

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL071-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2019
NAME OF PROVIDER OR SUPPLIER A SPECIAL TOUCH II				
STREET ADDRESS, CITY, STATE, ZIP CODE 305 SOUTH SMITH STREET BURGAW, NC 28425				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on May 16, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	RECEIVED <i>See Attached</i>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Susie Douglas
TITLE
Ex Director
(X6) DATE
if continuation sheet 1 of 6
T4WS11

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement strategies based on assessment affecting one of two audited clients (#1). The findings are: Review on 5/09/19 of client #1's record revealed: -27 year old male. -Admission date of 10/09/13. -Diagnoses of moderate intellectual disability and reactive attachment disorder. -Treatment plan dated 1/01/19. -1:1 support required due to inappropriate sexual behaviors. Interview on 5/14/19 client #1 stated: -There was 1 staff working with both clients each shift. Interview on 04/04/19 the Licensee stated: -There was 1 staff working with both clients each shift. -She was aware of day program requirements for 1:1 staffing but no 1:1 staffing had been specified for the home. She would review treatment plan to ensure wording accurately reflected supervision needs in home. She would forward a copy of treatment plan by end of business day 5/16/19 if 1:1 supervision in plan was specific to day program. No copy of treatment plan had been received by close of business day 5/16/19.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall	V 118		

See Attached

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V 118	Continued From page 2 only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs for 2 of 2 clients audited (clients #1, #2). The findings are: Finding #1: Review on 5/09/19 of client #1's record revealed:	V 118	<i>[Handwritten Signature]</i>	

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V 118	<p>Continued From page 3</p> <p>-27 year old male admitted 10/09/13. -Diagnoses included moderate intellectual disability and reactive attachment disorder. -Order dated 1/04/19 for Trazadone 300 milligrams (mg) AM. (Used to treat depression).</p> <p>Review on 5/09/19 of client #2 MARs for March, April, and May 2019 revealed medication to be administered 300mg at bedtime.</p> <p>Interview on 5/9/19 staff #1 contacted pharmacy for clarification. Additional clarification was required from prescribing physician to ensure accuracy.</p> <p>Finding #2: Review on 5/9/19 of client #2's record revealed: -20 year old male admitted 6/25/17. -Diagnoses included disruptive mood disorder, mild intellectual disabilities; attention deficit hyperactive disorder (ADHD), combined type. -Order dated 10/1/18 for Clonidine 0.1 mg, 2 tablets (=0.2 mg) at bedtime. (Used to treat ADHD.)</p> <p>Review on 5/9/19 of client #2's MARs for May 2019 revealed there was no documentation client #2 had the Clonidine 0.2 mg administered from 5/1/19 - 5/8/19.</p> <p>Interview on 5/9/19 Staff #1 stated he was sure he administered client #2's Clonidine at bedtime in May 2019, but failed to document on his MAR.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118	See Attachment	

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER: **A SPECIAL TOUCH II** STREET ADDRESS, CITY, STATE, ZIP CODE: **305 SOUTH SMITH STREET BURGAW, NC 28425**

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V 118	Continued From page 4 This deficiency has been cited 3 times since the original cite on 5/5/16 and must be corrected within 30 days.	V 118	<i>See Attachment</i>	
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a sleeping area for staff separate from the areas in which habilitative activities are routinely conducted. The findings are: Observations on 5/9/19 at approximately 10:30 am revealed: -There were 3 client bedrooms, 2 were occupied with current clients. -There was a kitchen and dining room combination, laundry/bathroom, hall bathroom, living room, and office. -There was no separate room for staff to sleep separate from areas used by clients. Telephone interview on 5/9/19 Staff #4 stated: -She had worked at the facility for about 2 years.	V 784		

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(X4) ID PREFIX TAG V 784	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG V 784	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 5</p> <ul style="list-style-type: none"> -She worked week ends. Her shift usually started on Friday night at 9 pm and ended at 4 pm on Saturday. She would return on Sunday night at 11 pm and gets off at 7:30 am Monday. -Staff were allowed to sleep. -They slept on the sofa in the living room. <p>Telephone interview on 5/9/19 Staff #5 stated:</p> <ul style="list-style-type: none"> -She had worked at the facility for about 9 months. -She had been employed about 8 years by the licensee and worked at a sister facility. -She worked every other week end at this facility. -She would work from Friday at 2 pm until Saturday at 4 pm, or from Saturday at 4 pm and get off on Sunday at either 4 pm or 8 pm. -They were provided a couch in the living room to sleep. There was also a couch in the office. They could sleep on either. 		<p><i>See Attached</i></p>	

**Susie Hayes, Owner
A Special Touch II, Inc.
305 SOUTH SMITH STREET
BURGAW, NC 28425
JUNE 3, 2019**

**Re: Date of Survey 05/16/2019
A Special Touch II
MHL -071-035**

Re: PLAN OF CORRECTIONS

V 112-27G.0205 (C-D)

INITIAL DEFICIENCY:

A Special Touch II failed to Implement strategies based on assessment affecting one of two audited clients.

PLAN OF CORRECTION:

The explanation of this deficiency determined that no deficiency occurred. Client #1 ISP was discussed during the survey and determined that client #1 ISP does not require a 1:1 support to be required at the group home but at the day program that he attends. The confirmation of this noted deficiency is in the ISP document on pages 8,15,16, and 17.

It should be noted, that the facility is attaching a copy of client requested #1 ISP for review and for clarity.

Monitoring

A Special Touch II Management will ensure that if any changes to client #1 ISP will be discussed with his treatment team and adjusted as required.

V 118 27G.0209 (C)

INITIAL DEFICIENCY:

A Special Touch II failed to administer medications as ordered by the physician and maintain accurate MARs for 2 of 2 clients audited (client # 1, #2)

PLAN OF CORRECTION:

Correction:

Client #1

A Special Touch II will ensure that client #1 medication of Trazadone 300 mg shall be administered as prescribed by client # 1 doctor's prescription. The facility did administer client # 1 medication of Trazadone 300 mg at the PM time frame, consistent with the PM administer time frame as designated by Southern Pharmacy, although the attending physician, Dr. Carlson prescribed the Trazadone 300 mg for the AM time frame. The facility contacted Dr. Carlson office and requested a conformation that the correct time frame for the administering of the Trazadone 300 mg for client #1. Dr. Carlson confirmed that the PM is the correct time frame for administering client #1 medication of Trazodone 300 mg with the attached note from Dr. Carlson.

Client #2

A Special Touch II Executive Director conducted an exploratory session with the staff that did not follow the proper instructions on signing the MAR when administering medication. The Executive Director received confirmation from the staff member that recording of medications on the MAR will be adhered.

Monitoring

A Special Touch II Executive Director will be responsible for the monitoring of all medication prescriptions ensuring that all medications are administered as prescribed by the attending physicians and signed when administered.

Prevention

At this time, all clients' medications are prescribed on a three months distribution. Based on this time frame, the Executive Director shall conduct monthly inspections of all client's MARs to ensure correct administering and recording. However, to ensure a more accurate review of all MARs, the House Manager shall review each MAR to ensure accuracy on a weekly basis.

TRAINING:

A Special Touch II management will conduct an in-house refresher by the Executive Director with the House Manager on reviewing the MARs, including a refresher to all staff members within 30 days of this POC.

V 784-27G.0304 (d) (12)

INITIAL DEFICIENCY

A Special Touch II failed to provide a sleeping area for staff separate from the areas in which habitative activities are routinely conducted.

PLAN OF CORRECTION:

Correction:

A Special Touch II shall provide a designated sleeping area for staff providing staff over night work at the group home. The designated sleeping area will be separate from the areas in which habitative activities are routinely conducted. However, A Special Touch II is not considered a sleeping facility at this time based on the requirement that one of the clients is required to be supervised for 24-hours. It should be noted, however, that this 24-hour requirement is only in effect as long as there is a client whose ISP requires this designation.

