PRINTED: 06/09/2019 Division of Hearin Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL001-093 B. WING 06/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RECEIVED 700 SOUTH SECOND STREET SECOND STREET GROUP HOME By DHSR - Mental Health Lic. & Cert. Section at 3:36 pm, Jun 21, 2019 MEBANE, NC 27302 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY V 000 INITIAL COMMENTS V 000 V 110 A complaint survey was completed on June 6, On 5/30/19 after incident 2019. The complaint was substantiated. (Intake occurred and the individual #NC00152238). A deficiency was cited. was stable, Director of the This facility is licensed for the following service CRSS Division and category: 10A NCAC 27G .5600C Supervised Coordinator for the group Living for Adults with Developmental Disabilities. home completed debriefing and retraining on de-escalation V 110 27G .0204 Training/Supervision V 110 techniques, review of the BIP Paraprofessionals for the individual, choices, and 10A NCAC 27G .0204 COMPETENCIES AND client rights for Staff #1 and #2 SUPERVISION OF PARAPROFESSIONALS who had been present and/or (a) There shall be no privileging requirements for involved in the incident. On paraprofessionals. (b) Paraprofessionals shall be supervised by an 6/3/19, VPA spoke with Staff associate professional or by a qualified #1 by phone and scheduled a professional as specified in Rule .0104 of this meeting with her for 6/7/19 Subchapter. (c) Paraprofessionals shall demonstrate to further review the incident knowledge, skills and abilities required by the and any disciplinary actions population served. deemed necessary from (d) At such time as a competency-based performance review to take employment system is established by rulemaking, then qualified professionals and associate place during the week. On professionals shall demonstrate competence. 6/7/19 VPAS met with Staff #1 (e) Competence shall be demonstrated by to discuss incident and review exhibiting core skills including: disciplinary reprimand and (1) technical knowledge; (2) cultural awareness: transfer. On 6/12/19 both (3) analytical skills: Staff #1 and #2 did training (4) decision-making; On the North Carolina interpersonal skills; (5)Communication and De-(6)communication skills; and

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

(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.

clinical skills.

ector of CRS&

Program.

Escalation Intervention

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-093	B. WING		06/06/2019	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE, ZIP CODE	00/00/2019	
SECOND	STREET GROUP HOME		H SECOND ST			
OLOGIE.	STREET GROOT 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 110	Continued From page	1	V 110			
	paraprofessional staff demonstrate knowledge	ews and interviews, 2 of 2 f (Staff #1 & #2) failed to lge, skills and abilities ation served affecting 1of 5				
	-Co-Facility Manager -Hire date of 12/15/08 -Received restrictive i 10/23/18	staff #1's record revealed: Bintervention training (CPI) on work with the population				
	Review on 6/5/19 of s -LSI -Hire date of 10/16/07 -Received restrictive in 11/19/18	staff #2's record revealed: intervention training (CPI) on work with the population				
	-Admission date of 10Diagnoses of Autism Moderate Individual D (IPP) and Seasonal Al -Medication: Abilify 10 Buspirone HCL 7.5 mg	Spectrum Disorder, Developmental Disability Ulergies Ding, Latunda 20 mg,				
	3/1/19	Support Plan dated 2/4/19				

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2 ×		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL001-093		B. WING		06/06/2019			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS CITY STA	TE ZIP CODE			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SOUTH SECOND STREET						
SECOND	STREET GROUP HOME		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)	SHOULD BE COMPLETE		
V 110	Continued From page 2		V 110				
	revealed:						
	"Prevention of Malada	aptive Behaviors:					
		#1] with respect. Tone of					
		ant as what you say to him.					
		[Client #1], do not use the ther alternatives to his					
	A TANK TANK TON TONOGRAPH TONOGRAPH TANK TANK	ements such as 'not right					
		at later.' Saying the word 'no'		3			
	has often escalated [Client #1's] behaviors and						
	made him more upse	t.					
	Target Behaviors/Inte	rventions:					
	Physical aggression-If [Client #1] engages in						
	aggression, a). Intervene to prevent other individuals from being harmed.						
		ervention techniques as					
	taught by RSL instructors to block any further episodes of physical aggression towards others. c). Ask [Client #1] to move to another area away from others (i.e. his bedroom, an empty living room, etc.). If he refuses, move other individuals to other areas of the home.						
		until he is calm (i.e., no		· ·			
	longer displaying aggression) for approximately 10 minutes. e). Once he is calm, redirect [Client #1] to						
	ongoing activities in the						
	J =	J					
	Verbal disruption						
	vocalization, yelling, cursing, screaming or any other behavior that is disruptive to the ongoing environment. Intervention-If [Client #1] engages in verbal disruption,						
		at is wrong using 'yes/no'					
		d attempt to remedy his		, or secure real	of the contract of the contrac		
	concerns if possible.	-					

