure the (d) When clients who are transported, the v with secure adaptive	e or prepare meals for lat the meals are nutritious. have a physical handicap ehicle shall be equipped				
	in a vehicle are transp	ance with boarding or riding ported in the same vehicle, ult, other than the driver, to of the children.				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY PLETED
		MHL034-382	B. WING		05	5/02/2019
	ROVIDER OR SUPPLIER	LKSTONE RIDGE	ADDRESS, CITY, STATE LKSTONE RIDGE L DN SALEM, NC 271:	ANE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 115	Continued From pag	e 1	V 115			
	facility staff failed to supervision were protection the safety and welfar clients (#1). The find Review on 4/30/19 of dated 4/18/19 and w-Interviewed client # left alone during a characteristic The interviews revewere sitting at a table -"On Sunday (4/15/1 [Client #1] and [clien of each other (at a table supervision	iews and interviews, the assure space and ovided in a way that ensured re of the clients for 1 of 2				
	and when he came to she (client #1) was to	pack, [client #A2] was saying				
	-An admission date of -Diagnoses of Mild In Disorder, Post-Traum Deficit Hyperactivity Fetal Alcohol Syndro Neglect in Childhood -An assessment date previously at a state attempted to send in	of client #1's record revealed: of 3/11/19 ntellectual Disability, Bipolar natic Disorder, Attention Disorder, Conduct Disorder, ome, Personal History of I, Physical and Sexual Abuse ed 3/11/19 noting "Was psychiatric facility, previously appropriate sexual notes to harm behaviors, has				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
		MHL034-382	B. WING		05/0	2/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		1166 FOL	KSTONE RIDGI	E LANE		
HOME CA	RE SOLUTIONS AT FOL	KSTONE RIDGE WINSTOI	N SALEM, NC 2	7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED (ENCY)	D BE	(X5) COMPLETE DATE
V 115	Continued From page	e 2	V 115			
	sevualized thoughts t	towards her peers, needs				
	_	nd coping skills, history of				
		and suicide threats, will bite				
		ds, if a peer tells her to do				
		was in a PRTF (Psychiatric				
		nt Facility) for 5 years, had				
		avior towards her brother				
	and was removed fro	m her mother's care,				
		and extensive domestic				
	_	t about stabbing peers with				
		as sexually molested by her				
	-	etween the age of 3 and 5,				
		oster parents, has assaulted				
		ol, first used alcohol at the poing supervision and lacks				
		propriate choices without				
		, previously uncooperative in				
	treatment, needs con	· ·				
		nent, requires awake staff at				
	_	ake, will relive trauma at				
	times, exhibits a high	ratio of sexual offender				
	factors and deemed a	a moderate to high risk to				
	=	s close staff supervision 24				
	hours per day."	10/5/40 " "				
	-A treatment plan dat	-				
	•	estyle (nature walks, eating				
		te in activities outside the				
	group home), will est	es with others by continuing				
		rauma suffered in the past				
		e her psychiatrist and				
		continue to develop and				
		oping skills through learning				
	calming techniques, v					
	management techniq	ues, implement an exercise				
		elease technique, learn how				
	_	will continue to increase her				
		erating home appliances,				
	help with meal prepa	ration, will help with the care				

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of her clothing including laundering them, assist

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FERROL CONNECTION IDENTIFICATION NOMBER.		A. BUILDING: _				
		MHL034-382	B. WING		05/02/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	DE 001 LITIONS AT FOL	1166 FOL	KSTONE RIDGE	LANE		
HOWE CA	RE SOLUTIONS AT FOL	WINSTON	SALEM, NC 2	7127		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 115	Continued From page	e 3	V 115			
V 115	and other areas of the community living activities recreation/leisure act purchasing goods, paracommunity activities will be monitored in a improved her social a activities with others, outside in the community activities with communicating with communicating with communicating with gearning to use problet health and physical ewith others and access. A behavior support prinappropriate sexual disrobing in public, exothers, masturbating rape staff or others or orapeshe needs cloper daysince she allove, she has engaged during a psychosexual was determined that sexual offender factor to high risk to re-offer unsupervised around cannot protect thems. Review on 4/29/19 of revealed: -An admission date of -Diagnoses of Intellect Otherwise Specified around cannot specified around an assessment date.	and cleaning of her bedroom the home, will improve her vities will participate in tivities, shopping and the articipate in preferred (church, volunteering and Il settings at all times.), will the trivities with monitoring in within the household and the inity and requires assistance with others, will improve her tities with learning tills, self-management skills, the solving techniques, ducation skills, interacting the sing educational settings." The shear and the self supervision 24 hours the se staff supervision 24 hours the pears to conflate sex and the din risky sexual behaviors, al assessment on 5/12/16, it she exhibits a high ratio of the sex and the shear and	V 115			