Monitoring

A Special Touch II Qualified Professional shall be responsible for the overseeing of this 24-hour requirement.

Prevention

A Special Touch II is discussing the anticipation of adjusting the weekend shift for future consideration.

Ann H. Lynch, PA-C
 Karen Isaacs, MD
Coastal Horizons Center, Inc

Richard Carlson, MD
 DEA #:

LIC #: 0010-08243
 NPI #: 1398788287
 New Hanover County
 815 Shipyard Blvd
 Wilmington, NC 28412
 910-343-0145 • Fax # 910-341-5779

Pender County
 803 S Walker Street
 Burgin, NC 28425
 Tel: 910-259-0968 • Fax: 910-259-4526

Name: [REDACTED]
 Address: [REDACTED]

DOB

Date

5/10/19

Address

Negative 300mg of provera
 for 1 day from 2nd time.

Label

Refill: _____
 Times PRN NR _____

R Carlson

Product Selection Permitted

Dispensed as Written

SAFETY FEATURES: COLORED VOID BACKGROUND - MICROPRINT LINES - IMPRINT ASSURES PROTECTION
 REVERSE HX - THERMOCHROMIC INK • ON BACK, ARTIFICIAL WATERMARK - COIN REACTIVE INK

SCRIPT# 60960

Order # 2281328-1

PX 2, INC. H

FinRx.com 800-587-7717 FinRx.com
 FinRx.com 800-587-7717 FinRx.com

SCRIPT# 6079

Order # 22819326-1

Ann H. Lynch, PA-C
 Karen Isaacs, MD
 Richard Cartson, MD
 DEA # _____
 LIC # 2010-01823
 NPI # 1346271939
 Pender County
 803 S. Walker Street
 Burgin, NC 28425
 Tel: 910-258-0989 • Fax: 910-258-4826

DEA # _____
 LIC # 0010-05243
 NPI # 1398782287
 New Hanover County
 815 Smyrna Blvd
 Wilmington, NC 28412
 810-343-0145 • Fax # 910-941-5779

Name: [REDACTED]
 Address: _____
 Date: 5/10/19
 DOB: _____
 Imipressure 300mg PM #30

Label

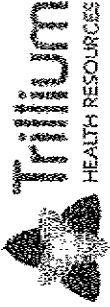
Refill 2 times P/N N/A

R. Cartson

Product Selection Permitted
Dispense as Written

SAFETY FEATURES: COLORED VOID BACKGROUND - IMPRINT ERASURE PROTECTION
REVERSE RN - THERMOCHROMIC INK • ON BACK, ANTI-FALG WATERMARK • COIN REACTIVE INK

FilesRx.com 800-907-7717 RxRxRx.com



Individual Support Plan For: [REDACTED]

Name: [REDACTED] DOB: [REDACTED] Medicaid ID#: [REDACTED] Record #: [REDACTED]

ISP Meeting Date: 10/10/18 Effective Date: 1/1/19

WHAT PEOPLE LIKE AND ADMIRE ABOUT ME...

According to [REDACTED] and other team members:

- My desire to be independent.
- I am a hard worker.
- I have a great personality.
- I am energetic.
- I am outgoing.
- I like to have fun.
- I am friendly and care about others.
- I am helpful.
- I am sweet and kind.
- I am thoughtful.
- I am a loyal friend.
- I have style.
- I am a good singer.
- I have a nice smile.
- I am very polite.
- I have sympathy for others.
- I care about my sister.
- I am very nurturing and helpful to others.
- I am speaking up more for myself and engaging a lot more.
- My reading has improved.

WHAT'S IMPORTANT TO ME...

According to [REDACTED] and other team members:

- To not be treated differently because of my disability.
- To feel respected.
- For expectations to be clearly communicated to me.
- Attending my day program.
- Staying busy.
- Having consistency.

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

- Having a job
- Saving my money and spending it on things that I want.
- Collecting coins
- Being as independent as possible.
- I want to live in my own house.
- I want to get married.
- I want to get a driver's license and buy a car, preferably a sports car or a truck.
- Drawing and playing on my tablet.
- Talking to and seeing my biological sister
- My housemate [REDACTED] and my "dad" (Alex-QP)
- All of my support staff
- Spending time with my friends/socializing with others.
- My girlfriend, [REDACTED]
- My cell phone.
- Being on social media-Instagram, FB, and Twitter
- Watching T.V. (My favorite shows are "Johnny Bravo", "Alf", "Woody the Woodpecker", "Robot Boy", "Kenan and Kel", "Sam and Cat", "What's Happenin'?", "Family Matters", "Super Nanny", and "iCarly". I'd like to have my own reality television show.)
- Listening to music (I especially like hip hop music. My favorite musicians are Usher, Future the Rapper, Chris Brown, and Rick Ross)
- Singing and dancing (I want to be on "The X Factor")
- Drum Circle
- Special Olympics bowling (especially so I can socialize with all of my peers)
- Playing on the computer/surfing the internet.
- Shopping (my favorite stores are The Dollar Tree, Dollar General, Wal-Mart, and the mall).
- Visiting car dealerships (especially Nissan and Hummer)
- Going to church.
- Being in control of the situation.
- Going out to eat (My favorite foods are Subway, pizza, salad, and sweets).
- Being "in style" and all of my clothes matching from head to toe. (I like to wear the color purple. My favorite clothes to wear are suit jackets, hats, boots, and Adidas track suits).
- Having alone time.
- I do not like when I do not get my way.
- I do not like to be told what to do.
- I do not like to feel rushed.
- I do not like to be followed around. It makes me feel uncomfortable.
- I do not like to be criticized.
- I do not like needles and/or getting shots.
- I do not like going to the dentist.

RELATIONSHIPS IN MY LIFE...

<p>Natural, Unpaid, and Community Supports:</p> <ul style="list-style-type: none">• Friends from Coastal Enterprises• [REDACTED]-friend• [REDACTED] my biological sister	<p>Paid Supports:</p> <ul style="list-style-type: none">• Trillium Health Resources• A Special Touch II, Inc.• Coastal Enterprises of Wilmington• New Hanover County DSS• Horizons Health Primary Care• Coastal Horizons• UNC Chapel Hill Dental Clinic• Burgaw Vision Center• Kelly Medical
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WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...

Life Situation
According to [REDACTED] and other team members:

- My longtime caretaker passed away in August 2013 and, therefore, I was moved into a group home (A Special Touch II, Inc.) I have been living there since October 2013. They are a licensed 4-bed group home located in Burgaw, NC.
- I do not currently have any natural supports, outside of my friends and my biological sister. I used to be in regular communication with my deceased caretaker's biological daughter who resides in Seattle, Washington; however, she has not made any efforts in contacting me in a very long time. I was removed from my biological parent's care at 18 months old due to neglect and have no contact with them or with their family members.
- I have one biological sister who also has special needs and is currently residing in a group home located in Wilmington, NC. Since she has moved more locally, I am able to see her much more often. I usually see her at the monthly Eiks Lodge Dance and the bowling alley on Thursdays. My social worker through DSS will also occasionally assist in setting up other visits on the weekends. It is important that I am able to talk to her on the phone periodically as well. I had never been separated from my sister until we were placed in different residential settings after the passing of our adopted mother.
- I have an interest in males, especially younger males and males who are severely impaired and/or non-verbal. I am, however, not exclusive to males; I like females too, and will engage in inappropriate behaviors with them also. Therefore, I must be monitored at all times to ensure I do not exhibit inappropriate behaviors with others. I require 24 hour supervision and an awake staff at night to ensure there are no inappropriate interactions between myself and my housemate (who is male.) In the past I have tried going into housemates' rooms in the middle of the night.
- It is important for all of my direct care staff with all providers to be consistent with me. I need to know my schedule and what is expected of me. I have a tendency to become upset if I do not understand something and therefore it is important to ensure my direct care staff clearly explains rules and expectations in a way that I can understand them. I also need to be kept busy

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or I will get off track. When I have too much down time, I also find myself getting in trouble because of attempts to have inappropriate interactions with others.

