PRINTED: 07/19/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G064	B. WING			C <b>07/16/2019</b>	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  189 FAIRMONT DRIVE  MOCKSVILLE, NC 27028			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 000	INITIAL COMMENTS		W 00	00			
W 122	Complaint Intake #: I CLIENT PROTECTION CFR(s): 483.420		W 12	22			
	The facility must ensure protections requirement	ure that specific client ents are met.					
	The facility failed to e written policies and p mistreatment, neglect failed to ensure that a abuse were reported administrator and to with state law (W153) evidence that all alleg thoroughly investigate.  The cumulative effect resulted in the facility	other officials in accordance ); and failed to provide ged violations were ed (W154).  t of these systemic practices 's failure to provide					
W 149	statutorily mandated of STAFF TREATMENT CFR(s): 483.420(d)(1	OF CLIENTS )	W 14	19			
	policies and procedur	elop and implement written res that prohibit t or abuse of the client.					
	Based on review of finterviews, the facility and procedures prevenuencedures	not met as evidenced by: facility records and staff failed to assure its policies ented neglect, by not to manage behaviors were mpled clients (#2). The					
		CURRILED DEDRECENTATIVE'S SIGNATUR		TITLE		(YE) DATE	

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

TITLE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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<b>34G064</b> B. WING	C 07/16/2019		
NAME OF PROVIDER OR SUPPLIER  TWINBROOKS  STREET ADDRESS, CITY, STATE, ZIP CODE  189 FAIRMONT DRIVE  MOCKSVILLE, NC 27028	1 01110,2010		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	BE COMPLETION		
Continued From page 1 finding is:  Review of the record for client #2 on 7/15/19 revealed a person centered plan (PCP) dated 10/24/18. The PCP indicated client #2 has diagnoses including schizoaffective disorder, seizure activity and osteoporosis. The PCP also indicated the client has a behavioral support plan (BSP) to address target behaviors which included hallucinations, self injurious behavior, property destruction, verbal aggression and physical aggression, and indicated client #2 will throw himself down on the floor or against a wall when upset. The PCP also indicated the client has a history of falling when getting up out of bed and has fallen numerous times in his bedroom. In response, the interdisciplinary team agreed to place a video monitor in the bedroom to be used at night. The PCP indicated client #2 requires monitoring due to a limited awareness of danger and a tendency to look down and not look where he is going.  Further review of the record revealed a BSP dated 1/10/19 which included target behaviors of: self injurious behavior defined as scratching self, using a tool such as a clothes hanger to inflict wounds, biting his hands or arms, and banging hands on objects; property destruction defined as banging on walls and furniture, throwing objects, including furniture, and destroying window coverings and blinds: physical aggression and property destruction included instructions for staff to redirect client #2 to another activity, and keeping the environment low in excessive noise and activity, and if these			

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		34G064	B. WING_			07/	16/2019
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
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	0.1.0			N	MOCKSVILLE, NC 27028		
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W 149	Continued From page	e 2	W 1	149			
	· -	m. Continued review of					
		d that if client #2 had not					
		es, staff should contact the					
		ified intellectual disabilities					
		behavior analyst or the					
	administrator on call.	benavior analyst of the					
	Review of the facility's	s critical incidents on					
	7/15/19 revealed an I						
		(IRIS) document completed					
		which occurred on 2/9/19.					
	The IRIS contained d	ocumentation indicating					
	client #2 was hospital	lized on 2/9/19 with resulting					
		d ribs on his right side, due					
	to behavioral outburs	t and self injury while in the					
	group home. Further	review of the critical					
	incident revealed an a	associated facility					
	accident/incident repo	ort. The accident/incident					
		I on 2/9/19 with a time of					
	incident indicated as	9:30 AM and location					
		oup home bedroom and					
	bathroom. The descr	•					
		nt was having a behavior,					
	_	oors and bed with his fist					
	_	o open up and bleed as well					
	•	vior creating new wounds.					
		ns from notifications" section					
		called behavior specialist					
		wer". The "description and					
		ion of the report completed					
	, ,	n 2/10/19 indicated client #2					
		r the right lower forearm and					
		the back of his right upper					
		llen neck. The description					
		spital reported right side ribs					
	9, 10 and 11 were bro						
		w up by the QIDP" section of					
		medication changes were					
	made recently and his	s interdisciplinary team					

