

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL071-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/25/2019
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NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - BURGAW	STREET ADDRESS, CITY, STATE, ZIP CODE 316 PROGRESS DRIVE EXTENSION BURGAW, NC 28425
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on July 25, 2019. The complaint was substantiated (intake #NC00153495). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600D Supervised Living for Minors whose Primary Diagnosis is Substance Abuse.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures</p>	V 110	<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;"> <p>RECEIVED</p> <p><i>By DHSR-MH Licensure Section at 11:49 am, Aug 20, 2019</i></p> </div>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 110	<p>Continued From page 1</p> <p>for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff demonstrated knowledge, skills and abilities required by the population served for 2 of 3 current staff (Staff #1 and #2) and 1 of 1 former staff (FS) (FS#6) audited. The findings are:</p> <p>Finding #1: Review on 7/24/19 of Staff #1's personnel record revealed: -Hire date 11/15/18. -Job title, Counselor. -"Boundaries and Dual Relationships for Paraprofessionals" training completed 4/4/19. -Disciplinary action dated 7/22/19 for unacceptable personal conduct. The disciplinary action documented the actions of the staff were noted to violate program rules for maintaining boundaries with clients.</p> <p>Interview on 7/23/19 Staff #1 stated: -There was an incident 7/8/19 between 10:30 pm and 11:30 pm when she engaged in a water fight with 2 other clients. She went into client #6's room with a fly swatter, trying to be "playful," "slapped his bed" with the swatter. He came out of his room and poured a cup of water on her. She tried to wet him with a cup of water and spray bottle. -Staff #2 video taped client #6. Staff #2 showed</p>	V 110	<p>The staff identified in the survey response were issued disciplinary action with a corrective action plan to include maintaining program rules, ethical guidelines and best practices related to boundaries. These staff have had their schedules adjusted to include working shifts with more senior staff and/or shifts which limit their patient contact while re-training occurs.</p> <p>All staff will complete assigned training in Relias specifically focusing on Boundaries. These trainings were assigned to staff 8/6/19 and are to completed for review on 8/21/19</p> <p>Additionally, all staff and patients will participate in "back to basics" training which includes weekly review of program rules as indicated in the patient handbook (referred to as "The Deal").</p>	<p>8/21/19</p> <p>7/3/19 thru 12/31/19 or until all rules have been covered</p>
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V 110	<p>Continued From page 2</p> <p>the video tape to Staff #1, client #6, and client #7. She did not believe the video had been posted on a social media site.</p> <p>Finding #2: Review on 7/24/19 of Staff #2's personnel record revealed: -Hire date 6/3/15. -Job title, Counselor. -"Boundaries and Dual Relationships for Paraprofessionals" training completed 3/7/19. -Disciplinary action dated 7/22/19 for unacceptable personal conduct. The disciplinary action documented Staff #2 "passively engaged" in a water fight prank with patients and used her personal cell phone to video the reaction of one of the patients involved in the prank. The disciplinary action documented Staff #2 violated program rules for maintaining boundaries with clients.</p> <p>Interview on 7/23/19 Staff #2 stated: -She was working and witnessed the water fight between Staff #1 and client #6. She took a picture of client #6 because she thought it was "funny." She did not video tape the incident or clients. She did not share the image on social media. She knew it was against the policy to use her cell phone to photograph a client. -She worked with FS #6. -FS #6 "played around too much." She had seen him roll up a towel and snap it at the clients. He would do this with all the clients.</p> <p>Finding #3: Review on 7/24/19 of FS#6's record revealed: -Hire date, 6/18/18. Resigned 6/25/19 without notice. -Suspended 6/24/19 due to allegation of client abuse.</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>-Job title, Counselor. -"Boundaries and Dual Relationships for Paraprofessionals" training completed 12/9/18. -No Documentation of training in restrictive interventions.</p> <p>Voice mail messages were left for FS#6 requesting a return call on 7/24/19 and 7/25/19 with no response; therefore, unable to interview FS #6.</p> <p>Interviews on 7/23/19 with clients revealed: -Client #3 stated FS #6 would make inappropriate jokes and comments about women. FS #6 would talk about how women looked and talk about "their ass and stuff." FS #6 would show him pictures using his cell phone of girls in "booty shorts" and "crop tops" and say, "look at this fine thing." -Client #1 stated she was admitted either 6/3/19 or 6/4/19. Staff #1 "jokes too much and plays too much." FS #6 would make head and eye gestures like he was flirting with her. FS #6 would ask her personal questions about who she dated and questions like, "What's my type." -Client #5 stated FS #6 would share photos from social media of women wearing clothing almost exposing their breasts. He had seen FS #6 "spank" a client using a rolled towel to make a snapping motion. He saw this done to FC #17 more than once. -Client #7 stated FS #6 would give him "stuff" he should not have such as gum. FS #6 took him and client #5 on a ride around a local festival. He drove the van 85 mph (miles per hour). He had seen FS #6 "play fighting" with FC#17. FS #6 would show the clients videos on his cell phone of girls dancing. One night there was a water fight with client #6 and Staff #1. Staff #2 showed them a video on social media that she had taken of</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>client #6 during the water fight. She shared the video with client #6 and Staff #1. The video had been viewed 22 times when he watched it.</p> <p>-Client #4 stated FS #6 "pinned him down" on his bed to take a screw from his hand. He stated, "I was trying to kill myself." Client #4 stated he was on his back and FS#6 was lying across him, face to face. FS#6 has shown him pictures of naked women on his cell phone.</p> <p>Telephone interview on 7/23/19 Staff #3 stated FS#6 was too playful, and would tease and "poke" at the clients.</p> <p>Telephone interview on 7/23/19 Staff #4 stated FS#6 was very playful and participated in "joking banter" with the clients.</p> <p>Interview on 7/24/19 the Training and Staff Development Manager stated: -He had been working on site since 7/3/19 covering the Program Supervisor while on a leave of absence. -He had been made aware of FS#6's behaviors with clients. These behaviors were not consistent with expectations of the facility. FS #6 had been contacted and requested to meet with management on 6/24/19, but he called and resigned without notice. -He had been made aware of the water fight and cell phone video taping that involved Staff #1 and #2. This had been addressed with each staff via the disciplinary process. -The facility was a "hands off" facility and staff were not to use restrictive interventions. He was not aware of a restrictive intervention used when client #4 had threatened suicide. -They train staff on alternatives to restrictive interventions using an approved curriculum. He was the trainer.</p>	V 110		