- I have difficulty identifying the difference between staff, friends, and family and, therefore, have a tendency to overstep relationship boundaries. I do not have a good understanding of boundaries in general and therefore I will get in other people's faces when talking to them. It is also important to know that I have a tendency to invade my roommates' physical space by walking into their bedroom without permission. Additionally, I may tamper with their personal belongings without asking for permission to do so.
- I also struggle with some authority figures and the role they play. Certain individuals I will take what they say to heart. As a result, I have a tendency to be disrespectful to those individuals. I am aware of rules; however, I constantly need to be reminded of the rules and guidelines in all settings and environments, especially the rules of the group home and day program, and verbal prompts to follow through with them. I often refuse, especially in the group home setting. I often try and change rules to work in my favor. I will test boundaries and will try to manipulate my staff. I get angry if desired activities do not go my way. I have really been struggling as of late with following rules and guidelines put in place. I am known to say that I know what the rules or expectations are, but that I don't care and that I'm going to do what I want regardless.
- I can become very upset when I am criticized, do not get my way, or when I feel disrespected. I will raise my voice, cry, stick up my middle finger, cover my ears, etc. I will also display these behaviors when I have been directed to participate in and/or complete a non-preferred activity.
- I communicate best through verbal speaking. My behaviors and mannerisms are also a clear indicator on my mood and how my day is going or has gone. I have difficulty using the appropriate tone of voice when speaking with others, especially when I am upset and/or excited. I also have difficulty staying on topic even when the conversation is about a topic of interest.
- I need to be reminded to wash my clothes and to not wear the same clothes day after day. I need to be reminded and encouraged to bathe or I will not bathe at all. On the other hand, it is important for others to know that I can independently bathe myself. I also have to be reminded and encouraged to brush my teeth or I will not brush them. I occasionally refuse to brush my teeth and require several verbal prompts to persuade me to complete this task. In addition, it is important to know that I need someone to monitor me while I brush my teeth as I may agree to brush them but then not follow through. I can, however, correctly and thoroughly brush my teeth when I am willing to do so. I tend to do better with this task when paid supports brush their teeth with me. I have a habit of lying about washing my hands and need to be reminded to do so when appropriate. I require minimal assistance in completing household chores and in cleaning up after myself; however, I need to be directed to do so. Unless motivated by some outlying reward, I will not follow through with my chore schedule.
- I require support to make safe choices at home and in the community. I am aware of the general kitchen safety rules and can independently operate a microwave. I am not allowed to use the stove because it uses gas and my team wants me to be safe. I can read and interpret survival signs, but will walk ahead of others and wander when out in the community. I walk very fast and am easily distracted; not realizing that I may be enduring potential danger. I need to be

North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

directed to look both ways before crossing a street or parking lot. Once I am reminded to stop and look both ways, I will stop and look for oncoming traffic and can correctly judge when it's appropriate to cross. If I am having a bad day, I will disregard safety directives. I have no concept of stranger danger and will accept a ride from a stranger. I will also open the door for someone I do not know. I have been known to give out my personal information to strangers. I require support to ensure I am not taken advantage of financially as I need to be reminded to count my change after making a purchase. I also have a limited understanding of saving and budgeting my money. I am gullible and can be victimized by being talked into doing things that I should not do. On the other hand, it should be known that I will attempt to stick up for myself if someone is physically aggressive towards me.

- When it comes to fire safety, I know to evacuate where I am in the event of a fire and to meet at designated area, however, other knowledge of fire safety is unknown at this time. I practice monthly fire drills both at home and in the day supports setting.
- I would like to learn how to cook more. I can read and follow simple recipes. I participated in the cooking class offered at Coastal Enterprises and really enjoyed it. I would like to continue with the next course offered. When eating out, I order my own food independently, but need constant reminders to use appropriate table manners. I will talk with my mouth full, burp at the table and will not cover my mouth or say excuse me (unless prompted). While it has gotten less frequent, I will "swish" food around in my mouth and eat very rapidly. Recently, I have been able to gain some weight through the use of nutritional supplements (Ensure). I now only need 1 drink/day to maintain my health and well-being. I will sometimes choose to not eat or eat small, unhealthy snacks throughout the day. I am provided with nutritious meals while at home, but will often purchase foods that are high in sugar and fat while out in the community. I require support to assure that I am taking in the appropriate amount of nutrients daily.
- I do not currently receive any supports with my vision or hearing.
- I have a limited attention span and have difficulty focusing as I have a tendency to worry about what other people are doing. There can be several conversations going on around me and I make it a point to listen in on all of them.
- While I am able to communicate most or all of my essential needs, it is important to note that my behaviors and mannerisms are also a clear indicator on my mood and how my day is going/has gone. When I raise my voice, cry, stick up my middle finger, stop listening/cover my ears, and/or curse: I have been directed to do something I do not want to do/ I am upset. When I become hyper/start exhibiting behaviors: my medication is starting to wear off or I have had too much sugar. If I make faces, roll my eyes: I am annoyed. When I walk a very fast walk away from the area, throw things, and/or "size" you up: I am mad.

School/Vocational

According to [REDACTED] and other team members:

- I attended the Transitional Program for Young Adults (TPYA) through New Hanover County Schools and was scheduled to graduate in June 2014, however, due to the passing of my longtime caretaker in August 2013, I was placed in a group home in Pender County and as a result was no longer eligible to attend the TPYA program.

- I began attending the day program at Coastal Enterprises in late 2013 and was involved with the Cape Fear Community College program (Adult Basic Essentials). I just recently graduated from that program. I currently attend the day program Monday-Friday, for 30 hours/week. There, I learn job skills through piecework in the workshop. I bag spacers, make cards, and "hairballs" (a grinding device with tiny copper balls). I also work on increasing my understanding of functional academics, proper social skills, independent living skills, and safety skills.
- I received Supported Employment services in the past for several years while I worked at Walmart. I lost that job in the summer of 2016 due to my behaviors. Supported Employment services were then revised and used to focus on me learning the skill set needed to research jobs, work on my resume, learn how to write a cover letter, etc. In May 2017, I was given another employment opportunity through New River, the Marine Corp Air Station in Jacksonville. Unfortunately, that job did not work out as either as I was unable to meet job expectations in regards to my behaviors and the ability to complete job tasks appropriately. Over the course of my job training, I demonstrated several episodes of disrespectful talk, attempts at physically intimidating others, refusal to comply with instructions on job duties, not listening, getting off task, etc. Because of this, my team decided to discontinue Supported Employment services all together.
- I learn best through repetition and when given a visual to follow. Once I work on a task with supports numerous times and with visuals, it helps me to then work on it individually, knowing I have support there to assist if needed. Giving me choices rather than telling me to do something in particular works well for me also.
- Per my QP, frequency of inappropriate behaviors while at the day program/out in the community is low. I am in a good routine there and meet expectations most days. When I do have behaviors, however, they continue to be very challenging and difficult to direct. Not only do I receive SCS services in my group home and out in the community, I receive them while in the day program setting as well in an effort to get my behaviors under control in all environments.

Social Network

According to [REDACTED] and other team members:

- It is very important to me that I am able to get out in my local community to participate in various activities and to see my friends. I just like to have fun and be with people. I enjoy participating in Drum Circle when I can. I also enjoy participating in The Gathering Place and going out to eat afterwards. My favorite activities to participate in are Special Olympics bowling and Access Fit through UNCW. I participate in the Miracle League. I am interested in Special Olympics cheerleading. I have so many friends that participate in so many different activities throughout the week and would like to see them more.
- I also like to shop at the Dollar Tree, Dollar General, Wal-Mart, and at the mall. I like visiting car dealerships, especially Nissan and Hummer dealerships. I enjoy attending church.
- I require assistance in accessing the community. Support is also needed in participating in community activities to ensure that I follow the rules and exhibit appropriate social norms.

