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| V 000 | INITIAL COMMENTS<br><br>A limited follow up survey for the Type A1 was completed on June 4, 2019. This was a limited follow-up survey, only 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .5602 Staff (V290) were reviewed for compliance. Deficiencies were cited.<br><br>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)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(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.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(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 | | |

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to implement behavioral treatment strategies to address the individual needs of 1 of 3 clients (Client #2) and failed to develop and implement behavioral treatment strategies to address the individual needs of 2 of 3 clients (Clients #1 and #3). The findings are:

I. Review on 6/3/19 of Client #2's record revealed:
-Date of admission: 11/20/09
-Diagnoses: Mild Intellectual Developmental Disability (IDD), Mood Disorder-Moderate, Organic Personality Disorder, Recurrent Depression, Epilepsy, Insomnia, Gastroesophageal Reflux Disease (GERD), Hypothyroidism, Osteoporosis, History of Right Breast Malignancy; Left Femur Fracture and Anemia diagnosed in 12/2018;
-1/31/19 treatment plan revealed no changes or updates had been made to her plan;
-She had a written document that contained behavioral treatment strategies with an implementation date of 5/22/19;
-The strategies were to address Client #2's targeted behaviors;
-There was no written documentation that indicated behavioral treatment strategies had been implemented for Client #2 as of 5/22/19 and there were no written and interim positive behavioral guidelines that were with Client #2 by staff from 4/24/19 to 6/4/19.

Review on 6/3/19 of a written incident report

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dated 5/26/19 at 6:00 pm for Client #2 revealed:
-Client was being assisted with a lift by Staff #1 when one of her legs came out from under her and she was assisted with a controlled fall to the floor without injury;
-A local non-emergency medical service was contacted by Staff #1 and she requested assistance to lift Client #2 from the floor.

Review on 6/4/19 of written, staff-signed in-service training by the Group Home Manager (GHM) revealed:
3/7/19, She provided staff training on safe lifts and transfers of Client #2 from and to her bedside toilet, bed and wheelchair and included the use of her slide board;
-She reviewed the facility's on-call procedure which had staff who worked with Clients #1, #2 and #3 to call designated staff on the on-call schedule for assistance when needed and in the event of an emergency;
3/12/19, staff were trained by the GHM on the use of Client #2's mechanical lift, sling positioning and safety transfers using the lift;

Interviews on 6/3/19 with Client #2 revealed:
-At 2:37 pm, She stated that the leg she had hurt was doing better;
-She fell 1 time but could not recall when the fall occurred or what the circumstances were that surrounded her fall;
-She knew she was not hurt from her last fall;
-She denied she was doing her daily leg exercises;
-Staff put cream on her legs instead of her exercising her legs when they bothered her;
-At approximately 6:00 pm and with the Program Manager, GHM, and Staff #1 present, Client #2 continued to deny she did her daily leg exercises.

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| V 112 | Continued From page 3<br><br>Interview on 6/3/19 with Staff #1 revealed:<br>-She was a Lead Direct Support Staff;<br>-Client #2 was not told by her and the other staff to do her leg exercises;<br>-Client #2 was told to lift her legs and they did not use the word "exercise" with her.<br><br>Interview on 6/3/19 with the GHM revealed:<br>-The 5/22/19 implementation date on Client #2's behavioral treatment strategies was the date the facility received her written behavioral treatment document;<br>-She had reviewed Client #2's behavioral treatment strategies but the strategies had not been implemented because:<br>-She had not received a supply of "emotion cards" that was to be used with Client #2 in her communication with staff;<br>-She had been interviewing to fill staff positions;<br>-She wanted to fill staff positions and train all staff at one time;<br>-She had scheduled the staff training on Client #2's behavioral treatment strategies for 6/6/19;<br>-The licensed psychologist who developed Client #2's behavioral treatment strategies had offered to in-service staff on Client #2's strategies.<br><br>Interviews on 6/3/19 and 6/4/19 with the Program Manager revealed:<br>-6/3/19, He had reviewed Client #2's behavioral treatment strategies and was aware the strategies had not been implemented with Client #2 and staff;<br>-6/4/19, the Qualified Professional (QP) was assigned by the management team to develop and implement interim positive behavior guidelines to use as strategies with Clients #1, #2 and #3 as a part of the facility's plan of correction and prior to these clients being assessed for more formal behavioral treatment strategies; | V 112 | | |