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V 110	Continued From page 5 -He is discussing "back to basics" at weekly staff meetings, discussing topics to include adhering to boundaries with clients. -There was no policy written on use of personal cell phones while at work.	V 110		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B	V 366		

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V 366	<p>Continued From page 6</p> <p>providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their documentation and response to Level I and II incidents. The findings are:</p> <p>Review on 7/24/19 of client #4's record revealed: -16 year old male admitted 4/23/19. -Admitting diagnoses included cannabis use disorder, severe.</p>	V 366	<p>The staff identified in the survey response were issued disciplinary action with a corrective action plan to include maintaining program rules, ethical guidelines and best practices related to boundaries. These staff have had their schedules adjusted to include working shifts with more senior staff and/or shifts which limit their patient contact while re-training occurs.</p> <p>All staff will complete assigned training in Relias specifically focusing on Boundariehese</p> <p>All staff will be required to complete agency incident report training through the Relias system ensuring each person is aware of incident reporting requirements. Following completion of the independent study training a staff meeting will be held to review training, process past incidents when reports were generated and discuss findings specific to this review. Staff electronically assigned trainign in Relias on 8/3/19 for completion by 8/12/19 with staff meeting to follow on 8/14/19 to review training and associated procedures.</p>	8/14/19

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V 366	<p>Continued From page 8</p> <p>-5/8/19 client #4's Primary Therapist documented client #4 had expressed suicidal thoughts without a plan.</p> <p>-5/9/19 Psychiatrist documented, "patient was seen for concerns regarding worsening depression and suicidal thoughts. Psychiatrist prescribed 2 psychotropic medications (Zoloft and Clonidine).</p> <p>-5/21/19 client #4's Primary Therapist documented she met with client #4 regarding his suicidal ideation. Client #4 signed a contract for safety.</p> <p>-The "Contract for Safety" was signed by client #4 on 5/21/19. The contract began with the client's acknowledgement that he was in danger of hurting himself and others.</p> <p>Review on 7/23/19 of client #4's written statement dated 6/27/19 read, "[Former Staff #6] has grabbed me, threw me on the bed and pinned me down. He got the screw out of my hand and kept me pinned down."</p> <p>Review on 7/24/19 of facility shift note dated 5/20/19 for the 4 pm - 12 am shift revealed:</p> <p>-Staff on duty were Staff #3 and Former Staff #6.</p> <p>-Client #7 called staff to into his and client #4's room. Client #7 told the staff client #4 had shoe laces and a screw.</p> <p>-The Program Supervisor advised the staff to collect everyone's shoes and belts and to search the kids.</p> <p>-Staff removed client #4's shoe laces, screw, and draw string to his pants.</p> <p>-Client #4 continued to say he wanted to die.</p> <p>Review of facility Level 1 incident reports revealed:</p> <p>-No Level 1 incident report for client #4's suicidal threat on 5/20/19.</p>	V 366	<p>It should also be noted, the supervisor for this program is out of the office on extended leave beginning June 11, 19. Upon her return to the program, she will complete the assigned training and participate in individual supervision to review the survey findings and training components for ongoing compliance with identified regulations.</p> <p>The agency Staff Training and Development Manager has been reassigned as the interim supervisor of the program. He will work onsite with the staff to complete trainings and provide daily supervision in the absence of the program supervisor. This manager will ensure all new staff and existing staff are trained in accordance with the licensure requirements and survey findings.</p>	<p>within 30 days of supervisor return to work</p> <p>6/27/19 and ongoing until program supervisor returns</p>