- I recently obtained a gym membership for the YMCA and would like for this to continue. At this time, I have only utilized the facility for the equipment, but am interested in attending some of their classes.
- I currently volunteer at the Habitat for Humanity Resale Store.

Medical/Behavioral

According to [REDACTED] and other team members:

- I am diagnosed with Mild Intellectual Disability and, as reported several years ago, Reactive Attachment Disorder.
- My physician supports are as follows:

Profession	Name/Clinic
Primary Care Physician	Horizons' Health Primary Care
Psychiatrist	Coastal Horizons
Dentist	UNC Chapel Hill Dental Clinic
Optometrist	Burgaw Eye Center

- My professional supports are as follows:

Profession	Name/Clinic
Outpatient Therapist	Clare Caropreso, LCSW Coastal Horizons

- My medications consist of the following:

Name of Medication	What Is It For?
Adderall XR	ADHD
Trazadone	Sleep
Seroquel	Anti-psychotic

- I attend all appointments and take my medications with the support of my residential providers. I know the names of my medications and what they are for. I sometimes need to be reminded when to take my medications. I am very afraid of needles and therefore will not allow my blood to be drawn for any tests to be run. My BCBA is trying to help me work on this fear. I receive sedation dentistry also as I will not allow the dentist or hygienist to clean my teeth or even look in my mouth without it. I have seasonal allergies.
- I am prescribed 2 Ensure/day.
- I go to outpatient therapy every Monday. My team and I all feel like this continues to be beneficial for me. I have also been receiving consistent SCS services from a BCBA with Delta Behavioral Group since January 2018. Lauren Huggins is my BCBA and provides 8 hours of SCS/month. The LPA with Delta has developed a treatment plan with contributions from my BCBA. My BCBA provides ongoing implementation training of my behavior plan to staff, ongoing monitoring, data collection, analysis and progress reviews and ensures integrity in implementation of the plan as well as attends team meetings.

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

- it is important for others to know that I have been known to target younger males and males that are severely impaired as I am attracted to them. I have never been charged for sexual harassment and/or inappropriate behavior; however, there was an incident that occurred in the school bathroom a few years ago between another male student and me. The details of this incident are unclear; however, my teacher and school staff immediately implemented protective measures by not allowing me to go to the bathroom alone. I was also closely monitored throughout the school day. In 2014, there was an incident with a young child while I was at church with residential staff where I touched the child and asked the child to take his shirt off. This was reported appropriately and no charges were filed. I have had incidents at the day program where I inappropriately touched a young lady. This is an ongoing concern that continues to require 1:1 supervision. It is important to note that my facial expression changes and I will stare when I am interested in another person.
- I can become verbally and physically combative when confronted with something or when I am not able to do something I am excited about. I may become defiant and argumentative when told to do something I do not want to do or when I do not get what I want. I will ignore you like I don't hear you at all. Other behaviors I display include: cursing, sticking up my middle finger, crying, covering my ears, raising my voice, rolling my eyes, making faces, a very fast walk away from the situation, and throwing things. I struggle with maintaining physical boundaries. I have a hard time showing respect for my housemates and others around me in regards to listening to my music too loud or having the TV too loud, however, this has gotten slightly better.
- I am extremely tall and I try to intimidate others with my height. I will "size them up". I become hyper, talk very fast, and will repeat myself when my medication (Adderall) is wearing off. My hyperactivity will turn into behaviors if I am not given my medication as prescribed. I do not like leaving desired community outings and as a result I may become upset. To help prevent me from becoming upset, staff should inform me of how long I will have for the desired outing and discuss the possible consequences that can occur if I exhibit behaviors. Staff should also discuss what is expected of me during the outing and they should notify me when I have 15 minutes remaining before I have to leave the outing.
- It is important for my direct care staff to avoid being confrontational, but to remain stern with me. Do not use the word "consequences". This is a trigger for me. It is also important for my direct care staff not to show that they are scared and/or mad as I will feed off of the signs which will prolong and increase my behavior. In addition, ignoring my negative behaviors has been known to be effective. Music can be a calming mechanism for me, but, at times, can also be a trigger and escalate my behaviors. It's important for staff who are supporting me during those times to read my body language and use their best judgement if music should be offered.

WHAT'S WORKING AND NEEDS TO STAY THE SAME OR BE ENHANCED...

- My volunteer efforts
- Getting to see my friends
- Having New Hanover County DSS as my legal guardian
- My current living situation
- Having consistent services
- Having 24 hour supervision (including awake staff)
- Going to Coastal Enterprises
- Attending community events
- Seeing my sister more regularly
- I have made great progress in my willingness to actively participate in my goals

WHAT'S NOT WORKING AND NEEDS TO CHANGE...

- I do not consistently respect authority figures
- I display negative behaviors often
- There has been turnover with my direct care staff at Coastal Enterprises
- The police have been called on me twice over the last year because of assault
- I will display inappropriate sexual behaviors towards others

Crisis Prevention and Intervention

Significant Event(s) That May Cause Increased Stress / Trigger Crisis:

(Examples include: anniversaries, holidays, noise, change in routine, inability to express medical problems or unmet needs, pain, etc. Describe what one may observe when the person goes into crisis. Include lessons learned from previous crisis events.)

1. Know that I have an interest in males and that I have been known to target younger males and males that are severely impaired and/or non-verbal. I need supervision with all social interactions because I do not limit my romantic interests. My facial expression will change and I will stare at someone I am interested in.
2. Know that I can become verbally combative when confronted and when I am not able to participate in or complete a desired activity. I may also stick up my middle finger, cry, and cover my ears so to not hear you. Although it is infrequent, I may get physical by pushing, trying to hit, or throwing objects at others.

Crisis Prevention and Early Intervention Strategies:

(Describe what can be done to help this person AVOID a crisis. Include lessons learned from previous crisis events.)

1. Staff should monitor me at all times and never leave me unattended. Male staff should accompany me into the bathroom when using public restrooms. Female staff should stand outside of the public restroom and wait for me to exit. In either case, staff must monitor the restroom prior to my entry to ensure there are no other individuals in the bathroom. Staff should monitor my facial expressions as they will change when I see a male or female that I am interested in. I will also stare at the individuals I am attracted to. In the event that I become interested in another person and I approach that person of interest, staff should calmly intervene by talking to me and by casually removing me from the area.

- Staff should review my daily schedule with me at the beginning of each day/shift and they should explain what is expected of me. Staff should also notify me in advance when I will not be able to participate in or complete a desired activity in an effort to allow me adequate time to process the information. In addition, staff should educate me on the fact that I will not always be able to do things that I prefer. Last but not least, staff should never be confrontational when they confront me and he/she should clearly explain why they are confronting me so that I can have a better understanding of the situation. Staff should also remove me from the area/situation before confronting me. Do not use the word "consequences".

Strategies for Crisis Response and Stabilization:

(Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite, if an option. List everything you know that has worked to help this person to become stable.)

- Immediately make a report and remove me from the situation.
- In the event that I become verbally combative, staff should be stern and consistent with me and not give in. They should also remind me to use my calm words, encourage me to take deep breaths, and allow me alone time, if warranted. Take me for a walk. Additionally, staff may ignore my behavior, do not make eye contact, do not acknowledge me, and may turn on the radio as music is a calming mechanism for me. I also like to write, draw, or color with crayons, just something to keep me busy. Know that if I need emergency medical treatment, it is preferred that I am taken to Pender Memorial Hospital. I may also be transported to New Hanover Regional Medical Center if needed.

