

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2019
NAME OF PROVIDER OR SUPPLIER THE ENOLA GROUP / MOUNTAIN SIDE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2175 MOUNTAIN SIDE DRIVE MORGANTON, NC 28655		
(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 survey was completed on June 11, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Adults of all Disability Groups-Alternative Family Living.	V 000		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (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. (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. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (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 (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients	V 290		

DHSR - Mental Health
JUL 16 2019
Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

W. M. Daniel, MS OP *Adult Svcs Director* *7/12/19*

Division of Health Service Regulation

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V 290	<p>Continued From page 1</p> <p>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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that the client's treatment plan documented that the client can remain in the community without supervision for specified periods of time, affecting 1 of 2 clients (#2). The findings are:</p> <p>Record review on 6/11/19 for Client #2 revealed: -Admitted on 4/20/10 with diagnoses of mild Mental Retardation, and moderate delay in adaptive behavior skills. -Treatment plan dated 1/3/19 did not indicate that Client #2 could be unsupervised for periods of time in the community.</p> <p>Client #2 could not be interviewed because he was on vacation with his family at the time of this survey.</p> <p>Interview on 6/11/19 with the AFL provider</p>	V 290			

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V 290	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Client #2 was very proactive about his health. He was up every morning and took a daily walk in the neighborhood. He was gone approximately 30 minutes and stayed within the neighborhood. She did not accompany him on his walks. -Client #2 was very independent. -There had been no incidents that had occurred within the last year with Client #2. -Client #2 was very familiar with the neighbors in the neighborhood. <p>Interview on 6/11/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Client #2 was high functioning and most goals addressed the development of independent living skills. -Client #2 went on walks in the neighborhood unsupervised. The AFL provider knew how long he would be gone. -Client #2 knew "stranger danger" and the neighbors knew him and looked out for him. Client #2 knew how to access help if he needed it. -They felt that Client #2 was capable of being unsupervised during his neighborhood walks but had not formally assessed him for that nor included that in his treatment plan. 	V 290	<p>PCP revised on 6/27/19 to include information and guidelines regarding unsupervised time to walk. Signed by legal guardian on 6/27/19 and person served on 7/1/19.</p> <p>Stranger Danger questionnaire completed 6/24/19.</p> <p>Letter of permission provided by legal guardian 6/16/19.</p> <p>Letter of permission provided by family physician 6/24/19.</p> <p>QP will monitor compliance during monthly visits to the home.</p>	

STATE OF NORTH CAROLINA

Cleveland County

File No.

91 E 127

Film No.

In The General Court Of Justice
Superior Court Division
Before The Clerk

IN THE MATTER OF THE ESTATE OF:

Name Of Ward

[REDACTED]

LETTERS OF APPOINTMENT GENERAL GUARDIAN

☒ Incompetent Person

☐ Minor

G.S. 35A-1203, 35A-1206, 35A-1251

The Court in the exercise of its jurisdiction for the appointment of guardians of incompetent persons and minors, and upon proper application, has appointed the person named below as General Guardian of the ward named above and has ordered that these Letters Of Appointment be issued.

The General Guardian is fully authorized and entitled under the laws of North Carolina to receive, manage and administer the property, estate and business affairs of the ward and to have the custody, care and control of the ward.

These Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

Name And Address Of General Guardian

[REDACTED]

Date Of Qualification

March 6, 1991

Clerk Of Superior Court

Linda C. Thrift

EX OFFICIO JUDGE OF PROBATE

SEAL

Date Of Issuance

March 6, 1991

Signature

☐ Deputy CSC

☒ Assistant CSC

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

PCP (UPDATE/REVISION)

(For use **ONLY** if a new service or a new goal is added to the PCP during the plan year.)

Name: [REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	Record #: [REDACTED]
Update/Revision Date: 6-27-19		Effective Date: 6-27-19	

ACTION PLAN

The Action Plan should be based on information and recommendations from: the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals information, and any other supporting documentation.