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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 189 FAIRMONT DRIVE MOCKSVILLE, NC 27028	•	07710/2013		
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRI		ID PREFIX TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
W 149	Continued review or revealed written statements F, G and who was on call on QIDP on 7/16/19 who revealed written statement from the working on the nigh indicated that on encould be heard yellibedroom. Further revealed a description Staff member F indicatement from the working on the nigh indicated that on encould be heard yellibedroom. Further revealed a description Staff member F indicattempted, but "all a behavior continued Continued review of member F never sate the client "tore down Review of the written staff member H on shift on 2/9/19, revenome, client #2 coubanging on the wind review of the statement to the kitchen to eat began banging his formed in the plate to the floor and medications. After and staff checking of client "finally came of medications" and "shis hand and arm from the statement of the kitchen to eat began banging his formed in the floor and medications. After and staff checking of client "finally came of medications" and "shis hand and arm from the statement of the state	r his progress and will revise  ".  If the critical incident report tements from direct care staff H, as well as the nursing staff 2/9/19. Interview with the no was on call on 2/9/19, tements from staff were seriousness of the injury. In statements revealed a third shift staff member (F) t of 2/8/19. The statement tering the home, client #2 ng and hitting the wall in his eview of the statement on of "violent hallucinations". cated redirection was attempts failed" and the throughout the entire shift. If the statement indicated staff w the client fall and indicated in the monitor in his room".  In statement from direct care 7/16/19, who worked on first staled upon arrival to the group ld be heard yelling and dow in his bedroom. Further nent revealed the client went is breakfast at 8:30 AM and list on the table, throwing his	W 1	49				

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		34G064	B. WING			07/16/2019	
NAME OF P	ROVIDER OR SUPPLIER	•	,	STREET ADDRESS, CITY, STATE, ZIP CODE 189 FAIRMONT DRIVE MOCKSVILLE, NC 27028			
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W 149	statement indicated behavioral specialis. The statement indicated throughout the who trying to calm and r Descriptions of behavioral specialis wall so hard until at off the wall". Contine revealed that at 2:3 redirecting", staff wonoticed his neck state contacted nursing a manager again threstatement indicated contacted at that tir with the home man statement indicated take a picture of the client out for x-rays. Review of the writte staff member G on 1st shift on 2/9/19 r behaviors throughowere described as and yelling as well room wall".  Review of the writte nurse for 2/9/19 on called at 9:50 AM of had scratched hims behavior and she a areas. The statement the client had been PM on 2/8/19 and the statement of the world had scratched hims behavior and she areas. The statement the client had been PM on 2/8/19 and the statement indicated the statement of the written of the writt	ontinued review of the distaff attempted to contact the st and there was no answer. Coated behaviors continued ble shift and "staff took turns redirect but nothing helped". In aviors included throwing the wall and "banging on the mother consumers pictures fell mued review of the statement sto PM "after hours of rent into the client's room and parting to swell and again and attempted to call the home the times with no answer. The distribution of the on call QIDP was me, who "tried getting in touch ager". Further review of the distribution of	W 1	49			