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V 366	<p>Continued From page 9</p> <p>-Restrictive intervention used to retrieve the screw from client #4 had not been documented.</p> <p>Interview on 7/23/19 client #4 stated: -He had a "blackout" in his room and Former Staff #6 "pinned me down and took the screw out of my hand." -He was holding a screw in his hand. Former Staff #6 took it out of his hand "cuz I was trying to kill myself."</p> <p>Interview on 7/24/19 client #4's Primary Therapist stated: -She did not complete a level 1 incident report for client #4's suicidal threat. -The staff called her when they had to take the screw from client #4. She advised them to have the client sleep on the couch for closer observation. -Based on her experience she did not see this as a psychotic break. -She did not have any knowledge of incident reporting. This was done by the Program Manager. She was not familiar with Level 1 vs Level 2 incident categories.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report Level II incidents as required to the LME (Local Management Entity) within 72 hours. The findings are:</p> <p>Review on 7/24/19 of client #4's record revealed:</p>	V 367	See aforementioned plan of correction with completion dates	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL071-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/25/2019
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NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - BURGAW	STREET ADDRESS, CITY, STATE, ZIP CODE 316 PROGRESS DRIVE EXTENSION BURGAW, NC 28425
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(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 367	<p>Continued From page 12</p> <p>-16 year old male admitted 4/23/19. -Admitting diagnoses included cannabis use disorder, severe.</p> <p>Review on 7/23/19 of client #4's written statement dated 6/27/19 read, "[Former Staff #6] has grabbed me, threw me on the bed and pinned me down. He got the screw out of my hand and kept me pinned down."</p> <p>Review on 7/24/19 of facility shift note dated 5/20/19 for the 4 pm - 12 am shift revealed: -Staff on duty were Staff #3 and Former Staff #6. -Client #7 called staff to into his and client #4's room. Client #7 told the staff client #4 had shoe laces and a screw. -The Program Supervisor advised the staff to collect everyone's shoes and belts and to search the kids. -Staff removed client #4's shoe laces, screw, and draw string to his pants. -Client #4 continued to say he wanted to die.</p> <p>Review of North Carolina Incident Response Improvement System (IRIS) reports between 4/1/19 -7/25/19 revealed no Level II reports for the use of a restrictive intervention.</p> <p>Interview on 7/23/19 client #4 stated: -He had a "blackout" in his room and Former Staff #6 "pinned me down and took the screw out of my hand." -Former Staff #6 took it out of his hand "cuz I was trying to kill myself."</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL071-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/25/2019
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NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - BURGAW	STREET ADDRESS, CITY, STATE, ZIP CODE 316 PROGRESS DRIVE EXTENSION BURGAW, NC 28425
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V 784 V 784	<p>Continued From page 13</p> <p>27G .0304(d)(12) Therapeutic and Habilitative Areas</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure sleeping areas were separate from areas in which therapeutic and habilitative activities are routinely conducted for 1 of 2 current clients audited (client #4). The findings are:</p> <p>Review on 7/24/19 of client #4's record revealed: -16 year old male admitted 4/23/19. -Admitting diagnoses included cannabis use disorder, severe. -5/8/19 client #4's Primary Therapist documented client #4 had expressed suicidal thoughts without a plan. Staff were notified that client #4 was to sleep on the sofa until further notice. -5/21/19 client #4's Primary Therapist documented she met with client #4 regarding his suicidal ideation. Client #4 signed a contract for safety. The staff were informed client #4 was to sleep on the sofa in the "milieu" for closer observation until further notice.</p>	V 784 V 784	<p>The findings for V784 have been reviewed with all staff involved in clinical decision making in which previously would have included sleeping on the couch as a potential intervention. It should be noted sleeping on the couch has been utilized at the patient request for additional support and as a clinical intervention in response to behaviors or the potential for a behavior which could impact a patients safety. In the event such a concern arises, the staff have been instructed to follow protocol including notifying the program supervisor for review/instruction. In the event a patient requires increased support or monitoring, the on duty staff will sit at the patients doorway or place themselves in the facility in a manner that allows for direct observation.</p>	8/6/19

Division of Health Service Regulation

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V 784	Continued From page 14 Interview on 7/24/19 client #4's Primary Therapist stated she instructed staff to have clients sleep on the sofa for various reasons when there were safety issues.	V 784		