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

To become independent as possible and to be a better artist

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

Revision:6-27-19: DHHS completed the yearly inspection of the AFL home and learned that [REDACTED] was walking the neighborhood unsupervised. Per the request of the surveyor, the crisis plan in the revised PCP has been updated to reflect situations surrounding unsupervised time when walking. Also requested and attached to plan are a list of various questions pertaining to Stranger Danger and Emergency situations that were given to [REDACTED] to assess his ability to maintain his safety in every scenario. There are two written consents clearing [REDACTED] to have unsupervised time to walk his neighborhood, one from his guardian and the other from his family physician. It is important to note that the neighborhood is very close knit and keeps a close eye on [REDACTED] as he walks. The AFL and the back-up also know how long it takes for [REDACTED] to walk from start to finish. [REDACTED] knows his address and keeps the same route and never veers. If at anytime [REDACTED] does not use safe practices or the neighborhood becomes dangerous, he will not be allowed to walk unsupervised.

All goals will remain ongoing at this time since [REDACTED] has not reach criteria at this time. [REDACTED] continues to do well with the goals in both Day Activity and Family Living Low.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:			
WHAT (Short Range Goal) 1	WHO IS RESPONSIBLE		SERVICE & FREQUENCY
Daily, [REDACTED] will increase communication skills by responding to a question when asked without the other person repeating the question for the duration of the plan year.	Brooks Day Activity Staff (Enola Group)		Day Activity 30 hours per week
HOW (Support/Intervention) [REDACTED] has difficulty responding to questions given to him. It is apparent that he hears the questions as he will stop or pause what he is doing however he will not answer. He will often ignore the question, so he does not have to stop what he is doing. At times the staff will have to repeat several times or ask [REDACTED] "did you hear what I asked you". [REDACTED] will often times say yes but still not respond. Staff will discuss the importance of answer the question the 1 st time rather than having it repeated. Staff will document YES if there was he answered the question without the need for repeating or NO if there a need to repeat the question Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Needs to increase social skills

WHAT (Short Range Goal) 2	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Daily, [REDACTED] will exhibit appropriate response to those who interrupt him while working with no more than 1 VP for the duration of the plan year.	[REDACTED] Day Activity Staff (Enola Group)	Day Activity 30 hours per week

HOW (Support/Intervention)

[REDACTED] has a deep concentration level when he is working on items and does not like to be interrupted. [REDACTED] needs to learn how to interact with those who do interrupt him in an appropriate manner. Examples of behaviors when interrupted include but not limited to making hand gestures, brushing by others (gently rubbing against a person), kicking items, turning away from the person interrupting etc. [REDACTED] needs to learn how to interact with those who interrupt him in an appropriate manner. Staff will monitor interactions and redirect and discuss with [REDACTED] the inappropriate behavior as well as assisting him with appropriate words to use when the interruption occurs.

Staff will document YES if there was 1 prompt or less or NO if there were 2 or more prompts given. Key 2

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
/ /	/ /		

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 3

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Daily, [REDACTED] will listen constructive criticism or direction without display of frustration or negativity for the duration of the plan year.	[REDACTED] Day Activity Staff (Enola Group)	Day Activity 30 hours per week

HOW (Support/Intervention)

Staff will monitor [REDACTED] while engaged in activities, chores etc at Signature Day and prompt him as needed to accept constructive criticism, direction or feedback. Many times [REDACTED] may become defensive when offered feedback. [REDACTED] will also state " well so and so did it so I did it " [REDACTED] is a perfectionist and does not like to feel criticized. Staff should assist [REDACTED] in learning that constructive feedback is meant to be helpful and should not be perceived in a negative way. Staff should use role modeling and redirection as needed.

Staff should document progress using Key 2 – Yes he listened and didn't display negativity or No he didn't listen and did display negativity

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
/ /	/ /		

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 4

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Daily, [REDACTED] will demonstrate how to appropriately communicate frustrations by voicing them instead of only using gestures, with 0 incidents, for the duration of the plan year		[REDACTED] Day Activity Staff (Enola Group)	Day Activity 30 hours per week
HOW (Support/Intervention) Staff will monitor [REDACTED] while engaged in activities at Signature Day and prompt him as needed to discuss his frustrations with staff when they see that he is upset. Signs that [REDACTED] may be upset include: walking at a fast pace through the house, bumping into others, kicking others under the table, hand gestures, talking in a hateful tone. When [REDACTED] is not upset, staff should use role play situations with him, and give him a chance to practice communication techniques with staff. Staff to listen to [REDACTED] responses and assist him with proper ways to channel his frustrations/ anger.			
Staff will document YES if the task was completed with 0 incidents or NO there were incidents. Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
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CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 5