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		34G064	B. WING			07/16/20	119
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CO	DE	01710/20	710
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE IE APPROPRIA	COM	(X5) IPLETION DATE
W 149	group home staff to do noticed swelling or be home manager, behavior-call QIDP of the bethe statement indicate again at 2:50 PM to neck and the on-call advised sending the due to osteoporosis sindicated the administ were notified of the determined the emergency room report on 7/16/19 revelocumentation by the acute fractures of the ribs, with extensive sendicated verbigeling and hallucinate behaviors included condividuals, banging violent". The time fracting and hallucinate behaviors included condividuals, banging violent". The time fracting and hallucinate behaviors included condividuals, banging violent. The time fracting and hallucinate behaviors included condividuals, banging violent. The time fracting and hallucinate behaviors included condividuals, banging violent. The time fracting and fraction of information of the entry for 2/8/19 for the verbal aggression, yether the description of information of the description of information failed are staff were notified dureview of the data shadely 19/19 at 2:30 PM with the behavior and indionoccurred all shift and	dicated she advised the contact her again if they ruising and to notify the avioral specialist and the ehaviors. Further review of eed direct care staff called report swelling in the client's MD was contacted and client to the ER for x-rays diagnoses. The statement strator and the on-call QIDP recision to send the client to a Review of the hospital realed the "impression" remedical doctor to indicate right ninth through eleventh rubcutaneous emphysema.  For support data sheets on rentry for 2/8/19 on first shift al aggression, banging fists, client #2 threatening other his fists and "angry and ame of the behaviors all shift", and indicated no client #2's behaviors. data sheets revealed an ird shift which indicated reling and slamming doors. Rerventions indicated and "all shift", and indicated no ring the shift. Continued reets revealed an entry for nich described "swelling due	W	149			

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W 149	indicated the home m specialist were called home manager "called notified".  Interview with the thir working on the night on the night of the night if a client has behavior and needed indicated otherwise s to call to assist with of client behaviors.  Interview with the fact 7/16/19 revealed she care staff on 2/9/19, what time or what was the behavioral special never received a phoon 2/9/19 and though wrong number. Interview direct care staff on 2/9/19 revealed care staff on 2/9/19	with no answer and the d back later and was  d shift staff person (C) of 7/15/19 revealed she was or 2/9/19. Staff C indicated ould call nursing staff during d an injury or was having a PRN medication, but he did not have anyone else r provide guidance related to dility home manager on was contacted by direct out she could not recall at s discussed. Interview with list on 7/16/19 indicated she he call from direct care staff t maybe they dialed the view with the QIDP who was called she was called by 9/19, but it was after staff had made the decision	W 1		NCY)		
	7/16/19 revealed the since 1/10/19 and the interdisciplinary team incident except for a property 2/12/19 attended by the documentation from the indicated the client was a follow-up to a "signitive over the weekend when the since 1/10/19 and the interdisciplinary team.	record for client #2 on BSP had not been updated are was no evidence the had met to discuss the besychiatric clinic visit on he QIDP. The he psychiatric clinic visit as being seen at that time as ficant behavior that occurred ere he broke three ribs". icated were discontinuing					

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(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 149	2/7/19 and increasing day.  Interview with the QIE BSP was not followed managerial/clinical stadid not respond with a to help client #2 after behaviors which had periods of time betwee QIDP also could not periods of time betwee time and could not periods of the periods of time between time and time time time time time time time time	t, which was started on Clozaril to 200mg twice a  OP on 2/16/19 confirmed the I as directed because aff were not called timely or assistance or interventions engaging in dangerous been occurring for extended en 2/8/19 and 2/9/19. The provide evidence all staff had ed related to contacting staff as directed in client of provide evidence the had met to discuss of the client's PCP/BSP to of client #2 did not occur  OF CLIENTS  Inter that all allegations of or abuse, as well as ource, are reported ministrator or to other e with State law through esc.  Inter that as evidenced by:	W 14			
	Review of incident rep	ports for client #3,				

_ ` · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,			(X3) DATE SURVEY COMPLETED	
			7 56.25			С	
		34G064	B. WING		07/16/2019		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO			
				189 FAIRMONT DRIVE			
TWINBRO	OOKS			MOCKSVILLE, NC 27028			
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W 153	dated 6/22/19. The 6/22/19 at 1:25 Pheon client #3's left he with a shower. Coincident report reverse the bruise of unknet attempt was made intellectual disabilities of 6/22/19 at 1:35 Pheoretic provides on 6/24/19. 6/22/19 level II increvealed client #3' group home at 3:1 #3 for a pre-plann guardians were made to the foliation of the contraction included for evaluation of the contraction included for inches long of lower left abdome records revealed aby the facility on 6 Interview with the revealed the injury #3's left hip had be staff while assistin Saturday, 6/22/19 QIDP revealed she injury revealed she injury provides the staff while assistin Saturday, 6/22/19 QIDP revealed she injury revealed she injury revealed she injury group in the staff while assistin Saturday, 6/22/19 QIDP revealed she injury group in the staff while assistin Saturday, 6/22/19 QIDP revealed she injury group in the staff while assistin Saturday, 6/22/19 QIDP revealed she injury group in the staff while assistin Saturday, 6/22/19 QIDP revealed she injury group in the staff while assistin Saturday, 6/22/19 QIDP revealed she injury group in the staff while assistin Saturday, 6/22/19 QIDP revealed she injury group in the staff while assistin Saturday, 6/22/19 QIDP revealed she injury group in the staff while assistin Saturday, 6/22/19 QIDP revealed she injury group in the staff while assisting the sta	is report documented on a staff D noticed a large bruise in area while assisting client #3 intinued review of the 6/22/19 ealed the nurse was notified of own origin on 6/22/19 and an a to notify the qualified ties professional (QIDP) on an intinustrator were notified of the Subsequent review of the 6/22/19 ealed the group home manager ministrator were notified of the Subsequent review of the ident report for client #3 is guardians had arrived at the 5 PM on 6/22/19 to take client ed outing at which time the ade aware of the bruise on On-going review of the 6/22/19 ealed documentation stating in had taken client #3 to the department for medical pruise to his left hip. Nursing on the incident report was dated mented client #3 had a large, was two inches in width and in his left hip and spread to his in. Further review of facility a state IRIS report was initiated	W 1	53			

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(X4) ID PREFIX TAG			ID PREFI TAG		SHOULD BE		(X5) COMPLETION DATE
W 153	Monday, 6/24/19. Interfacility administrator of administrator was not unknown origin on clibeen observed by diruntil 6/24/19.  Therefore, the facility unknown source to the period of two days affailed to notify state of days after the injury of STAFF TREATMENT CFR(s): 483.420(d)(3).  The facility must have violations are thorough the facility failed to profit of abuse was thorough sampled clients (#3).  Review of incident reconducted on 7/15/19 dated 6/22/19. This reconducted on 6/22/19 at 1:25 PM so on client #3's left hip with a shower. Continicident report reveal the bruise of unknown attempt was made to	to notified of the injury until erview conducted with the on 7/16/19 verified the ton totified of the bruise of ent #3's left hip which had ect care staff on 6/22/19  failed to report an injury of the facility administrator for a ster it was discovered, and efficials for a period of three was discovered.  OF CLIENTS  (a)  The evidence that all alleged entry investigated for 1 of 3  The finding is:  ports for client #3, a), revealed an incident report documented on the term of the finding defined and the evidence and the protect of the finding defined the nurse was notified of an origin on 6/22/19 and an notify the qualified	W	153			
	the bruise of unknown attempt was made to intellectual disabilities 6/22/19 at 1:35 PM.	n origin on 6/22/19 and an					

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W 154	bruise on 6/24/19. S 6/22/19 level II incide revealed client #3's g group home at 3:15 F #3 for a pre-planned guardians were made client #3's left hip. O 6/22/19 incident repostating client #3's guathe local emergency evaluation of the bruinotation included on 6/24/19 and documend dark bruise which was four inches long on hower left abdomen. records revealed a stoy the facility on 6/25 cause of the bruise of thought to be the residence of the bruise of thought to be the residence on his upper left hip to abdomen which was inches long. This nur documented that upoclient #3's belt was in bruise and matches to the light of the revealed client concern that he migh conversation, however denied ever having of	distrator were notified of the subsequent review of the sent report for client #3 duardians had arrived at the PM on 6/22/19 to take client outing at which time the end aware of the bruise on an-going review of the revealed documentation ardians had taken client #3 to department for medical se to his left hip. Nursing the incident report was dated inted client #3 had a large, is two inches in width and is left hip and spread to his Further review of facility are IRIS report was initiated in the incident #3 set hip was suit of a fall.  If or client #3, conducted on the client #3 was assessed by the have a large, dark bruise that spread to the lower left two inches wide and four sing notation further on the nurses observation, in the same area as the	W	154			