Staff should contact my Social Worker, [REDACTED] with New Hanover County DSS, by dialing 910-798-3506 (O), to discuss any incident

Contacts:

- A Special Touch II staff should contact the Executive Director of A Special Touch II, Susie Hayes, by dialing 910-602-2769 (C). If Susie is not available, staff should contact Cardell Hayes with A Special Touch II, by dialing 910-471-4013 (C). If Cardell is not available, staff should contact the group home QP, Alex Dobson, by dialing 828-244-4271 (C).
- For paid back-up staff with A Special Touch II, contact Antonio Powers by dialing 910-228-0908 (C). If Antonio is not available, contact Jammie Royes by dialing 910-271-1611 (C).
- Please note that I do not have any local natural supports and therefore I do not have non-paid back-up staff.
- My outpatient therapist, [REDACTED], may also be contacted at [REDACTED].
- Staff may contact Mobile Crisis by dialing 1-855-345-1200, if warranted.

Specific Recommendations For Interacting With The Person Receiving a Crisis Service:

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

- Staff should remain calm as my behaviors will escalate if they show they are scared and/or mad.
- Staff should be stern, yet consistent with me.
- Staff should remind me to use my calm words.
- Staff should encourage me to take deep breaths.
- Staff should allow me alone time, if warranted.
- Staff should not be confrontational with me and they should remove me from the situation/area before confronting me.
- Staff should turn on the radio as music is a calming mechanism for me.
- Offer me the opportunity to write, color, or draw.

Systems Prevention and Intervention Protocols to Support the Individual

(i.e. designated agency that should be called, how can they be reached? Include contact names, phone numbers, etc.)

Name of Agency: A Special Touch II, Inc.
Contact Person: Susie Hayes or Cardell Hayes
Day-Time Phone #: Susie Hayes: 910-602-2769(C) or Cardell Hayes: 910-471-4013(C)
After-hours Phone #: Same as daytime

Service(s): Residential Level 4

Other: [REDACTED]

Back-Up Staffing Plan

(i.e. contact names and phone numbers of back-up staff for individuals receiving Agency-Directed, AWC, or EOR services. Be as specific as possible.)

Agency-Directed Services OR Individual/Family Direction / Agency With Choice (AWC) Model
Agency Back-Up Staff (mandatory)

	Who	Contact #
	<u>A Special Touch</u> Antonio Powers Jammie Royes <u>Coastal Enterprises</u>	910-763-7458 910-271-1611 [REDACTED]
<u>Non-Paid Back-Up (in the event of an emergency)</u>	Please note that [REDACTED] does not have any local natural supports and therefore he does not have non-paid back-up staff.	
<u>Individual/Family Direction / Employer of Record (EOR) Model*</u> <u>Back-Up Staffing Agency (mandatory)</u>	<u>Who</u> N/A	<u>Contact #</u> [REDACTED]

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

Non-Paid Back-Up (in the event of an emergency)
 * Employer of Record will ensure that Back-Up Staffing Plan for Individual/Family Directed Services is reviewed at least quarterly and that this review is documented.

<p>Behavioral Supports Needed</p> <p>Behavior Support Plan is required if</p> <ul style="list-style-type: none"> • Rating is ≥ 13 for children (ages 21 and under) • Rating is ≥ 10 for adults (ages 22 and over) • Any individual identified as a Community Safety Risk based on self-injury or dangerousness to others 	<p>Supports Intensity Scale / Behavioral Rating</p> <p>Community Safety Risk based on self-injury or dangerousness to others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Exceptional Behavioral Support Needs score: 12</p>
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Primary Care Physician

Name: Horizons Health Primary Care Phone: 910-790-9949

Address: 613 Shipyard Blvd Ste. 106
 Wilmington, NC 28401

Area of Support on Risk/Support Needs Assessment	Risk/Support Identified	
	Yes	No
A. Demographic Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Material Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Physician Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Professional Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Medication Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Medical Treatment Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. Health and Wellness Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Health Screenings/Preventative Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Nutrition Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Vision Related Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K. Hearing Related Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Supports for Communicating Needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Positive Behavior Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N. Safety Supports in Home and Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All identified risks/supports must be included in/addressed within the plan.

Action Plan

*For Short Range Goals, see the Provider Agency Short Range Goal template

Long Range Outcome:

1. [REDACTED] will receive Residential Supports in order to become more independent in all areas of daily living, self-help, health, safety, and appropriate social interactions and behaviors.

Where am I now in Relationship to the Outcome? (Reason for outcome/Justification)

I need assistance in learning how to respect my housemate's physical space as I like to enter his bedroom without asking for permission. Staff is working with me on keeping my distance and not entering others' personal space. I often have to be reminded to respect my housemate's personal belongings. I am making progress with this, however, staff continues to remind me how to respect my housemate's physical space by teaching me the importance of asking to use and/or touch their personal belongings. My group home has a policy that housemates are not allowed to enter each other's' rooms; we can see each other in common areas, but no one enters anyone else's rooms. Staff will also teach me how to respond if my housemate does not want me to enter their physical space or touch their personal belongings. Staff continues to work with me to not continuously ask my housemate or staff for the same thing over and over and, rather, to walk away and respect their answer. I continue to struggle with this situation. Staff is also working with me to say "thank you" if my housemate allows me to enter their personal space and/or use their personal belongings. I sometimes remember to say thank you, but sometimes I need reminders. I am still working on not taking possession of another person's belongings unless the person willingly gives it to me. I will also stand very close to others when conversing and need to learn to keep 1 arm's length away from them.

I continue to have difficulty distinguishing the difference between friends, family, staff, and strangers and as a result I have a tendency to overstep relationship boundaries. I have made very little progress in this area. To address this goal, staff will teach me the difference between staff, friends, and family by teaching me that a friend is someone I have a mutual relationship with and someone I know well, like, trust, and share common interests with. Staff will also teach me that family is defined as a group of individuals who are closely related by birth, marriage, or adoption. Staff will teach me that the role of my direct care staff is to provide care, supervision, and to help teach me skills to increase my independence, while a stranger is someone whom I do not know and am not familiar with, therefore should not be provided with any personal information nor given anything of mine. I am gullible and believe that everyone is my friend. "Stranger danger" has been a difficult concept for me to grasp. Staff will teach me that there are certain things I may ask and share with my family and friends that I should not ask or share with my staff or strangers. For example, staff should teach me that I should not ask my direct care staff about their personal life. I must also be monitored for inappropriate behaviors towards my housemates or other individuals in the community. I need to learn how to respect my housemates and staff as well as refrain from engaging in activities or behaviors that disturb my housemates (i.e. having my music or TV too loud). I struggle with consistently following through with certain requests from staff (i.e. to turn my music or TV down, to complete chores, etc.) without defiance. I must learn to utilize my coping skills when I get frustrated or upset with staff or my housemate.

I do not always exhibit appropriate manners when I eat meals/snacks. I have a tendency to burp at the dinner table (and not cover my mouth or say excuse me), talk with my mouth full, "swish" food around in my mouth, fidget and tap the table when eating with others, and eat at a fast pace. I do not use a napkin. In an effort to increase my success and independence at home and in the community, I will work on learning appropriate table manners. This goal may be addressed through real life situations and through

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

role-play. I have made very little progress with my manners. I require constant reminders to display appropriate table manners in any setting. My support staff will continue to work with me on remembering how to eat meals and handle my bodily functions appropriately. I also need to increase my healthy living habits. I enjoy drinking soda and eating candy/lunk food and would benefit from learning about the food pyramid and eating meals that contain foods from all food groups.