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
When mopping and or taking out the trash, [REDACTED] will take his time completing the task and be mindful of his surroundings for the duration of the plan year.		[REDACTED] Day Activity Staff (Enola Group)	Day Activity 30 hours per week
HOW (Support/Intervention) [REDACTED] will rush through his task/chores of mopping and taking out the trash so he can get back to his art or another activity. When [REDACTED] rushes through he will miss areas, which need to be mopped or when rushing he is not aware of his surroundings and not wait to mop and let others pass or will rub the full trash bag on the wall or accidentally hit the bag against an object or person. [REDACTED] needs to slow down and take his time in order to complete his chore completely and correctly. When it is time for the chore to be completed, staff will give the initial reminder to slow down and take his time. Staff will monitor and prompt when needed.			
Staff should document progress using Key 2 – Yes he listened and completed the task correctly – or No he didn't listen and did not complete the task correctly			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 6

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
One time per week, [REDACTED] will join in on a table activity with a group of his peers independently for the duration of the plan year.		[REDACTED] Day Activity Staff (Enola Group)	Day Activity 30 hours per week
HOW (Support/Intervention) [REDACTED] does join groups that involve exercising, karaoke, out to eat, educational classes but looks on as others are engaging on table activities. [REDACTED] needs to engage more with his peers and increase his leisure repertoire as well as develop more meaning peer relationships. During the week, [REDACTED] will have an opportunity to join a group for an activity such as card games, puzzles, etc. When staff sees this beginning, staff may give an initial prompt (not to be documented) [REDACTED] there is an activity, would you like to join? Staff will monitor when [REDACTED] is engaging to ensure that the interactions are appropriate. Staff should document progress using Key 2 – Yes he interacted with 0 prompting or No he required 1 or more prompts to engage			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 7

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
While in the community, [REDACTED] will carefully maneuver around others when getting from point A to point B by slowing down and not coming into contact with them with no more than 1 VP for the duration of year		Day Activity Staff (Enola Group)	Day Activity 30 hours per week
HOW (Support/Intervention) Know that [REDACTED] has a one track mind when he wants to go from one place to another. [REDACTED] will push others out of the way, will run into others to get around a person etc just to get to where he wants to go. [REDACTED] is always in a hurry and needs to learn to slow down his pace. Staff will always prompt Brooks especially while in the community that he needs to be mindful of the community and slow down so he will not touch others while moving around people. Staff will closely monitor [REDACTED] and should he run into a person prompt him to say excuse me or I am sorry. Staff will discuss to slow down and watch for people. This process will continue until the outing has been completed.			
Staff will document YES if there was 1 prompt or less or NO if there were 2 or more prompts given			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
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/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 8

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Daily [REDACTED] will demonstrate flexibility in his schedule as evidence by not displaying gestural motions for the duration of the plan year.		Day Activity Staff (Enola Group)	Day Activity 30 hours per week
HOW (Support/Intervention) [REDACTED] likes is schedule to be consistent and is very impatient. When staff tell [REDACTED] and his group that it is time to go [REDACTED] is the first one at the door and he does not like to wait for his peers. [REDACTED] does not like to have his schedule changed without forewarning. Gestural motions are [REDACTED] way of showing his displeasure. Such gestural motions could be but not limited to making a kicking motion, pumping his fist, making swiping motions etc. Should there be a schedule change, or he becomes impatient and [REDACTED] displays a gestural motion, staff should correct him and discuss the issue of a schedule change or the need to be patient. Data will show if he went through the day without making gestural motions or no he made gestural motions during the day. Staff will document YES he went through the day without making any gestural motions NO he did not go through the day without making gestural motions Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
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/ /	/ /		
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Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

RESIDENTIAL

FAMILY LIVING LOW GOALS

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Needs to increase social skills			
WHAT (Short Range Goal) 1		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Daily, [REDACTED] will increase communication skills by responding to a question when asked independently for the duration of the plan year.		[REDACTED] Residential Staff (Enola Group)	Family Living Low (7 days per week)
HOW (Support/Intervention) [REDACTED] as difficulty responding to questions given to him. It is apparent that he hears the questions as he will stop or pause what he is doing however he will not answer. At times the staff will have to repeat several times or ask [REDACTED] "did you hear what I asked you". [REDACTED] will often times say yes but still not respond. Staff will discuss the importance of answer the question the 1 st time rather than having it repeated. Staff will document YES if there was 0 prompt or less or NO if there were 1 or more prompts given Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
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CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 2			
WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Three times per week, [REDACTED] will explain 3 cause/effect of relationships when presented with hypothetical social situation independently for the duration of the plan year.		[REDACTED] Residential Staff (Enola Group)	Family Living Low (7 days per week)
HOW (Support/Intervention) Staff will provided 3 different social situations with others and ask [REDACTED] what it to gain and lose from a response. Example: [REDACTED] you are at the bank and a stranger ask you for a dollar. What do you do? Do you give him a dollar or not and why. Staff will provide assistance if [REDACTED] is unable to come up with an answer. Using the example, [REDACTED] should say that he would not give away his money because he does not know the person and he needs to save his money. Should [REDACTED] come up with an answer which is dangerous etc then staff will assist and explain the correct way to handle the situation. Staff will document YES if the task was completed independently or less or NO if prompts were required Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
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/ /	/ /		
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Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 3