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W 154	staff D, and staff E ver mentions his concern conversation, however E stated they had never be stated they had never be stated they had been staff while assisting constaff while assisting constant	rified client #3 often is about falling in his daily er, staff C, staff D, and staff or observed client #3 to fall.  OP conducted on 7/16/19 unknown source to client discovered by direct care lient #3 with a shower on ontinued interview with the exame aware of the bruise in client #3's left hip on on the interview with the QIDP undians had contacted the expressed concern that the eff hip may have been dling by staff and further related to the demeanor of a ring at the group home on undians were made aware of inknown source.  With the QIDP on 7/16/19 in telephone interview was in the bruise was in the bruise was in the sent had happened to its hip, at which time client indicated he fell against the bring interview with the QIDP dence was available to vestigation had been lity related to the large urce on client #3's left hip, it is concerns expressed by related to the source of the	W	154			

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W 191 W 191	must focus on skills a toward clients' behave This STANDARD is Based on record/docinterview, the facility trained related to prosafety during behavior (#2). The finding is:  Review of the record revealed a person cere 10/24/18. The PCP diagnoses including seizure activity and coindicated the client has (BSP) to address tark hallucinations, self in destruction, verbal as aggression, and indich himself down on the upset. The PCP also history of falling when has fallen numerous response, the interdisplace a video monito at night. The PCP in monitoring due to a light.	ROGRAM 2) work with clients, training and competencies directed	W 19 W 19	1		
	dated 1/10/19 which self injurious behaviousing a tool such as	record revealed a BSP included target behaviors of: or defined as scratching self, a clothes hanger to inflict ands or arms, and banging				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION  IG	(	(X3) DATE SURVEY COMPLETED	
		34G064	B. WING			C 07/46/2040	
NAME OF PI	ROVIDER OR SUPPLIER	0.000		STREET ADDRESS, CITY, STATE, ZIP COD	<b>I</b>	07/16/2019	
				189 FAIRMONT DRIVE			
TWINBRO	OKS			MOCKSVILLE, NC 27028			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIAT	(X5) COMPLETION DATE	
W 191	Continued From page	e 13	W 1	91			
	banging on walls and including furniture, ar coverings and blinds: as hitting, kicking, or hurt others. The interphysical aggression a included instructions to another activity, an low in excessive nois measures did not wor another area until cal interventions indicate calmed with 60 minut house manager, qual	perty destruction defined as furniture, throwing objects, and destroying window physical aggression defined in some way attempting to rvention plan for verbal or and property destruction for staff to redirect client #2 and keeping the environment e and activity, and if these rk then direct the client to m. Continued review of d that if client #2 had not es, staff should contact the lified intellectual disabilities behavior analyst or the					
	for a critical incident of the IRIS contained of client #2 was hospital findings of 3 fractured to behavioral outburs group home. Further incident revealed an accident/incident report was completed incident indicated as indicated as in the grobathroom. The descrindicated that the clie hitting the wall and do causing old wounds that as self injurious behat the "notes or concern	ncident Response (IRIS) document completed which occurred on 2/9/19. In commentation indicating dized on 2/9/19 with resulting diribs on his right side, due to and self injury while in the review of the critical associated facility port. The accident/incident di on 2/9/19 with a time of 9:30 AM and location oup home bedroom and					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G064	B. WING		0	C <b>7/16/2019</b>
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD  189 FAIRMONT DRIVE  MOCKSVILLE, NC 27028		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 191	treatment given" sectiby the facility nurse of had scratches all overwrist and a bruise on arm as well as a swo also indicated the ho 9, 10 and 11 were bruesearch and/or following the report indicated made recently and his continues to monitor supports as needed.  Review of the behavior 7/16/19 revealed an which indicated verbayelling and hallucinate behaviors included condividuals, banging violent. The time fraindicated "off and on staff were notified of Further review of the entry for 2/8/19 for the verbal aggression, you have to behavior failed are staff were notified dureview of the data she 2/9/19 at 2:30 PM whave to behavior and indicocurred all shift and observed throwing his documentation on the the home manager a called with no answere	swer". The "description and tion of the report completed on 2/10/19 indicated client #2 or the right lower forearm and the back of his right upper llen neck. The description spital reported right side ribs oken. The "additional w up by the QIDP" section of medication changes were is interdisciplinary team his progress and will revise or support data sheets on entry for 2/8/19 on first shift al aggression, banging fists, ions. The descriptions of lient #2 threatening other his fists and "angry and ame of the behaviors all shift, and indicated no client #2's behaviors. data sheets revealed an ird shift which indicated elling and slamming doors. erventions indicated ind "all shift", and indicated no ring the shift. Continued eets revealed an entry for nich described "swelling due	W 19	91		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