I require minimal physical assistance in completing household chores and in cleaning up after myself; however, I need to be reminded and encouraged to complete household chores. I also need to be monitored to ensure that I complete my chores thoroughly. I am responsible for cleaning my bedroom and bathroom, sweeping, mopping, vacuuming, taking out the trash, and taking the outside trashcan to the street when scheduled. My household chores are posted in my bedroom as a reminder and to assist me in ensuring that I complete them. Even with that visual reminder, I require constant verbal prompting to follow through with the assigned task. I do want to start learning to cook. I recently completed a cooking course at Coastal Enterprises and am signed up for the next one. Team discussed my residential staff giving me more responsibilities in the kitchen by helping with dishes, setting the table, preparing some of the ingredients, and creating a menu of meals. I can independently wash my hands but need to be reminded when to wash them at appropriate times throughout the day. I also have a tendency to lie about washing my hands; therefore, I need to be monitored to ensure that I complete this task. I also need to be reminded and encouraged to bathe or I will not bathe at all. I can complete and will follow through with all bathing tasks independently, once in the shower. Occasionally I have to be told to go back and re-wash a body part, but that is rare. I will take my medications with no refusal; however, do require reminders and monitoring when doing so. I will continue to see my psychiatrist every other month to ensure that they are continuing to work for me.

I enjoy earning my own money and spending it on desired items. I have limited money management skills and have difficulty understanding the importance of budgeting and saving my money to purchase desired items. It was agreed upon by my treatment team to help me learn how to budget my money by teaching me how to save towards a purchase of my choice. Seeing as how I am currently not working, it has been more difficult to save because I am struggling with the concept of not having additional funds coming to me, besides my SSI income. Staff will assist me in figuring out how much money I should put aside each time I receive my funds to help me save towards my desired purchase in a given timeframe. Staff will also teach me how to stay within my budget when making small purchases by setting a pre-established budget with me (\$20/week). This will teach me how to better budget my money for future purchases. I currently know when my monthly bank statements are available. I need to learn how to maintain a checking account. It was agreed upon by my treatment team to teach me how to maintain a checking account by using the backwards chaining method. To begin with, staff will teach me how to confirm when my SSI money is deposited into my account. Staff will teach me how to log on to my online banking site, review bank statements, and/or call the bank to verify my deposits. At this time I have been reviewing my bank statements and they are paper. Staff then helps me keep track of my allowance and my budget by writing everything in a ledger.

I require one on one support and supervision to not engage in inappropriate sexual behaviors. As previously indicated, I have a history of engaging in inappropriate sexual behaviors with minors or those who I perceive are lower functioning than me. I have history of incidents where inappropriate interactions occurred between myself and others (male and female). Because of these ongoing concerns, I will receive

North Carolina Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

24-hour supports, supervision, and monitoring to not engage in inappropriate sexual acts with minors or others.

Service(s) / Support(s)	Who will provide the Support & Location(s)*	Estimated Frequency**	Target Date
Residential Supports: Level 4	A Special Touch II -3, 4	Daily	12.31.19

* Location Codes: 1-Consumer's Home 2-Day Program 3-Residential Facility 4-Community 5-Place of Employment 6-Volunteer Site 7-Worker's Home 8-Other (Please specify)

**Estimated Frequency for Each Location: (e.g. 75% of hours, 3 out of 5 days, 2 hours/day)

Long Range Outcome:

2. [REDACTED] will improve his functional academics, pre-vocational skills, personal skills, safety and socialization skills by continuing his attendance at a day program.

Where am I now in Relationship to the Outcome? (Reason for outcome/Justification)

It is important to me that I attend a day program. I have been attending Coastal Enterprises for almost 5 years. Currently, I attend Monday-Friday, 30 hours/week. I require 1:1 support and monitoring for safety and to prevent inappropriate sexual behaviors and interactions with males and females; also to stay on topic and remain focused during class discussions and individual work times, although this has improved slightly. I frequently get distracted by my big dreams and plans (i.e. living in a castle, getting married, buying fancy cars, etc.). I will frequently make up stories. I enjoy attention in any aspect and will stand up in class and tell everyone whatever I am thinking of at that time. Staff must redirect me to keep focused and let me know that there is a time and place for my stories. Staff may also need to let me take a break from my activity to refocus. It is important that I am supported to ask questions and seek guidance when needed, especially when struggling with reading and understanding the directions on paperwork or worksheets that are handed out to me. It is especially important that 1:1 staff is looking out for signs that I may not understand what is being asked of me. I require support to not distract my classmates, especially my female classmates.

I have made great progress with understanding and following the rules regarding cell phone usage during my time at Coastal Enterprises. I am doing well with remembering to turn it off and check messages/voicemails before/after class or during breaks. I struggle with my attention span and need 1:1 support to redirect me to the task at hand (especially worksheets/school work and contract work). Staff will work with me to help me attain 45 minutes of focus. Once starting an assignment, I need to learn to complete it before moving on to something else. I struggle with making and following through with educational decisions and need constant prompting. Rewards work well for me so if I can be enticed to stay focused and on task, I should be rewarded with something like playing on the computer or going for a walk for 5-10 minutes. I have made progress with completing my worksheets. Once I get on task and know what to do, I can really work through my activities now that I am not as resistant to the educational side of Coastal Enterprises activities. I would like to learn to enhance my math skills and learn how to write a check. It is important for me to learn to enhance my usage of technology (i.e. computer, iPad, apps, etc.) for educational purposes (i.e. researching current events, CNN Student News, vocabulary, spelling, math, etc.). I really enjoy attending the weekly cooking class. I have learned to make some of my favorite recipes and how to use some kitchen appliances. I would like for this to continue.

Although frequency of incidents is less in the day supports setting, I can become verbally combative when I am confronted and when I am not able to participate in or complete a desired activity; therefore, it is vital that I learn coping skills to use when I become upset in an effort to decrease my incidents of verbal or physical outbursts. It is important that I learn to problem solve in all settings by verbally identifying the issue, then choosing the best solution to that problem as well as increase my self-determination skills by making decisions in regards to my wants and needs and communicating those wants and needs appropriately. I have difficulty speaking in the correct tone and volume, especially when I am excited or upset and therefore I need to learn how to regulate my volume and tone. I also have difficulty staying on topic when communicating with others, even when the topic is of interest. I will jump from topic to topic and as a result I have difficulty listening and providing appropriate responses. Day supports staff will teach me how to stay on topic during a conversation with peers. I will learn when it is appropriate to change the topic of conversation and how to appropriately begin a new conversation. I will learn and understand boundaries and that it is not okay to get in other people's faces when I am talking to them. Another important social outlet for me is my social media. I have FaceBook, Twitter, and Instagram. I have also recently downloaded the Tango app, which allows me to text and video chat with friends who also have the app. I am still learning how to use these outlets appropriately. I would benefit from learning more about social media etiquette, safety, and boundaries. I may be inappropriate on social media with people I know and need to learn to respect the privacy of others on their accounts, not send them an inordinate amount of messages repeatedly, etc. I also need to learn to report to support staff or caregivers if someone is being inappropriate with me on social media, to not give people I do not know any personal information, etc. Due to my history, 1:1 supports is needed to ensure no inappropriate interactions occur.

Service(s) / Support(s)	Who will provide the Support & Location(s)*	Estimated Frequency**	Target Date
Day Supports Individual (hourly)	Coastal Enterprises ~ 2, 4	30 hours/week	12.31.19

* Location Codes: 1-Consumer's Home 2-Day Program 3-Residential Facility 4-Community 5-Place of Employment 6-Volunteer Site 7-Worker's Home 8-Other (Please specify)

**Estimated Frequency for Each Location: (e.g. 75% of hours; 3 out of 5 days, 2 hours/day)

Long Range Outcome:

3. [REDACTED] will receive Community Networking in order to develop meaningful community relationships and engage in volunteer work.

Where am I now in Relationship to the Outcome? (Reason for outcome/Justification)

I am very interested in meeting new people and engaging with others who are typically developing. I would benefit from increasing my natural supports and gaining community relationships outside my residential setting and day program. I am interested in attending a dance, music, or cooking class at the local community college or other community location specializing in those areas. I need to learn community time management in order to schedule my transportation and ensure that I am able to attend the class appropriately. I recently obtained a regular volunteer position at the Habitat for Humanity Resale Store. Over the summer I obtained a gym membership. I am interested in joining available classes there, specifically Zumba. I continue to need support in learning how to appropriately use the equipment and get healthy, while having the supervision to ensure I remain safe and do not display any inappropriate behaviors while there.