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Daily, [REDACTED] will exhibit patience while waiting on others with 0 incidents for the duration of the plan year		[REDACTED] Residential Staff (Enola Group)	Family Living Low (7days/week)
HOW (Support/Intervention) Staff should be aware that [REDACTED] is inpatient when he has to wait. Example of this is : waiting to pass others, waiting for staff to obtain needed materials, waiting to leave the building due to others gathering personal belongings etc. [REDACTED] will be given the verbal prompt that the group will be going ... in 5 minutes. Brooks is to gather what he needs and sit or stand where directed and wait for others in his group. [REDACTED] will be expected to patiently wait for others without displaying displeasure, rushing others or become frustrated and or upset. Staff will redirect when needed and discuss the importance of waiting and how to manage his frustration. Staff will document YES there were no incidents or NO there were incidents Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
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CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 4

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Daily, [REDACTED] will carefully maneuver around others when getting from point A to point B by slowing down and not coming into contact with others independently for the duration of year		[REDACTED] Residential Staff (Enola Group)	Family Living Low (7days/week)
HOW (Support/Intervention) Goal to take place in the home or community. Know that [REDACTED] has a one track mind when he wants to go from one place to another. [REDACTED] will push others out of the way, will run into others to get around a person etc just to get to where he wants to go. [REDACTED] is always in a hurry and needs to learn to slow down his pace. Staff will always prompt [REDACTED] especially while in the community that he needs to be mindful of the community and slow down so he will not touch others while moving around people. Staff will closely monitor [REDACTED] should he run into a person prompt him to say excuse me or I am sorry. Staff will discuss to slow down and watch for people. This process will continue until the outing has been completed. Staff will document YES if the task was completed independently or less or NO if prompts were required Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
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Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 5			
WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Two times per week with the given grocery list, [REDACTED] will comparison shop by identifying the best purchase between 2 like products independently for the duration of the plan year.		[REDACTED] Residential Staff (Enola Group)	Family Living Low (7days/week)
HOW (Support/Intervention) Two times per week, [REDACTED] and his AFL will go grocery shopping. [REDACTED] will have his grocery list with him and he will go isle by isle looking for the needed items. Once [REDACTED] locates a needed item, he will then look at the prices, oz etc of the same products with different brand names and determine what would be the better buy. Staff will assist and explain when needed. Staff will document YES if the task was completed independently or less or NO if prompts were required Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
/ /	/ /		
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CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 6			
WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Two times per week [REDACTED] will make a complete list of items personal items that he needs prior to going to the store for the duration of the plan year.		[REDACTED] Residential Staff (Enola Group)	Family Living Low (7days/week)
HOW (Support/Intervention) [REDACTED] will be informed by the AFL that she will be going to the grocery store, Walmart etc. At that time, [REDACTED] should take a piece of paper and pencil and go through his personal items and see what needs to be replaced, what is empty, what is almost empty etc. [REDACTED] may also write down items that he would like to try. [REDACTED] will take the list to the AFL for review. The AFL may question [REDACTED] such as what about Soap? [REDACTED] may need to go back and look. If he forgot this on his list and it is a need then staff will give [REDACTED] a NO. If the list is correct then a Yes will be given Staff will document YES if the task was completed independently or less or NO if prompts were required Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 7			
WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
At least 2 times per week, [REDACTED] will learn to sort his laundry into lights/whites and darks correctly with 0 mistakes for the duration of the plan year		[REDACTED] Residential Staff (Enola Group)	Family Living Low (7days/week)
HOW (Support/Intervention) [REDACTED] has expressed a desire to become independent in the entire laundry cycle. [REDACTED] has an idea how to sort laundry as he knows that you do not put all clothes in the washer but he gets confused on sorting such as light denim and dark browns or yellows and white undershirts. This goal will teach him how to properly sort. [REDACTED] will have assigned laundry days and will know when he needs to begin his sorting. He will take out his clothes from the dirty clothes hamper and begin to sort into piles. Whites will go in one pile (AFL will wash as she bleaches all whites). [REDACTED] will place lights in a pile and darks in a pile. He will then ask the AFL to look at his piles. Should there be an article of clothing be in the incorrect pile the AFL will explain why and he will put it in the correct pile. Staff will document YES if the task was completed independently or less or NO if prompts were required Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: 8			
WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
At least 2 times per week, [REDACTED] will wash his clothes as evidence by loading washer, putting in detergent, setting correct temperature control and turning on machine independently for the duration of the plan year		[REDACTED] Residential Staff (Enola Group)	Family Living Low (7days/week)
HOW (Support/Intervention) [REDACTED] wants to learn how to use the washing machine correctly, so he can independently wash his own clothes. Once [REDACTED] has sorted his own clothes, he will take a pile of clothes to the laundry room. He will learn that lights will be set to warm temp and darks are set to cold. Note: the AFL always uses Bleach when washing whites therefore [REDACTED] will watch as she does this task but will not handle the bleach as this could ruin other items should bleach spill or splatter. [REDACTED] will load the washer with his clothes and set the water temp according to the clothing color, he will press start. Staff will monitor as this process has started and ended. Staff will prompt when needed. Staff will document YES if the task was completed independently or less or NO if prompts were required Key 2			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
1-2-20	6-27-19	O	Continued need
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CRISIS PREVENTION AND INTERVENTION PLAN