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| V 112 | Continued From page 4<br>-The interim positive behavior strategies had not been started by the QP;<br>-An example of a positive behavior strategy would have included a prize reward box from which Clients #1-#3 would have received prizes as their rewards for positive behaviors;<br>-The local non-emergency medical service was a service offered to the community for use when needed and he told staff they were to call this service to have additional assistance with lifting Client #2 if needed;<br>-He was aware the GHM had trained staff on safe and proper lifting and transfer methods to use with Client #2.<br><br>Interview on 6/4/19 with the Chief Executive Officer (CEO) revealed:<br>-He confirmed the QP was to put into place interim positive behavior strategies for Clients #1, #2 and #3 as a part of the facility's plan of correction and the QP had not carried out this responsibility;<br>-He was aware staff had been in-serviced on 4/24/19, which was after the 23-day correction period, about client-specific goals and their aggressive or inappropriate behaviors;<br>-Client #2 had no recent behavioral incidents;<br>-The facility was not the "plan holders" for Clients #1, #2 and #3's treatment plans;<br>-The Local Management Entity (LME) Care Coordinators were responsible for revisions and updates to client treatment plans;<br>-He later stated the interdisciplinary team dictated client treatment plans.<br><br>II. Review on 6/3/19 of Client #1's record revealed:<br>-Date of admission: 4/15/08<br>-Diagnoses: Moderate Intellectual Developmental Disability (IDD), Seizure Disorder, Schizoaffective | V 112 | | |

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Disorder, Depressive Type, Psychotic Disorder by history, Major Depressive Disorder-recurrent type, Anxiety Disorder, GERD, Parkinson's Disease, Dementia, Arthritis, Osteoporosis, Overactive Bladder with incontinence, Bilateral Cataract;
-1/10/19 treatment plan revealed:
-No changes or updates had been made to her plan;
-She continued with a goal to have an outlet to express her anger in a constructive way and included
strategies that:
-Staff were to step in between Client #1 and her housemates when staff observed her becoming frustrated;
-Client #1 was to be prompted by staff to take deep breaths to self-calm, and for staff to take time to listen to what was bothering her until her "agitation had dissipated;"
-5/6/19 at 4:30 pm, a written entry in Client #1's "Challenging Behavior Log" by Former Staff (FS #8) contained the following information:
-Client #1 was sitting in the living room watching television when she yelled and screamed for Client #3 to get out of her (Client #1)'s bedroom or she was going to "beat her a*s;"
-Client #1 went into her bedroom and continued to yell and scream for Client #3 to leave her room;
-When Client #3 refused to leave, Client #1 pulled and "yanked on her (Client #3)'s clothes as the altercation began;"
-Client #1 threw her shoes at Client #3, and slapped, pulled her hair, scratched and punched Client #3 in the head;
-She called Client #3 her "b*****s and "j*******s" while she kicked her;
-Clients #1 and #3 continued to fight despite FS #8's attempt to re-direct both clients and stop the

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fight;
-Clients #1 and #3 were separated when FS #8 pulled Client #1's wheelchair back to stand between them to prevent further hitting on each other;
-Client #1's written daily body checks, which were documented twice daily and ranged from 5/6/19 to 5/12/19, revealed:
-Client #1 had body checks conducted twice daily, every morning (AM) and evening (PM), with documented staff observation of marks, bruises or other unusual conditions and their location(s);
-Staff repeatedly documented 2 scratches on the back of Client #1's neck on 5/6/19, 5/7/19, 5/8/19, 5/9/19, 5/10/19, 5/11/19, and 5/12/19 with no additional information about the cause(s) of her scratched neck;
-There was no documentation that indicated she had behavioral treatment strategies completed or there were interim behavioral strategies developed and implemented for her by 4/24/19.

Review on 6/3/19 of requested written incident reports from 4/8/19 to 6/3/19 revealed:
-No Level 1 or II incident reports about the 5/6/19 physical altercation between Clients #1 and #3.