		34G064	B. WING		C
NAME OF PR	ROVIDER OR SUPPLIER	343004		STREET ADDRESS, CITY, STATE, ZIP CODE  189 FAIRMONT DRIVE  MOCKSVILLE, NC 27028	07/16/2019
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	) BE COMPLETION
W 191	working on the night of not working on 2/8/19 she was aware she of the night if a client had behavior and needed indicated otherwise slato call to assist with of client behaviors.  Interview with the factor 7/16/19 revealed she care staff on 2/9/19, be what time or what was the behavioral special never received a photon 2/9/19 and though wrong number. Interview on call on 2/9/19 revedirect care staff on 2/9/19	d shift staff person (C) of 7/15/19 revealed she was or 2/9/19. Staff C indicated ould call nursing staff during d an injury or was having a PRN medication, but ne did not have anyone else r provide guidance related to  lity home manager on was contacted by direct out she could not recall at as discussed. Interview with list on 7/16/19 indicated she ne call from direct care staff at maybe they dialed the view with the QIDP who was aled she was called by 19/19, but it was after staff had made the decision ne emergency room.	W 18	91	
W 249	PROGRAM IMPLEMI CFR(s): 483.440(d)(1		W 24	49	
	As soon as the interd	sciplinary team has			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION  IG	(X:	3) DATE SURVEY COMPLETED
		34G064	B. WING			C 07/46/2040
NAME OF PR	ROVIDER OR SUPPLIER	0.500.		STREET ADDRESS, CITY, STATE, ZIP CODE  189 FAIRMONT DRIVE  MOCKSVILLE, NC 27028	1	07/16/2019
(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 CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 249	formulated a client's in each client must recent reatment program control interventions and servand frequency to suppobjectives identified in plan.	ndividual program plan, ive a continuous active insisting of needed vices in sufficient number port the achievement of the in the individual program	W 2	49		
	Based on facility reco interview, the facility f interventions were im objectives listed in the (PCP) were implement	not met as evidenced by: ord/document review and railed to ensure sufficient plemented to assure that re person centered plan red as prescribed relative to red for 1 of 3 sampled clients				
	revealed a person cer 10/24/18. The PCP in diagnoses including a seizure activity and or indicated the client has (BSP) to address targe hallucinations, self injudestruction, verbal agaggression, and furth throw himself down owhen upset. The PC client has a history of of bed and has fallen bedroom. In response agreed to place a vide be used at night. The requires monitoring d	for client #2 on 7/15/19 Intered plan (PCP) dated Indicated client #2 has Inchizoaffective disorder, Intered plan (PCP) dated Indicated client #2 has Inchizoaffective disorder, Intered plan (PCP) also Intered plan interest support plan Intered behaviors which included Intered behavior, property Intered property Intered plan intered plan intered int				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDII	FIPLE CONSTRUCTION  NG		OATE SURVEY OMPLETED
		34G064	B. WING _			C 07/16/2019
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP  189 FAIRMONT DRIVE  MOCKSVILLE, NC 27028	CODE	31719/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OI X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249	Continued From page	ge 17	W 2	249		
	dated 1/10/19 which self injurious behaviousing a tool such as wounds, biting his hands on objects; p banging on walls an including furniture, a coverings and blind as hitting, kicking, ohurt others. The interphysical aggression included instructions to another activity, a low in excessive no measures did not wanother area until cointerventions indicated calmed with 60 minus house manager, questions at the control of the c	e record revealed a BSP in included target behaviors of: or defined as scratching self, is a clothes hanger to inflict ands or arms, and banging roperty destruction defined as ind furniture, throwing objects, and destroying window is: physical aggression defined in some way attempting to ervention plan for verbal or and property destruction is for staff to redirect client #2 and keeping the environment is and activity, and if these ork then direct the client to alm. Continued review of ited that if client #2 had not outes, staff should contact the alified intellectual disabilities in behavior analyst or the incordinate in the second in th				
	7/15/19 revealed an Improvement Syste for a critical incident The IRIS contained client #2 was hospit findings of 3 fracture to behavioral outbur group home. Further incident revealed an accident/incident report was complete incident indicated as indicated as in the g	m (IRIS) document completed which occurred on 2/9/19. documentation indicating alized on 2/9/19 with resulting ed ribs on his right side, due est and self injury while in the er review of the critical				