(Use this form or attach your crisis plan.)

Significant event(s) that may create increased stress and trigger the onset of a crisis. (Examples include: Anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, etc. Describe what one may observe when the person goes into crisis. Include lessons learned from previous crisis events):

[REDACTED] will walk at a fast pace, have a very nervous look or angry look on his face, will become red in the face, will fidget, will sweat excessively... He will only verbally express something is wrong if you ask him. [REDACTED] will not communicate his frustrations openly and will let it build up. [REDACTED] will kick, hit, elbow others when frustrated or angry

ADD 6-27-19: unsupervised walk in neighborhood- stranger approaches, needs assistance

Crisis prevention and early intervention strategies that were effective. (List everything that can be done to help this person AVOID a crisis):

It is important to encourage and prompt [REDACTED] to communicate what is making him upset. Staff needs to listen to [REDACTED] and assist him with proper ways to channel his frustrations or anger so that it does not build up inside of him. Staff should reassure [REDACTED] and assist him with possible solutions to his concerns or frustrations. It is important to know that [REDACTED] does not like to talk when he is upset, and this may cause him to escalate. Staff should allow him space to cool down without participating in conversation, prior to trying to engage him, to determine the cause of the issue.

ADD 6-27-19: While [REDACTED] walking unsupervised and someone approaches [REDACTED] knows to not speak to the person and he will run to the nearest home while constantly blowing the whistle. If he needs assistance as anytime [REDACTED] will blow his whistle as the neighbors know [REDACTED] and are on the lookout for him. [REDACTED] will walk when there is complete daylight.

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):

Staff should encourage [REDACTED] to verbalize his feelings about what is upsetting him or making him angry. If he does not want to talk about it right then, staff must ensure they follow up with him after he has had a chance to calm down.

Please note that [REDACTED] has never experienced a major crisis before. Should [REDACTED] become a danger to himself and/or others staff should notify the 24 hour emergency cell phone for further assistance.

ADD 6-27-19: While [REDACTED] is walking unsupervised and someone approaches [REDACTED] knows to not speak to the person and he will run to the nearest home while constantly blowing the whistle. If he needs assistance as anytime [REDACTED] will blow his whistle as the neighbors know [REDACTED] and are on the lookout for him. [REDACTED] will walk when there is complete daylight.

[REDACTED] knows where he lives and who he lives with. He will carry his information with him at all times.

Describe the systems prevention and intervention back-up protocols to support the individual. (i.e. Who should be called and when, how can they be reached? Include contact names, phone numbers, hours of operation, etc. Be as specific as possible.)

