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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COWIFLE	TED	
		MHL001-093	B. WING		06/06	5/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
SECOND	SECOND STREET GROUP HOME 700 SOUTH SECOND STREET						
SECOND	STREET GROUP HOME	MEBANE, I	NC 27302				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	00 INITIAL COMMENTS		V 000				
	2019. The complaint #NC00152238). A det This facility is licensed category: 10A NCAC	as completed on June 6, was substantiated. (Intake ficiency was cited. d for the following service 27G .5600C Supervised Developmental Disabilities.					
V 110	V 110 27G .0204 Training/Supervision Paraprofessionals		V 110				
	Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPL		
		MHL001-093	B. WING		06/0	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE		
			H SECOND ST			
SECOND	STREET GROUP HOME		NC 27302			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 110	Continued From page	: 1	V 110			
	paraprofessional staff demonstrate knowled required by the popular clients (Client #1). The Review on 6/5/19 of secondary and the served on 12/15/08 received restrictive in 10/23/18 received training to served on 12/15/08 review on 6/5/19 of served on 12/15/08 received training to served on 12/15/08 received restrictive in 11/19/18 received training to served on 11/3/17 received training to served on 11/3/17 received training to served on 11/3/17 review on 6/5/19 of condary and seasonal Admission date of 10 received training to served on 11/3/17 review on 6/5/19 of condary and Seasonal Admission date of 10 received training to served on 11/3/17 review on 6/5/19 of condary and Seasonal Admission date of 10 received training to served on 11/3/17 review on 6/5/19 of condary and Seasonal Admission date of 10 received training to served on 11/3/17 received training to served on 11/3/17 review on 6/5/19 of condary and Seasonal Admission date of 10 received training to served on 11/3/17 received training to served on 11/3/1	ews and interviews, 2 of 2 (Staff #1 & #2) failed to ge, skills and abilities ation served affecting 1 of 5 the findings are: Itaff #1's record revealed: Intervention training (CPI) on work with the population Itaff #2's record revealed: Intervention training (CPI) on work with the population Itaff #2's record revealed: Intervention training (CPI) on work with the population Ilient #1's record revealed:				

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-Client #1's Behavior Support Plan dated 2/4/19

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· · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-093	B. WING		06/06/2019	
SECOND STREET GROUP HOME 700 SOUTH			DRESS, CITY, STA		,	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 110	voice is just as import 3. When redirecting word 'no.' Offer him or request or make state now' or 'we will do that has often escalated [town ade him more upse] Target Behaviors/Inte 1. Physical aggress aggression, a). Intervene to prevent being harmed. b). Use restrictive intertaught by RSL instruct episodes of physical act. Ask [Client #1] to infrom others (i.e. his being harmed). If he refuse to other areas of the lid. Monitor [Client #1] longer displaying agg 10 minutes. e). Once he is calm, information activities in the 2. Verbal disruption vocalization, yelling, of other behavior that is environment. Intervention-If [Client disruption, a). Ask [Client #1] who	aptive Behaviors: #1] with respect. Tone of tant as what you say to him. I [Client #1], do not use the ther alternatives to his ements such as 'not right at later.' Saying the word 'no' Client #1's] behaviors and t. Enventions: Sion-If [Client #1] engages in ent other individuals from ervention techniques as etors to block any further aggression towards others. move to another area away edroom, an empty living ses, move other individuals mome. I until he is calm (i.e., no ression) for approximately redirect [Client #1] to the group home.	V 110			

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concerns if possible.

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DIVISION	n nealth Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		.ETED	
			B WING			
		MHL001-093	B. WING		06/0	06/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		700 SOLIT	H SECOND ST	REFT		
SECOND	STREET GROUP HOME		NC 27302	NEE!		
			110 2/302			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPR		DATE
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V 110	Continued From page		V 110			
		o encourage [Client #1] to				
	utilize relaxation tech	niques or deep breathing				
	when he becomes up	set or disruptive.				
	c). if he does not become	ome calm (i.e., no longer				
	displaying verbal disr	uption) ask [Client #1] to				
	move to another area	away from others.				
	d). Monitor [Client #1]					
	approximately 10 min					
	e). Provide no attention					
	address him when he uses foul language and let					
		n 'talk with him when is				
	calm.'					
	f). Once he is calm, re	edirect him to ongoing				
	activities in the group					
	Review on 6/5/19 of a	a facility incident report				
	completed by staff #1	and staff #2 dated 5/30/19				
	revealed:					
	"He (Client #1) was a	sked 2 bring the trash cans				
	in. He got upset due 2	2 another individual 2 help &				
	door wasn't open. He	(Client #1) came in the				
		at staff & cussing. The				
		n van, work place and staff				
	had to hold him back	•				
	Attempts to interview	Client #1 on 6/6/19 were				
	·	nis inability to respond to				
	questions asked of hi					
	9440011011011011011011011	••••				
	Interview on 6/5/19 w	ith Client #1's day program				
	staff revealed:	an enemand any programs				
	-"I was about to leave	e the workshop and saw the				
		n front of the building with a				
		group home getting hit by				
	[Client #1].	g. cap nome gotting filt by				
	-The staff was blocking	ng and swining				
	-The other staff was in					
	THE OTHER STAIL WAS I	n die van.	1	1		1