Review on 6/3/19 of Client #3's record revealed:
-Date of admission: 1/2/15
-Diagnoses: Moderate IDD, Attention-Deficit Hyperactivity Disorder (ADHD), Impulse Control Disorder, Seizure Disorder, and Allergies;
-10/4/18 treatment plan revealed:
-No changes or updates had been made to her plan;
-She had difficulty coping with routine changes in her daily activities and needed information and explanation by staff of changes that deviated from her daily routine;
-She needed to be removed from situations in

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which she yelled, screamed and made demands;
-There were at least 6 written entries in Client #3's "Challenging Behavior Log" from 5/2/19 to 5/10/19 by various staff (Staff #1, #4 and FS #8) which contained incidents of her verbal and physically aggressive behaviors:

-5/2/19 at 4:35 pm, Client #3 yelled, screamed, and slammed doors and followed these behaviors with having thrown glass objects at FS #8 and breaking a glass picture frame that she threw against her bedroom door;

-5/6/19 from 3:00 pm to 5:00 pm, she yelled, and screamed upon her return to the facility because a "male housemate" came from her bedroom and used her bathroom;

-Client #3 went into Client #1's bedroom and refused to leave the bedroom, which led to a physical fight between Clients #1 and #3 and an unsuccessful attempt by FS #8 to stop the fighting;

-FS #8's written entry was that Client #3 refused to be redirected "until she was tired of being abused by the other housemate;"

-Client #3's injuries were written in the note as scratches and bruises, but no additional information was provided about location of her injuries or staff response to her injuries;

-There was no additional information about the male housemate initially mentioned in the written note with exception that the 2nd restroom had been occupied;

-5/7/19 from 7:15 am-7:45 am, Client #3 was verbally aggressive when asked to clean her bedroom by Staff #4 and she continued to refuse to clean her room;

-5/10/19 from 2:50 pm to 6:00 pm, Client #3 yelled and screamed on the van while being transported back to the facility from her day program and she attempted on "3 different occasions" to open the van door while FS #8

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drove the vehicle;
-Client #3 refused to exit the van when returned to the facility and continued to yell and scream;
-5/11/19 at 10:00 am, Client #3 was verbally aggressive with property destruction behavior as noted by Staff #1, and at 7:00 pm, she had "challenging behaviors toward staff and other housemates" as noted by FS #8;
-Client #3's written daily body checks which were documented twice daily from 5/6/19 to 5/12/19 revealed:
-5/6/19 during AM hours, she had bruises on her upper left and right arms;
-5/7/19 during AM hours, her right eye was bruised, and she had scratches on her face and neck;
-5/10/19, during AM hours, her upper back had scratches, right chest area had a bruise with scratches and there was a bruise on her right shoulder and forearm;
-5/10/19 during the PM hours, her right eye continued to be bruised with a bruise found on her right arm, right hand, right foot, left arm and buttocks with the faded bruises in these same areas during an AM body check on 5/21/19;
-There were no written notes or incident reports provided that explained how the bruises and scratches occurred on Client #3 or how the injuries were addressed by staff;
-There was no documentation in Client #3's record that indicated she had behavioral treatment strategies completed or there were interim behavioral strategies developed and implemented for her by 4/24/19.

Interview on 6/3/19 with Client #1 revealed:
-She had lunch earlier on this date, 6/3/19, with her LME Care Coordinator at a local restaurant;
-She had a new wheelchair that kept her back

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more supported and helped her move around better than the wheelchair she had;
-She had not fought or argued with her housemates that she remembered;
-She liked her housemates but did not like when Client #3 yelled and screamed because the noise got on her nerves.

Observation on 6/3/19 at 2:53 pm of Client #3 revealed:
-She repeatedly sat down in and stood up from living room chair a minimum of 4-5 times within a 5-minute span of time;
-Her verbal communication was mumbled and she frowned;
-She immediately complied with Staff #1's request to help unload the dishwasher and put up the dinner plates and she initiated helping Client #2 clean her eating area at the dining table.