[REDACTED] (Natural Support) Guardian

[REDACTED] (Natural Support)

[REDACTED] (Natural Support)

Enola Group QP, Liz Curtis BAQP- 828-433-0056, cell- 828-475-9914

Enola Group emergency telephone # 828-448-2334 (First Responder) Liz Curtis, BAQP

Susan Fox- AFL provider: 828-433-1078

Wayne Shores- Enola Group Back-up- 828-433-1078

Specific recommendations for interacting with the person receiving a Crisis Service:

Meet with team to determine the effectiveness of crisis intervention, brainstorm interventions that need to be amended, and amend the plan as needed.

The Enola Group
Provider Plan

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

- ☒ I confirm and agree with my involvement in the development of this PCP. My signature means that I agree with the services/supports to be provided.
- ☒ I understand that I have the choice of service providers and may change service providers at any time, by contacting the person responsible for this PCP.
- ☐ For CAP-MR/DD services only, I confirm and understand that I have the choice of seeking care in an intermediate care facility for individuals with mental retardation instead of participating in the Community Alternatives Program for individuals with Mental Retardation/Developmental Disabilities (CAP-MR/DD).

Legally Responsible Person: Self: Yes ☐ No ☐

Person Responsible for this PCP: [REDACTED] s/her own [REDACTED]
Signature: [REDACTED] (Print Name)

Date: 7/11/19

Legally Responsible Person (Required if other than person receiving Services): [REDACTED]

Signature: [REDACTED] (Print Name)

Date: 6/27/2019

Relationship to the Individual: Legal Guardian

II. PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided.

Signature: [Signature] (Person responsible for the PCP)

[Signature] (Name of Case Management Agency)

Date: 6/27/19

Child Mental Health Services Only:

For individuals who are less than 21 years of age (less than 18 for State funded services) and who are receiving or in need of enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must attest that he or she has completed the following requirements as specified below:

- ☐ Met with the Child and Family Team -
- ☐ OR Child and Family Team meeting scheduled for -
- ☐ OR Assigned a TASC Care Manager -
- ☐ AND conferred with the clinical staff of the applicable LME to conduct care coordination.

Date: / /

Date: / /

Date: / /

If the statements above do not apply, please check the box below and then sign as the Person Responsible for the PCP:

- ☐ This child is not actively involved with the Department of Juvenile Justice and Prevention or the adult criminal court system

Signature: [REDACTED]

Date: / /

(Person responsible for the PCP)

(Print Name)

III. SERVICE ORDERS: REQUIRED for all Medicaid funded services; RECOMMENDED for State funded services.

(SECTION A): For services ordered by one of the Medicaid approved licensed signatories (see Instruction Manual).

My signature below confirms the following: (Check all appropriate boxes.)

- Medical necessity for services requested is present, and constitutes the Service Order(s).
- The licensed professional who signs this service order has had direct contact with the individual.
- The licensed professional who signs this service order has reviewed the individual's assessment.

☐ Yes ☐ No

☐ Yes ☐ No

Signature: [REDACTED]

License #: / /

Date: / /

(Name/Title Required)

(Print Name)

(SECTION B): For Qualified Professionals (QP) / Licensed Professionals (LP) ordering:

- CAP-MR/DD or
- Medicaid Targeted Case Management (TCM) services (if not ordered in Section A)
- OR recommended for any state-funded services not ordered in Section A

My signature below confirms the following: (Check all appropriate boxes.) Signatory in this section must be a Qualified or Licensed Professional.

- ☐ Medical necessity for the CAP-MR/DD services requested is present, and constitutes the Service Order.
- ☐ Medical necessity for the Medicaid TCM service requested is present, and constitutes the Service Order.
- ☒ Medical necessity for the State-funded service(s) requested is present, and constitutes the Service Order

Signature: [Signature]

Liz Curtis, BAQP

License #: NA

Date: 6/27/19

(Name/Title Required)

(Print Name)

(If Applicable)

IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF THE PLAN:

Other Team Member (Name/Relationship): [Signature] [Signature]

Date: 7/11/19

Other Team Member (Name/Relationship): [Signature] [Signature]