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- [Client #1] was yelling and hitting at both staff

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MUI 004 002		B. WING		00/00/0040	
		MHL001-093	B. WIIVO		06/06/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SECOND	STREET GROUP HOME		H SECOND ST	REET		
MEBANE, N			NC 27302			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 110	0 Continued From page 4		V 110			
	and was hitting on the van and the van windows. -I saw group home staff take a bowl and throw it towards [Client #1]. It landed in the bushes near [Client #1} and it didn't hit him. -I can't say if she was throwing the bowl at [Client #1] or not. -Another workshop staff and I went over to help the two staff deal with the situation. -When I got towards them [Client #1] took off and ran into the workshop. The other workshop and I went after him as he ran through the building yelling and knocking things off the wall. -We were able to calm him down and get him back outside. We took [Client #1] to our garden area to try to calm him down. - [Client #1] calmed down. -I called the group home director and he came to pick up [Client #1]. -The ordeal last about an hour."					
	Interview on 6/6/19 w					
	-The morning started when [Client #1] got used to could only take one to reduce the could need to the come between the country of the country	et in the front seat of the came agitated when he was in the back seat. Int #1) behavior we didn't the driver. back with staff but was still ked with him and tried to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DAT		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	A. BUILDING:		
			7 501251110.		
		MHL001-093 B. WING		06/06/2019	
					1 00/00/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	•	
SECOND	STREET GROUP HOME		TH SECOND ST	REET	
		MEBANI	E, NC 27302		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	
IAO		,	IAG	DEFICIENCY)	
V 110	10 Continued From page 5		V 110		
	community				
		workshop] he (Client #1)			
		nd started hitting the van			
	near the van.	was also hitting a truck			
		edirect [Client #1] and he			
	_	He was hitting at me and I			
	was trying my best to	-			
		an and was hitting through			
	the driver's window w	here [Staff #2] was sitting			
	and she rolled up the	window.			
	- [Client #1] back towards me and started hitting				
	_	ed my arm hard and I just			
		his arm. I just reacted.			
	_	nto the building and 2 male			
	-	ed him. He was a little calm			
	when they came back	t out of the building. e hungry, so I gave him his			
		e didn't want it and threw his			
		cked up the bowl and threw			
		ed away from him and it			
		trying to hit or hurt him. I			
	just wanted him to sto				
	Interview on 6/5/19 w	ith Staff #2 revealed:			
	"On May 30th [Client	#1] was agitated at the			
		an and at the workshop.			
		not being able to take both			
		and being asked to sit in			
	the rear of the van.	· ·			
		workshop [Client #1] got out			
		ng. He was hitting [Staff #1]			
		Staff #1] was trying to block			
	[Client #1's] hits.	1101 (111)			
	-I stayed in the van and [Staff #1] was trying to				
	calm him down.	1 hit outbusy, a best of			
] hit or throw a bowl at			
	[Client #1].	m the workshop came out			
	and helped to calm do				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL001-093	B. WING		06/06/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SECOND	STREET GROUP HOME	700 SOUTH MEBANE, I	H SECOND ST NC 27302	REET		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 110	Continued From page 6		V 110			
V 110 Continued From page 6 -The workshop staff called the facility director and he came to the workshop. When [Client #1] was calm he took him back to the group home." Interview on 6/5/19 with the facility director revealed: "On May 30th I was called to the workshop by their staff. They reported that our staff was having problems with [Client #1]. - [Client #1] was acting out and was attacking our staff. -When I arrived [Client #1] had calmed down. The workshop director told me that due to Client #1's behavior he could not stay at the workshop and he had to go back to the facility. I transported him back to the facility. - [Client #1's] behavior had started earlier at the facility and staff should never had transported him on the van or taken him to the workshop. -I did discuss the incident with both staff. -We have been having some behavior problems		V 110				
	_ =	ave a meeting scheduled to s. He has also had some lication.				

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