Interview on 6/3/19 with Client #3 revealed:
-She liked helping staff clean up around the home because it gave her something to do;
-She helped staff fix dinner by getting the food out of the refrigerator or freezer;
-Her one-on-one worker continued to take her on outings on Saturdays when she did not go home with her parents for the weekend;
-She acknowledged she and Client #1 had fought and Client #1 pulled her hair and hit her on the head and arms;
-She did not disclose the circumstances that led to a fight between them;
-She did not like staff telling her what to do and when to do something such as cleaning her bedroom.

Interview on 6/3/19 with the GHM revealed:
-Client #1's behaviors seemed to have improved since FS #8's employment ended on 5/29/19;

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| V 112 | Continued From page 10<br>-She compared Clients #1 and #3's behaviors with staff on duty at each shift and found a pattern between the aggressive behaviors of these clients and when FS #8 worked her shift;<br>-She believed that FS #8's personality triggered Clients #1 and #3's aggressive behaviors;<br>-Client #1 had not yet been assessed for behavioral treatment strategies nor did she have interim positive behavior strategies started for her by the QP for appropriate and non-aggressive behaviors;<br>-Client #3 continued to be assessed for behavioral treatment strategies by a licensed psychologist who wanted to make additional observations of her behaviors at her day program and the facility;<br>-Client #3 did not have interim positive behavior strategies started by the QP for appropriate and non-aggressive behaviors;<br>-The psychologist began Client #3's assessment on 4/30/19 and recommended Client #3 be placed on medication to treat her ADHD symptoms, but her legal guardian refused because they did not want Client #3 on multiple medications that might cause her to be less alert and less oriented;<br>-Client #3's guardian agreed for her existing medications to be re-evaluated and her behaviors assessed for improvement before considering additional medications;<br>-5/7/19 and 5/29/19, Client #3 was taken to her physician by Staff #5 for medication reviews and her Risperdal was increased to 1 milligram (mg) at 3:00 pm and bedtime dosage times;<br>-She reviewed Client #3's behavior log entry on 5/10/19 where Client #3 tried 3 times to open the van door while being transported with 2 other clients and FS #8 driving the vehicle;<br>-She stated these were attempts by Client #3 and she did not get the van door open; | V 112 | | |

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| V 112 | Continued From page 11<br>-There was one staff who was present on and drove the facility van during client trips while the 2nd staff member remained at the facility with one or two of the other clients;<br>-Staff transported other clients who lived at the sister facilities and attended the same day program as Client #2 and #3.<br><br>Interviews on 6/3/19 and 6/4/19 with the Program Manager revealed:<br>-6/3/19, Client #1 was being assessed by another professional who was different from the licensed psychologist for Clients #2 and #3 because she had care coordination through a different LME;<br>-The assessment for Client #1 had not been started;<br>-Client #3's behavioral treatment strategies were in the first phase, which meant her assessment was initiated on 4/30/19 with a team meeting with the Client #3, her guardian, a licensed psychologist and facility staff and additional monitoring was needed of Client #3's behaviors by the psychologist;<br>-He confirmed Client #3's guardian did not want her on ADHD medication;<br>-He considered Client #3's behavioral treatment strategies to be partially completed as of 6/4/19;<br>-Clients #1 and #3 did not have interim positive behavior strategies or guidelines started which was the responsibility of the QP;<br>-The QP was on maternity leave;<br>-The male housemate referenced in Client #3's challenging behavior note dated 5/6/19 might have been a male resident of a sister facility whom staff was transporting from the day program and needed to use the restroom, but he did not know this information to be certain;<br>-He was concerned about Client #3 having attempted to open the van door while the van was being driven by staff; | V 112 | | |

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| V 112 | Continued From page 12<br><br>-6/4/19, the behavioral assessor for Client #1 did not work out and Client #1's Care Coordinator had additional names and contact information to provide for other assessors;<br>-There was a Behavioral Specialist staff under the licensee who could develop and help staff implement behavioral treatment strategies for Clients #1 and #3.<br><br>Interview on 6/4/19 with the Chief Executive Officer (CEO) revealed:<br>-There was one incident of aggressive behavior between Clients #1 and #3;<br>-Client #3's behavior incidents between 5/2/19 to 5/10/19 constituted about 1 incident a week;<br>-He had worked in the mh/dd/sa field over 20 years and behavioral treatment strategies could not stop clients with developmental disabilities and mental health issues from getting upset but staff could be trained to act appropriately with this service population;<br>-He would contact the Behavior Specialist in his company to develop and train staff on behavioral treatment strategies for Clients #1, #2 and #3 because he did not want to wait on LME authorizations.<br><br>This deficiency is cross-referenced into 10A NCAC 27G .5602 Staff (V290) for a Failure to Correct the Type A1 rule violation. | V 112 | | |
| V 290 | 27G .5602 Supervised Living - Staff<br><br>10A NCAC 27G .5602 STAFF<br>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. | V 290 | | |