	physical aggression, elopement, inappropr					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		MHL034-382	B. WING		05	/02/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1166 FOL	KSTONE RIDGE	LANE		
HOME CA	RE SOLUTIONS AT FOL	KSTONE RIDGE WINSTON	I SALEM, NC 2	7127		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION	ON SHOULD BE	COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY		DATE
			+	BEITOIENG		
V 115	Continued From page	e 4	V 115			
	auponicion or aupon	riped group, will touch				
		vised areas, will touch ersonal space, will grab				
	_ ·	chiatric hospitalizations,				
		h some independent living				
		his maladaptive behaviors,				
		ities to teach him similarities				
		ds to increase his attention,				
		describing things and				
		ail and needs to receive				
		o address his Pedophilia				
	1	ended by his treatment				
	team."	, , , , , , , , , , , , , , , , , , , ,				
	-A treatment plan dat	ed 1/1/19 noting "will				
	complete his daily hy	giene skills, will clean his				
	room by vacuuming,	dusting and changing his				
	bed linens, will work	on his problem solving skills				
	by talking and proces	ssing with staff, will work on				
	_	do not belong to him, will be				
		ons when he has done				
		ate, will follow all safety				
		riate behaviors while out in				
	the community, will p					
		ect other's personal space				
		mate or staff, will keep his				
		not touch others, will follow				
		will respect his housemates' pedroom by asking if he can				
	come into their rooms					
		r support plan dated 4/17/19				
		hour supports for his own				
		well as the protection of				
		of assaulting and sexually				
	_	male (including family) and				
	has been charged wi					
		ations in the past. He is				
	' '	in the community. Staff can				
		ching, rubbing and/or				
		al space by monitoring him				
		ould include keeping him in				
		sual monitoring). Remember,				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE : D PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		E SURVEY IPLETED				
				7. BOILDING.			
		MHL034-382		B. WING		0:	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HOME CA	DE COLUTIONS AT EOL	KSTONE DIDGE	1166 FOLK	STONE RIDGE	LANE		
HOWE CA	RE SOLUTIONS AT FOL	NSTONE RIDGE	WINSTON	SALEM, NC 2	7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SECTION TO THE SECTION OF TH		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 115	Continued From page	e 5		V 115			
V 115	staff can prevent mos allowing [client #A2] to community, staff shor requirements and most females to ensure he inappropriately requand monitoring to sto help him recognize at may lead toward inapand actions." Interview on 4/29/19 -Does not have a 1:1 community -Goes to church on Son Wednesday -The sister facility's cwith his facility -Client #A2 also atter church -"I am not supposed #A2) because he toured whay the table from one and function"When [client #A2]'s handle another consument when he touched me people there when it remember." -Was unable to state goneDecided she did not interview.	st of these behaviors by the opportunity. In the uld follow the monitoring onitor his interactions with does not interact ulires constant supervision in appropriate touching and process stressors the oppopriate sexual thought with client #1 revealed: staff member in the sundays and has Bible Standays and the to sit next to this dude (or ched me one time" If and client #A2 sat acrost the while at a church and client #A2 sat acrost the while at a church standard standard in the continue the curring at the movies with the curring the continue the curring at the movies with the curring the continue the curring the continue the curring at the movies with the curring the continue the curring the cu	on g, at nts Study ents client oss left to at is t of at I	VIIS			
	-Staff #A2 was his 1:	with client #A2 revealed 1 in the community k all 3 clients from the si					

Division of Health Service Regulation

STATE FORM SHPR11 If continuation sheet 6 of 9

	IENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE AN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:					