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

Service(s) / Support(s)	Who will provide the Support & Location(s)*	Estimated Frequency**	Target Date
Community Networking-Individual	Coastal Enterprises-4, 6	10 hours/week	12.31.19
Community Networking-Classes/Conferences	Wilmington YMCA-8	1 unit/annually	12.31.19

* Location Codes: 1-Consumer's Home 2-Day Program 3-Residential Facility 4-Community 5-Place of Employment 6-Volunteer Site 7-Worker's Home 8-Other (Please specify)

Long Range Outcome:

4. [REDACTED] will receive Crisis Intervention and Stabilization Supports to address behavioral concerns in all settings.

Where am I now in Relationship to the Outcome? (Reason for outcome/Justification)

Due to incidents where outside supports need to be contacted (QP, other team members/support staff, police, etc.), my team determined that I would benefit from Crisis Intervention and Stabilization Supports. It is important for me to have access to a service where my day supports QP is trained and will be able to respond in order to prevent a crisis when observable signs are witnessed that would lead to a potential crisis as well as to support me during an actual crisis (in addition to 1:1 staff supporting me in that setting).

Service(s) / Support(s)	Who will provide the Support & Location(s)*	Estimated Frequency**	Target Date
Crisis Intervention and Stabilization Supports	Coastal Enterprises-2,4	5 hours/year	12.31.19

* Location Codes: 1-Consumer's Home 2-Day Program 3-Residential Facility 4-Community 5-Place of Employment 6-Volunteer Site 7-Worker's Home 8-Other (Please specify)

**Estimated Frequency for Each Location: (e.g. 75% of hours, 3 out of 5 days, 2 hours/day)

Long Range Outcome:

5. [REDACTED] will receive Specialized Consultative Services to address behavioral concerns and assist team members and other natural supports in learning how to best work with him, and to obtain a formal behavior plan.

Where am I now in Relationship to the Outcome? (Reason for outcome/Justification)

I have been receiving ongoing and consistent SCS services through Delta Behavioral Group since January 2018. My BCBA [REDACTED] worked with me previously when I attended TPYA so we are very familiar with each other, which is a comfort. My team is requesting 10 hours of SCS: BCBA in order for the BCBA to meet and convene with the team for assessment activity with the LPA's involvement being remote through real time electronics or phone calls. The LPA will develop an updated treatment plan at a minimum each year with contributions from the BCBA. This plan will be revised throughout the year as needed. The BCBA will review the assessment with the team. I will receive 8 hours of SCS: BCBA per month in order for my BCBA to continue providing implementation training to staff, ongoing monitoring, data collection, analysis and progress reviews and to ensure integrity in implementation of the plan as well as attend team meetings.

I continue to struggle with behaviors at home that are disruptive to the home environment. These behaviors have increased in frequency and severity in recent weeks. The police have been called on me twice over the last year due to assault behaviors I have committed against group home staff. My team continues to be in need of support and training to learn the best ways to support me through times of

frustration. I will play music very loudly and am likely to refuse to participate in household chores and personal responsibilities when it comes to personal hygiene and cleaning my own space. It is important to know that I manipulate team members against each other. My team feels as though continued BCBA services are needed to observe my behaviors in all settings and make recommendations that I and my team can agree with, then provide training and observation ongoing. It is important that I and my team receive training on the best way to support me. It is important that I know my team members are all receiving the same training as I may engage in some behaviors in one setting and not another. It is important to know that I have engaged in inappropriate sexual behaviors with a minor in the community. In addition, it should be noted that I am currently supported to attend weekly therapy with [REDACTED] LCSW at Coastal Horizons. It is crucial that my emotions remain regulated as I am likely to engage in behaviors that could potentially hurt myself or others.

Service(s)/Support(s)	Who will provide the Support & Location(s)	Estimated Frequency*	Target Date
Specialized Consultative Services: BCBA	Delta Behavioral Group-8	10 hours/year	12.31.19
Specialized Consultative Services: BCBA	Delta Behavioral Group-8	8 hours/month	12.31.19

* Location Codes: 1-Consumer's Home 2-Day Program 3-Residential Facility 4-Community 5-Place of Employment 6-Volunteer Site 7-Worker's Home 8-Other (Please specify)

**Estimated Frequency for Each Location: (e.g. 75% of hours, 3 out of 5 days, 2 hours/day)

Long Range Outcome:

6. [REDACTED] will receive nutritional supplements to maintain his health and well-being.

Where am I now in Relationship to the Outcome? (Reason for outcome/Justification)

I require the use of nutritional supplements each day to maintain my health and well-being. I will often choose to not eat or eat small unhealthy snacks throughout the day. I am provided with nutritious meals while at home, but usually prefer to stop and purchase foods that are high in sugar and fat while out in the community. I require support to assure that I am taking in the appropriate amount of nutrients needed daily. While I was previously prescribed 3 cans/day, this has been reduced to 2 cans/day (60 cans/month) as I have been able to gain and maintain a little bit of weight. 24 cans come in 1 case, therefore, 60 cans per month / 24 cans per case=2.5 cases/month; 2.5 cases per month x 12 months=30 cases for the year. I prefer strawberry and vanilla flavors. My treatment team and I are requesting nutritional supplements through the Innovations waiver.

Service(s)/Support(s)	Who will provide the Support & Location(s)*	Estimated Frequency**	Target Date
Assistive Technology-Supplies: Monthly	Kelly Medical-8	2.5 cases/month	12.31.19

* Location Codes: 1-Consumer's Home 2-Day Program 3-Residential Facility 4-Community 5-Place of Employment 6-Volunteer Site 7-Worker's Home 8-Other (Please specify)

**Estimated Frequency for Each Location: (e.g. 75% of hours, 3 out of 5 days, 2 hours/day)

Long Range Outcome :

7. [REDACTED] will follow recommended medical appointments in an effort to maintain his health and well-being throughout his plan year.

Where am I now in Relationship to the Outcome? (Reason for outcome/Justification)

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

It is recommended for me to attend annual well visits with my primary care physician, dentist, and optometrist, as well as my psychiatrist for med management every other month. I attend outpatient therapy weekly.

Service(s) / Support(s)	Who will provide the Support & Location(s)*	Estimated Frequency**	Target Date
Primary/Preventative Medical Appointments	Horizons Health Primary Care-8	Annually	12.31.19
Primary/Preventative Medical Appointments	UNC Chapel Hill Dental Clinic-8	Annually	12.31.19
Primary/Preventative Medical Appointments	Burgaw Eye Center-8	Annually	12.31.19
Primary/Preventative Medical Appointments	Coastal Horizons-8	Every other month	12.31.19
Primary/Preventative Medical Appointments	Coastal Horizons-8	Weekly	12.31.19

* Location Codes: 1-Consumer's Home 2-Day Program 3-Residential Facility 4-Community 5-Place of Employment 6-Volunteer Site 7-Worker's Home 8-Other (Please specify)

**Estimated Frequency for Each Location: (e.g. 75% of hours, 3 out of 5 days, 2 hours/day)

Status of Individual and Family Direction

Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Currently involved with Individual/Family Direction (If yes, skip the next 3 questions)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Orientation to Individual/Family Direction Given
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Individual/Family Chose Not To Receive Orientation
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Interested in Individual/Family Direction

Care Coordination

Your Care Coordinator can assist you in the following ways:

- Assisting you with assessment and documentation of your support needs.
- Assistance with development of your plan and Individual Budget.
- Monitoring services to ensure that you are receiving services to meet your needs and that you are happy with them.
- Monitoring to ensure that you are healthy and safe.
- Helping you to receive information on directing your own services.
- Help you with problems or complaints about services, if necessary.

Monitoring Plan (all that apply)

On months that face-to-face contact does not occur, the Care Coordinator has telephone contact to ensure that there are no issues that need to be addressed.