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| V 290 | Continued From page 13<br>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.<br>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:<br>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or<br>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.<br>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:<br>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and<br>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. | V 290 | | |

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| V 290 | Continued From page 14<br><br>This Rule is not met as evidenced by:<br>Based on record review, observation and interview, the facility failed to staff the facility to meet the individual needs of 3 of 3 clients (Clients #1, #2 and #3). The findings are:<br><br>CROSS-REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on record review and interview, the facility failed to implement behavioral treatment strategies to address the individual needs of 1 of 3 clients (Client #2) and failed to develop and implement behavioral treatment strategies to address the individual needs of 2 of 3 clients (Clients #1 and #3).<br><br>Review on 6/3/19 of the facility's previous plan of protection and dated 3/6/19 revealed:<br>-The facility would have increased staffing on 2nd shift for when all three clients were in the home until the facility coordinated Clients #1, #2 and #3's care with their care coordinators and adjusted the yearly plans to address behavioral concerns.<br><br>Review on 6/3/19 of the facility's staff schedule for the months of 4/2019 and 5/2019 revealed:<br>-For each of these months, the facility had 1 staff member on 2nd shift between 33-35% of the time without a 2nd staff present;<br>-This percentage had 1 staff person who worked 2nd shift from 4:00 pm to 10:00 pm (6 hours) or from 3:00 pm to 10:00 pm (7 hours);<br>-5/2/19 had 1 staff (FS #8) who was scheduled to work without a 2nd staff member from 4:00 pm-10:00 pm which was during the time Client #3 threw and broke glass objects; | V 290 | | |

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| V 290 | Continued From page 15<br>-The Program Manager was contacted by FS #8 for assistance to the facility to help Client #3 de-escalate from her verbal and physical outburst;<br>-5/6/19 had 2 staff (Staff #5 and FS #8) scheduled to work 2nd shift and during the time Clients #1 and #3 had their physical fight with FS #8 having intervened to attempt to stop the fight and no additional information was provided that indicated the presence or involvement of Staff #5 to help de-escalate one or both of these clients;<br>-5/10/19 had Staff #1 scheduled to work 2nd shift until 4:00 pm with FS #8 scheduled to work from 2:00 pm-10:00 pm which was the date Client #1 had verbal outbursts on the van and tried to open the van door 3 times;<br>-5/26/19 at 6:00 pm, which was the date and time of Client #2's fall, had 1 staff member (Staff #3) working from 3:00 pm to 10:00 without a 2nd staff.<br><br>Interview on 6/3/19 with the GHM revealed:<br>-The facility ended FS #8's employment on 5/29/19;<br>-Staffs #3 and #5 were new staff at the facility<br>-She had an additional new staff member who was still in training;<br>-She filled in as staff when there were openings.<br><br>Interview on 6/3/19 with the Program Manager revealed:<br>-The facility was 99% staffed during the afternoons when all 3 clients were present at the facility;<br>-The Local Management Entity (LME) Care Coordinators were involved with each of their consumers (Clients #1, #2 and #3) and knew what was needed regarding the client assessments for their behavioral treatment strategies; | V 290 | | |