			A. BOILDING.			
		MHL034-382	B. WING		05/0	2/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
HOME CA	RE SOLUTIONS AT FOL	KSTONE PIDGE 1166 FOLK	STONE RIDGE	LANE		
HOME CA	INE SOLUTIONS AT FOL	WINSTON	SALEM, NC 2	7127		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 115	Continued From page	e 6	V 115			
	facility to church on S WednesdaysAlso present during t clients -"[Client #1] sits at the on opposite ends of the females because I had behaviors." -On 4/18/19, his 1:1 sembers with anothed behaviors with anothed behaviors." -There were no staff sitting next to [client # sat next to me and I to can't be around femaled. When client #A2's 1: he told [client #1] to not is when she said that the same should be said that the said	this time are two other the table with me but we are the table. I can't be close to live sexually inappropriate staff left to assist other staff or client's behaviors there at the table. I was #A4]. [Client #1] came and old her to leave because I				
	-Was at church one dexact date) -Present at church we client #A3 and client #-Staff present at the composition of the compositi	[client #A2] because she not be her boyfriend. [Client #A2) tried to touch her. I worker (staff #A2) le in the bible study area to bresent when staff #A2 left				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		' '	E SURVEY PLETED
	MHL034-382	B. WING	·	05	5/02/2019
ER OR SUPPLIER	STREET	TADDRESS, CITY, STATE	E, ZIP CODE		
OLUTIONS AT FOL	KSTONE RIDGE	OLKSTONE RIDGE	LANE		
DECTIONS AT TOE	WINST	ON SALEM, NC 271	127		
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
tinued From pag	e 7	V 115			
ınd. I try to stay i					
ed at the facility we ended church and ent #A2 had a 1:1 if #A2) is attending church he room to help is left client #A2 we ent #1 came and e knows she is re er not come near	with clients #A2 and #A4 d bible study 1 worker in the community ch on 4/18/19 when staff #A2 another staff without a 1:1 worker sat by client #A2 not supposed to do that. She me because I don't want a and me.				
d been trained in port Plan s aware client #A ards women and e in the commun s working with clock the clients at the arrived at church the thick that is study room. We was also sitting and the 1:1 went to assist wit sister facility came ded my assistance.	A2 had sexualized behaviors required a 1:1 at all times ity. ient #A2 on 4/18/19 as his ne sister facility to church. ch. It was me, [client #A2], nt #A4]. We went into the e all sat at the table. [Client at our table but not near workers for [client #1] were ent whom had a behavior. worker for [client #1] that day. h the behavior. A staff from ne in and told me they				
THE THE TEST OF THE STATE OF TH	SUMMARY S' (EACH DEFICIENCE REGULATORY OR tinued From page and. I try to stay it e a girlfriend." rview on 4/29/19 ed at the facility verified church and the facility verified the room to help is left client #A2 went #1 came and it is known she is refer not come near and person" arous not sure how left to sur	MHL034-382 ER OR SUPPLIER STREET 1166 F WINST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) tinued From page 7 and. I try to stay in my own lane because I as a girlfriend." rview on 4/29/19 with client #A4 revealed: and at the facility with clients #A2 and #A4 ended church and bible study ant #A2 had a 1:1 worker in the community ff #A2) s attending church on 4/18/19 when staff #A2 the room to help another staff as left client #A2 without a 1:1 worker ant #1 came and sat by client #A2 the knows she is not supposed to do that. She are not come near me because I don't want a cual person" around me. Is not sure how long staff #A2 left client #A2. Tryiew on 4/30/19 with staff #A2 revealed: It do been trained in client #A2's Behavior	MHL034-382 STREET ADDRESS, CITY, STATE DUITIONS AT FOLKSTONE RIDGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) It induced From page 7 Ind. I try to stay in my own lane because I as a girlffriend." Inview on 4/29/19 with client #A4 revealed: and at the facility with clients #A2 and #A4 anded church and bible study and #A2 had a 1:1 worker in the community if #A2) Is a stlending church on 4/18/19 when staff #A2 the room to help another staff is left client #A2 without a 1:1 worker and sat by client #A2 are and sat by client #A2 are and sat by client #A2 are and sat by client #A2. Inview on 4/30/19 with staff #A2 revealed: don't want a sual person" around me. is not sure how long staff #A2 left client #A2. Inview on 4/30/19 with staff #A2 revealed: doen trained in client #A2 had sexualized behaviors ards women and required a 1:1 at all times are in the community. In the community. In the community is sworking with client #A2 on 4/18/19 as his obtained the sister facility to church. It was me, [client #A2], int #A3] and [client #A4]. We went into the avas also sitting at our table but not near and the sister facility came in and told me they ded my assistance. I left (the table) to help	MHL034-382 B. WINS STREET ADDRESS, CITY, STATE, ZIP CODE 1166 FOLKSTONE RIDGE LANE WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WILST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Tinued From page 7 Ind. I try to stay in my own lane because I a a girffriend." Priview on 4/29/19 with client #A4 revealed: dd at the facility with clients #A2 and #A4 ended church and bible study ent #A2 had a 1:1 worker in the community fif #A2) the room to help another staff so left the room to help another staff so left client #A2 without a 1:1 worker ent #1 came and sat by client #A2 the room to ome near me because I don't want a usal person" around me. Is not sure how long staff #A2 left client #A2. Tryiew on 4/30/19 with staff #A2 revealed: dd been trained in client #A2's Behavior port Plan s aware client #A2 had sexualized behaviors ards women and required a 1:1 at all times in the community. So working with client #A2 on 4/18/19 as his sok the clients at the sister facility to church. The arrived at church. It was me, [client #A2], the study room. We all sat at the table. [Client was also sitting at our table but not near int #A2]. The 1:1 workers for [client #1] were sting another client whom had a behavior. #2] was the 1:1 worker for [client #1] that day, went to assist with the behavior. #2] was the 1:1 worker for [client #1] that day, went to assist with the behavior. be the put the firm of the put	MHL034-382 MHL034-382 STREET ADDRESS, CITY, STATE, ZIP CODE 1166 FOLKSTONE RIDGE LANE WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYMS INFORMATION) ID PREPRY TAG PROVIDER'S PLAN OF CORRECTION FINANCE TO SALEM, NC 27127 PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY TAG V 115 V 115 ID PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 115 V 116 V 117 V 117 V 117 V 118 V 118 V 118 V 119 V 1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
		MHL034-382	B. WING		05/0	2/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
HOME CA	RE SOLUTIONS AT FOL	KSTONE RIDGE 1166 FOLE	STONE RIDGE	LANE		
		WINSTON	SALEM, NC 2	7127		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 115	Continued From page	e 8	V 115			
	inappropriately" -Thought client #1 recommunity -Was the only staff pr -"A female staff from because another conbehavior" -Stated he left client # (client #1, client #A3 another staff"When he (client #A2 allegations of touchin -Only left client #A2 atime. Interview on 5/2/19 w Professional revealed -Thought client #A2 atime. Interview on 5/2/19 w Professional revealed -Thought client #A2 atime. Interview on 5/2/19 w Professional revealed -Thought client #A2 atime. Interview on 5/2/19 w Professional revealed -Thought client #A2 atime. Interview on 5/2/19 w Professional revealed -Thought client #A2 at the day program -Staff should be monit -Only has staff monitor -Stated 2 staff are to day and on outings -"If in a group setting supervising them). The sister facility and 1 from -Doesn't think client # -The day program in the community" -Stated there should #1's facility with her -Further stated staff for have been with client -The sexualized behavior and client #A2 were the supervision by the staff for have been with client -The sexualized behavior and client #A2 were the supervision by the staff for have been with client -The sexualized behavior -The sexualized beh	esent with the clients. the facility needed help sumer was having a #A2 with the other clients and client #A4) to assist 2) is left alone that is when g female clients occur." clone for a brief amount of ith the Qualified ith the Qualified ith the Qualified at toring him very closely bring him in the community be with the clients during the there are multiple staff here are 2 staff from the bring the other facility" at has a 1:1 client #1 had a 1:1 but not have been staff from client from the sister facility should as #A2, #A3 and #A4 aviors exhibited by client #1 the reason for close				

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