Minimum of monthly face-to-face contact

Required for the following:

- individuals living in residential placements, including alternative family living homes
- individuals new to the waiver for the first six months

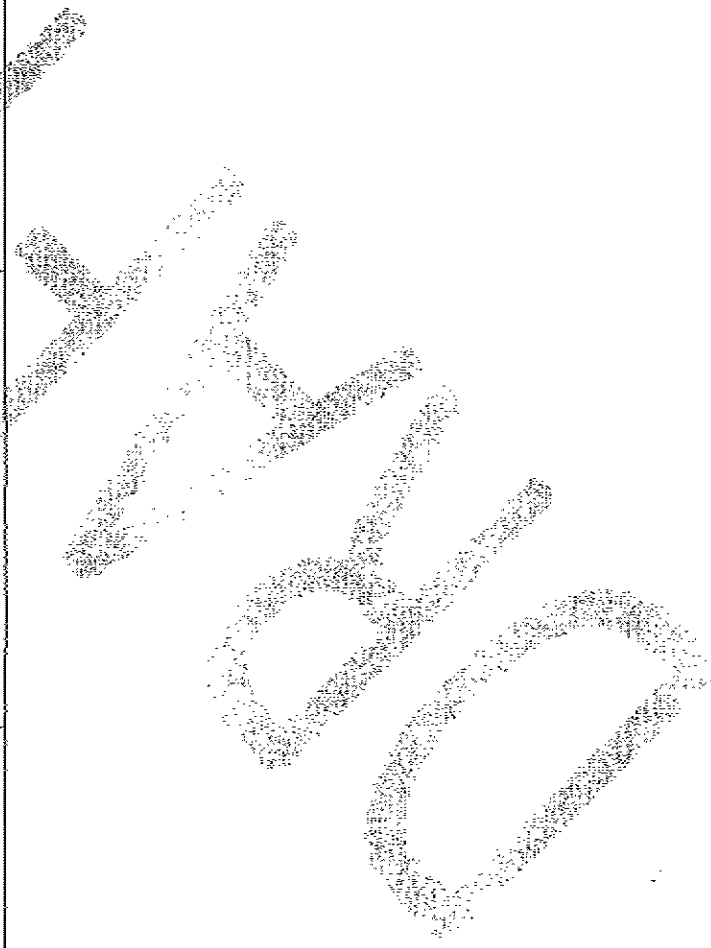
Name: [REDACTED] DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

- individuals who have service(s) provided by a guardian or relative living in the same home
 - individuals participating in Individual and Family Directed Services
- Minimum of quarterly face-to-face contact with individual
- Other: Minimum of bi-annual face-to-face contact with individual

Issues To Be Resolved			
Issue	Discussion At Plan Meeting	Who needs to be involved?	Target Date
[REDACTED] needs an updated psychological evaluation.	Team feels as though [REDACTED] would benefit from an updated full psychological evaluation as his last one was completed in 2014. CC will make referral and residential staff will assist in his attendance	[REDACTED] CC, Psychologist, Residential Staff	12.31.19



Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

Demographic Information

Name	[REDACTED]	Medicaid County	New Hanover County
Address	[REDACTED]	Other Insurance	
City, State, Zip	[REDACTED]	Medicare #	N/A
Date of Birth	[REDACTED]	Insurance Carrier	Medicaid
Phone #	[REDACTED]	Insurance #	[REDACTED]
Current Living Situation	<input type="checkbox"/> Private Residence (residence rented/leased or owned by individual or family) <input type="checkbox"/> Owned <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Alternative Family Living/AFL Home <input type="checkbox"/> Unlicensed <input type="checkbox"/> Licensed for ___ beds <input checked="" type="checkbox"/> Non-Private Residence (residence leased or owned by provider) <input type="checkbox"/> Unlicensed, <input checked="" type="checkbox"/> Licensed for 4 beds <input type="checkbox"/> Other (describe)		

Legally Responsible Person Self Parent (minor child) Legal Guardian
 Other (describe) _____

Name: _____ New Hanover County DSS

Does the legally responsible person live in the home with person supported? Yes No
 (If no, provide address and phone # of legally responsible person below)

Address: 1650 Greenfield St.
 City, State, Zip: Wilmington, NC 28402
 Phone: 910-798-3400

Participants in Plan Development	
Name/Relationship	Name/Relationship
[REDACTED] /IDD Care Coordinator, Trillium	Roxanne Craven: QP, Coastal Enterprises
Susie Hayes: Executive Director, A Special Touch II, Inc.	[REDACTED] Social Worker, New Hanover County Department of Social Services
Larry Brown: Member	[REDACTED] BCBA, Delta Behavioral Group
Dean Carter: Support staff, Coastal Enterprises	Cardell Hayes: Group Home Manager, A Special Touch II, Inc.

Assessments/Reports Utilized in Plan Development (mark all that apply)

Supports Intensity Scale Risk/Support Needs Assessment

Community Guide Assessment Other (describe) Formal Behavior Plan

Other (describe) Psychological Other (describe)

Diagnostic Information	
Code	Description
F70	Intellectual Disability, Mild

Name:



DOB:



Medicaid ID:



Record #:



FORBIDDEN

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

Individual Support Plan Signature Page

NC Innovations Waiver / Freedom of Choice

I understand that enrollment in the NC Innovations Waiver is strictly voluntary. I also understand that if enrolled I will be receiving Waiver services instead of services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). I understand that in order to be determined to need waiver services, an individual must require the provision of at least one waiver service monthly and that failure to use a waiver service monthly will jeopardize my continued eligibility for the Innovations waiver.

I have chosen NC Innovations Waiver Services I have not chosen NC Innovations Waiver Services

[REDACTED] 11/21/18
Date

Signature of Individual or Legally Responsible Person

Statement of Concern or Disagreement

I, the individual/Legally Responsible Person signing this plan have concerns or disagree with the following issues related to my Individual Support Plan:

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

Plan Signatures

By signing this plan, I am indicating agreement with the bulleted statements listed here unless crossed through. I understand that I can cross through any statement with which I disagree.

- My Care Coordinator helped me know what services are available.
- I was informed of the range of providers in my community qualified to provide the service(s) included in my plan and freely chose the providers who will be providing services/supports.
- This plan includes the services/supports I need.
- I participated in the development of this plan
- I understand that Trillium Health Resources will be coordinating my care with the network providers listed in this plan.
- I understand that all services under the Innovations Waiver, including Residential Supports and Supported Living, should be requested to the full extent of the individual's level of medical necessity, regardless of the individual's budgeting category.
- I understand that services may be authorized in excess of the Individualized Budget.

[REDACTED]

11/26/18
Date

Signature of Individual or Legally Responsible Person

Kerri Jones, BA, QP

Digitally signed by Kerri Jones, BA, QP
Date: 2018.11.20 15:11:45 -0500

11/20/18
Date

Signature/Credentials of Care Coordinator

[Signature] BS/CP

11/26/18
Date

Signature/Credentials of Service Provider

[Signature] Group Home Provider

11-27-18
Date

Signature/Credentials of Service Provider

Signature/Credentials of Service Provider

Date

Signature/Credentials of Service Provider

Date

[Signature] Group Home
Other Signature (Optional)

11-27-2018
Date

Other Signature (Optional)

Date

A SPECIAL TOUCH GROUP HOME, INC.
5925 NC HWY 11
WILLARD, NC 28478

(910) 285-7717 FACILITY
aspecialtouch@intrstar.net (910) 285-8959 FAX

FAX COVER SHEET

DATE: 10-5-19 TIME: 9:05A

OF PAGES INCLUDING THIS COVER SHEET: 37

SENDER'S NAME: Susie Hayes

RECEIVER'S NAME: Betty Gaudin

RECEIVER'S COMPANY NAME: DHSB

RECEIVER'S FAX #: 919-715-8078

INTENDED PURPOSE: ASTH POC

COMMENTS: Fronts

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