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| V 290 | Continued From page 16<br>-This was a process that took time but communication between staff and the Care Coordinators was ongoing;<br>-Clients #1, #2 and #3's treatment plans had not been revised or updated since their last annual plan;<br>-Client #2's treatment plan update was scheduled on 6/12/19.<br><br>Interview on 6/4/19 with the Chief Executive Officer (CEO) revealed:<br>-He did not see how increasing the number of staff at a facility would solve client behavior problems;<br>-He would ensure staff was increased when all 3 clients were at the facility and while getting client behavioral treatment strategies developed and implemented.<br><br>Review on 6/4/19 of a Plan of Protection for the failure to correct the Type A1 rule violation that was completed and signed on 6/4/19 by the Program Manager revealed:<br>What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?<br>"All staff will be trained on BSP (Behavior Support Plan) for Consumer 2 (Client #2) on Wednesday, 6/5/2019 by the Group Home Supervisor (Group Home Manager) and the BSP will begin being implemented by all staff immediately thereafter. [The Behaviorist] will evaluate and assess the consumers to further determine if on-going or additional needs or resources are necessary. [The Behaviorist] will train all staff on Positive Behavioral Guidelines generalized for all consumers in the home on Thursday, 6/6/2019. The guidelines will then immediately be put into place and utilized when necessary by all staff working with the 3 consumers (Clients #1, #2 and | V 290 | | |

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#3) in the group home.
Beginning on Wednesday, 6/5/2019, there will be 2 staff on duty during waking hours when there are 2 or more consumers in the home."

Describe your plans to make sure the above happens.
"Staff training has already been schedule for both Wednesday, 6/5/19 and Thursday, 6/6/19 so that all staff will be in attendance for the BSP training as well as the Positive Behavioral Guideline training.[The Behaviorist] has scheduled time to evaluate and assess the consumers in their home on Thursday, 6/6/19. The Group Home Supervisor (Group Home Manager) will have a new schedule posted to be implemented as of 8:00 AM on Wednesday, 6/5/2019."

Clients #1, #2 and #3 were diagnosed with Intellectual Developmental Disability (IDD) and had various medical conditions that included Seizure Disorders, Dementia, Parkinson's Disease and Osteoporosis. These 3 clients had histories of aggressions (yelling, screaming, kicking and hitting) and emotional (anger) outbursts. The facility's plan for each of these clients to have behavioral treatment strategies or at least positive behavioral strategies (guidelines) in place and implemented by 4/24/19 did not occur. Client #1 had a written document dated 5/22/19 that contained behavioral treatment strategies by a licensed psychologist to address her targeted behaviors but as of 6/4/19, her strategies had not been implemented with her by staff. These strategies were not implemented for various reasons from the Group Home Manager (GHM) not having material supplies (emotion cards) at the facility to the facility not being fully staffed by 1 position for the GHM to train all the staff at one time on Client #2's behavioral

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strategies. Client #2 did not have on 6/4/19 and at minimum, interim positive behavioral guidelines in place by the Qualified Professional (QP) until staff could be trained on her formal behavioral treatment strategies.

Clients #1 and #3 were without their behavioral treatment strategies or positive behavioral strategies as of 4/24/19 because one assessor did not accept a referral to assess Client #1, the other assessor wanted additional observations made of Client #3, and the Qualified Professional (QP) did not develop and implement positive behavioral strategies or guidelines for Clients #1 and #3. Clients #1 and #3 had 1 occasion (5/6/19) which their verbal aggression toward each other escalated into physical aggression and they could not be de-escalated by Former Staff (FS #8) until Client #3 became tired of fighting. Clients #1 and #3 had physical injuries that resulted from their fight (bruises and scratches). Client #3 had at least 4 occasions between 5/2/19 and 5/11/19 (5/2/19, 5/7/19, 5/10/19 and 5/11/19) with her verbal aggressions toward staff (Staffs #1, #4 and FS #8) and included the 5/10/19 occasion where she tried 3 times to open the van door while being transported in the vehicle.

Further, the facility was not consistently staffed in 4/2019 and 5/2019 with at least 2 staff while all 3 clients were awake and present at the facility. During each of these 2 months, there were approximately 9 days that a 1st shift staff stayed on 2nd shift until 3:00pm or 4:00 pm and the 2nd shift staff was left alone on duty to manage Clients #1, #2 and #3 in their daily activities from 4:00 pm to 10:00 pm or from 3:00 pm to 10:00 pm. As a result, the facility was without another staff immediately present to help manage and

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| V 290 | Continued From page 19<br>de-escalate client behaviors when behaviors occurred and without behavioral treatment strategies or guidelines to use with each individual client.<br><br>This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for neglect. An administrative penalty of $500.00 per day is imposed for failure to correct within 23 days. | V 290 | | |