AND DLAN OF CORRECTION INTERPRETATION NUMBERS		` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G064	B. WING			C
NAME OF PI	ROVIDER OR SUPPLIER	1 0,000		STREET ADDRESS, CITY, STATE, ZIP COD  189 FAIRMONT DRIVE  MOCKSVILLE, NC 27028		7/16/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 249	hitting the wall and decausing old wounds as self injurious behaden as self injurious behaden as self injurious behaden as self injurious behaden as several times, no antereatment given seed by the facility nurse of haden scratches all own wrist and a bruise or arm as well as a swor also indicated the hole of the search and/or following the report indicated made recently and her seed to seed the search and the seed the see	ent was having a behavior, loors and bed with his fist to open up and bleed as well avior creating new wounds. It is from notifications section called behavior specialist swer. The "description and attion of the report completed on 2/10/19 indicated client #2 for the right lower forearm and in the back of his right upper collen neck. The description pospital reported right side ribs roken. The "additional of the wup by the QIDP" section of the dication changes were is interdisciplinary team this progress and will revise	W 24	19		
	revealed written statemembers F, G and F who was on call on 2 QIDP on 7/16/19 who revealed written state obtained due to the services of the written statement from the the working on the night indicated that on enterest could be heard yelling bedroom. Further revealed a description Staff member F indicattempted, but "all at behavior continued to Continued review of	the critical incident report ements from direct care staff H, as well as the nursing staff 2/9/19. Interview with the o was on call on 2/9/19, ements from staff were seriousness of the injury. In statements revealed a hird shift staff member (F) of 2/8/19. The statement ering the home, client #2 and hitting the wall in his eview of the statement on of "violent hallucinations". Exated redirection was attempts failed" and the hroughout the entire shift. The statement indicated staff of the client fall and indicated				