Date: 7/11/19

Wayne Shores Backup AFL

7-1-19

Questionnaire: Stanger/Danger and Emergency Needs

1. What do you do if someone in a car stops and ask you for directions?
would ignore them - begin to walk faster
2. What do you do if someone walks up beside you and walks with you and you do not know them?
walk away fast, not talk to them
go to nearest house while calling for help, blow whistle
3. What do you do if someone ask you to come over to the car because they need directions?
says NO - starts to walk faster. If person keeps on, me will blow whistle and go to a home for help
4. What if someone says to you that your family sent them to pick you up?
will blow this whistle and go to a house for help.
5. What would you do if someone said they were hurt and they needed you to help them?
tell them he will get help.
6. If you needed help what would you do?
whistle and yell for help.
7. If someone came up to you and you thought they were going to hurt you, what would you do?
Blow whistle, run, go to house
8. How would you get someone's attention if you needed help?
yell, whistle, wave hands, knock on objects
9. Where do you live?
2175 Mtn. Side Dr. 433-1078
10. Would you ever get into a car with anyone?
Never
11. When would you get in a car with someone?
People you know, family, friends, at Day Program
12. When would you go into someone's house other than yours?
Visit, need help. (Staff)

Jim Curtis BACP
Le-24-19

I, as legal guardian for [REDACTED] hereby give consent to allow him unsupervised time to walk the AFL provider's neighborhood.

[REDACTED]

Legal Guardian Signature

6-16-2019

Date

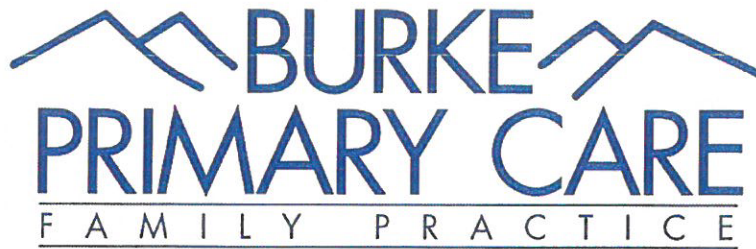
Lijun Luo BHP

Witness

6-16-19

Date

S. Keith Smith, M.D., FAAFP
Deborah H. Davis, M.D., FAAFP
Deborah H. Waechter, M.D.
Laurie C. Robinson, M.D.
Tim M. Robinson, M.D.
T. Gessner, M.D.
C. Michael Gould, D.O.
Mia R. Adkins, M.D.
Samuel B. Adkins, M.D.
Laura D. Gratton, D.O.



Melissa S. Morse, PA-C

Nicole M. Moore, NP-C

Christopher N. Shatley, PA-C

Kelli H. Banner, NP-C

Natalie A. Thompson, NP-C


06/24/19



To whom it may concern:

[REDACTED] has my permission to be allowed to walk unsupervised outside the home daily.

Sincerely,


Martin T. Gessner, M.D.

Letter by /



The Enola Group

P.O. Box 250 Morganton, NC 28680-0250 Ph: (828) 604-4906 Fax: (828) 433-5520

July 12, 2019

DHSR - Mental Health

JUL 16 2019

Lic. & Cert. Section

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Enola Group/Mountain Side Home, 2175 Mountainside Drive, Morganton, NC 28655
MHL #012-119
Annual Survey completed June 11, 2019

To Whom It May Concern:

Attached please find completed Plan of Correction for The Enola Group – Mountainside Home following Annual Survey completed on June 11, 2019.

Included in this communication are:

- Signed Statement of Deficiencies with the completed Plan of Correction.
- Letters of Appointment of General Guardian (for name verification).
- Revised Person-Centered Plan to include information and guidelines regarding unsupervised time to walk. Signed by legal guardian on 6/27/19 and person served on 7/1/19.
- "Stranger Danger" questionnaire completed with person served on 6/24/19.
- Letter of permission provided by legal guardian on 6/16/19.
- Letter of permission provided by family physician on 6/24/19.

Thank you,

Karin McDaniel, MS QP
Adult Services Director
The Enola Group, Inc.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

DHSR - Mental Health

JUL 16 2019

Lic. & Cert. Section

July 9, 2019

Liz Curtis, Director of Signature Services
The Enola Group, Inc.
PO Box 250
Morganton, NC 28680

Re: Annual Survey completed June 11, 2019
The Enola Group/ Mountain Side Home, 2175 Mountain Side Drive, Morganton, NC
28680
MHL # 012-119
E-mail Address: lc Curtis@enolagroup.org

Dear Ms. Curtis:

Thank you for the cooperation and courtesy extended during the annual survey completed June 11, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is August 10, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and***

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

July 9, 2019
Liz Curtis
The Enola Group, Inc.

please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge at 828-665-9911.

Sincerely,

Kem Roberts

Kem Roberts
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
dhhs@vayahealth.com