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MHL001-093	B. WNG		06/06/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TĖ, ZIP CODE		
		700 SOUTH	H SECOND ST	REET		
SECOND	STREET GROUP HOME	MEBANE, I	NC 27302			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE	
	No.	·		DEFICIENCY)		
V 110	Continued From page 3		V 110			
	b). it may be helpful to	o encourage [Client #1] to				
		niques or deep breathing				
	when he becomes up					
		ome calm (i.e., no longer uption) ask [Client #1] to				
	move to another area					
	d). Monitor [Client #1]					
	approximately 10 minutes.					
	e). Provide no attention to cursing. Do not					
	address him when he uses foul language and let him know that you can 'talk with him when is			*		
	calm.'					
	f). Once he is calm, redirect him to ongoing					
	activities in the group home.					
	Review on 6/5/19 of a facility incident report					
	completed by staff #1 and staff #2 dated 5/30/19 revealed:					
	 "He (Client #1) was asked 2 bring the trash cans					
	in. He got upset due 2 another individual 2 help &					
	door wasn't open. He (Client #1) came in the				s.	
	house & start hitting at staff & cussing. The behaviors continue on van, work place and staff					
	had to hold him back from hitting."					
		Client #1 on 6/6/19 were				
	questions asked of hi	nis inability to respond to				
	queenene dened en m					
	1	rith Client #1's day program				
	staff revealed:					
	-"I was about to leave the workshop and saw the					
	group home van out in front of the building with a					
	staff person from the group home getting hit by					
	[Client #1]The staff was blockir	ag and swiping				
	-The other staff was i					
*		ng and hitting at both staff	-	STATE OF THE PARTY		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
			B MANO		
		MHL001-093	B. WING		06/06/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
			SECOND ST	Control Control	
SECOND	STREET GROUP HOME			NEE I	
		MEBANE,	NC 2/302		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(,
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORTORI	LSC IDENTIF TING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	MAIE DATE
				22.18.2.10.17	
V 110	Continued From page	e 4	V 110		
		e van and the van windows.			
		aff take a bowl and throw it			
		landed in the bushes near			
	[Client #1] and it didn				
	 -I can't say if she was 	throwing the bowl at [Client			
	#1] or not.				
	-Another workshop st	aff and I went over to help			
	the two staff deal with	n 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 1/5	me director and he came to			
	pick up [Client #1].				
	-The ordeal last about an hour."				
	-The ordear last about an flour.				
	Interview on 6/6/19 with Staff #1 revealed:				
	Therefore on 6/6/19 with Stall #1 levealed.				
	"On May 3oth I was y	vorking with [Staff #2].			
		off well, but things got bad			
	•				
	when [Client #1] got upset when he was told he could only take one trash can out to the curb.				
	•	ack in the house, but he was			
	upset and yelling.	ack in the nouse, but he was			
		d down after [Staff #2] and I			
	talked with him and re				
	-He was okay until it was time to leave for his day				
	program.	at :- tha front and af the			
		et in the front seat of the			
		came agitated when he was			
	told that he had to sit				
		nt #1) behavior we didn't			
	want him sitting near				
		back with staff but was still			
	agitated. [Staff #2] tal	lked with him and tried to			

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keep him calmed down.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL001-093 B. WING 06/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SOUTH SECOND STREET SECOND STREET GROUP HOME MEBANE, NC 27302 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 110 Continued From page 5 V 110 -When we got to the [workshop] he (Client #1) jumped out the van and started hitting the van windows and van. He was also hitting a truck near the van. -I got out the van to redirect [Client #1] and he started to attack me. He was hitting at me and I was trying my best to block his hit. -He ran around the van and was hitting through the driver's window where [Staff #2] was sitting and she rolled up the window. - [Client #1] back towards me and started hitting me again. He smacked my arm hard and I just reacted and smacked his arm. I just reacted. -He took off running into the building and 2 male workshop staff followed him. He was a little calm when they came back out of the building. -I thought he might be hungry, so I gave him his lunch box. He said he didn't want it and threw his soup bowl at me. I picked up the bowl and threw it back at him. It landed away from him and it didn't hit him. I wasn't trying to hit or hurt him. I just wanted him to stop." Interview on 6/5/19 with Staff #2 revealed: "On May 30th, [Client #1] was agitated at the group home, on the van and at the workshop. -He was upset about not being able to take both trash cans to the curb and being asked to sit in the rear of the van. -When we got to the workshop [Client #1] got out the van and was yelling. He was hitting [Staff #1] and hitting the van. [Staff #1] was trying to block [Client #1's] hits. -I stayed in the van and [Staff #1] was trying to calm him down. -I never saw [Staff #1] hit or throw a bowl at [Client #1]. -Some of the staff from the workshop came out

and helped to calm down [Client #1].

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL001-093 B. WING 06/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SOUTH SECOND STREET SECOND STREET GROUP HOME MEBANE, NC 27302 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 110 Continued From page 6 V 110 -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 with [Client #1] and have a meeting scheduled to address his behaviors. He has also had some changes with his medication.