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
						С	
		34G064	B. WING			07/	16/2019
NAME OF P	ROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 89 FAIRMONT DRIVE MOCKSVILLE, NC 27028		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	Review of the written staff member H on 7/ shift on 2/9/19, reveal home, client #2 could banging on the windoreview of the stateme to the kitchen to eat began banging his fis plate to the floor and medications. After be and staff staff checking the client "finally cammedications" and "staff staff checking the client "finally cammedications" and "staff staff then in home manager. Constatement indicated such behavioral specialist at The statement indicated throughout the whole trying to calm and reconstructions of behavioral specialist at the statement indicated that at 2:30 redirecting", staff wern noticed his neck start contacted nursing and home manager again. The statement indicated contacted at that time with the home manages statement indicated in statement indicated	statement from direct care 16/19, who worked on first led upon arrival to the group be heard yelling and w in his bedroom. Further int revealed the client went creakfast at 8:30 AM and to on the table, throwing his refusing to take leing redirected to his rooming on him every 10 minutes e out of his room to get aff noticed him bleeding on m repeatedly scratching otified nursing staff and the taff attempted to contact the land there was no answer. It is the leing the leing the lirect but nothing helped the lirect but nothing helped wall and "banging on the ther consumers pictures felled review of the statement	W	249			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		ATE SURVEY OMPLETED
		34G064	B. WING _			C <b>07/16/2019</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 189 FAIRMONT DRIVE MOCKSVILLE, NC 27028	•	01710/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF ( X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 249	staff member G on 7 1st shift on 2/9/19 re behaviors throughou were described as h and yelling as well a	ge 20 In statement for direct care 7/16/19, who also worked on evealed client #2 continued at the entire shift. Behaviors itting the walls with his fists s "throwing his body into his	W 2	249		
	nurse for 2/9/19 on called at 9:50 AM or had scratched himse behavior and she ac areas. The statement the client had been PM on 2/8/19 and behitting walls and rollinurse statement ind home staff to contact swelling or bruising manager, behaviora QIDP of the behavioratement indicated at 2:50 PM to report and the on-call MD sending the client to osteoporosis diagnot the administrator an notified of the decisi emergency room. Fron 7/16/19 revealed documentation by the acute fractures of the ribs, with extensive services of the behavior of the behavior of the behavior of the services of the services of the behavior of	ne medical doctor to indicate e right ninth through eleventh subcutaneous emphysema.  vior support data sheets on				
	7/16/19 revealed an which indicated verb	entry for 2/8/19 on first shift bal aggression, banging fists, attions. The descriptions of				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		ATE SURVEY OMPLETED
		34G064	B. WING _			C 07/16/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD  189 FAIRMONT DRIVE  MOCKSVILLE, NC 27028		07710/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
W 249	individuals, banging violent". The time findicated "off and o staff were notified of Further review of the entry for 2/8/19 for twerbal aggression, you the description of in "redirection failed" a staff were notified do review of the data is 2/9/19 at 2:30 PM who behavior and incoccurred all shift an observed throwing locumentation on the home manager called with no answ manager "called ba Interview with the the working on the night not working on 2/8/she was aware she the night if a client he behavior and needed indicated otherwise to call to assist with client behaviors.  Interview with the far 7/16/19 revealed she care staff on 2/9/19 what time or what we the behavioral specinever received a phon 2/9/19 and thought in the staff on 2/9/19 and thought in the staff of the staff on 2/9/19 and thought in the sta	client #2 threatening other In his fists and "angry and rame of the behaviors In all shift, and indicated no folient #2's behaviors. It data sheets revealed an chird shift which indicated yelling and slamming doors. Interventions indicated and "all shift", and indicated no uring the shift. Continued heets revealed an entry for which described "swelling due dicated behaviors had dindicated the client was his body into the wall. The he data sheet also indicated and behavioral specialist were er and indicated the home ck later and was notified".  In hird shift staff person (C) to f 7/15/19 revealed she was 19 or 2/9/19. Staff C indicated could call nursing staff during had an injury or was having a led PRN medication, but she did not have anyone else or provide guidance related to decility home manager on he was contacted by direct he was discussed. Interview with italist on 7/16/19 indicated she hone call from direct care staff ght maybe they dialed the erview with the QIDP who was	W 2	249		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G064	B. WING_			C
NAME OF PI	ROVIDER OR SUPPLIER	345004		STREET ADDRESS, CITY, STATE, ZIP C 189 FAIRMONT DRIVE MOCKSVILLE, NC 27028		07/16/2019
(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 X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249	on call on 2/9/19 reversions and on 2/9/19 reversions and nursing stored to send the client to the send the client to the latest with the QIE BSP was not followed managerial/clinical standid not respond with a to help client #2 after	aled she was called by 9/19, but it was after staff had made the decision ne emergency room.  OP on 2/16/19 confirmed the las directed because aff were not called timely or assistance or interventions engaging in dangerous been occurring for extended	W 2	249		