

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/21/2019
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NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3801 PALMIRA TRAIL WINSTON SALEM, NC 27127
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 8/21/2019. The complaint was substantiated (intake #NC154104). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a</p>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that each staff member met the minimum level of education affecting 2 of 5 surveyed staff (#1 & #3); and failed to maintain a file for 1 of 1 former staff (FS #4). The findings are:</p> <p>Review on 8/9/2019 of staff #1's employee record revealed: - Hire date: 3/20/2019 as a paraprofessional; - No documentation of staff #1's education.</p> <p>Review on 8/9/2019 of staff #3's employee record revealed: - Hire date: 5/3/2019 as a paraprofessional; - No documentation of staff #3's education.</p> <p>Attempted review on 8/9/2019 of FS #4's</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>employee record revealed: - There was no employee record for FS #4.</p> <p>Interviews from 8/9/2019 to 8/22/2019 with the Qualified Professional (QP) revealed: - The file cabinet that contained the employee records had been broken into on an unknown date; - Various documents were missing from the file cabinet, including staff #1 and #3's education information; - Staff #1 and #3's had graduated from high school and met the minimum education requirements for their positions; - New copies of staff #1 and #3's high school diplomas had been requested; - FS #4's entire employee record was missing from the cabinet.</p> <p>Interview on 8/20/2019 with the Administrator revealed: - The Administrator discovered that the file cabinet containing staff records had been broken into on an unknown date; - Staff #1 and #3 did meet the educational requirements for their positions; - New copies of staff #1 and #3's high school diplomas had been requested; - The personnel records were now stored at another location; - The Administrator had purged FS #4's employee record after staff #4's termination because the Administrator did not know that she had to keep the file.</p>	V 107		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>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 for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 5 paraprofessional staff (#1) failed to demonstrate knowledge, skill and ability required by the population served. The findings are:</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>Review on 8/6/2019 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 4/3/2017 - Diagnoses: Schizophrenia; and Cannabis Use Disorder (D/O), moderate, in sustained remission; - Documentation of an assessment dated 3/29/2019 that revealed a history of moderate delusions and hallucinations, and ongoing treatment by an Assertive Community Treatment Team (ACTT) in addition to residential services at the facility. <p>Review on 8/9/2019 of staff #1's employee record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/20/2019 as a paraprofessional; - Documentation of training in North Carolina Interventions (NCI)-part A (the facility's training curriculum for training on alternatives to restrictive interventions) on 4/30/2019, client rights on 4/30/2019, Special Populations on 4/30/2019, and Clinical Privileging on 4/30/2019; - No documentation of training in seclusion, physical restraint or isolation time out. <p>Review on 8/6/2019 of Incident Reports from the local Police Department revealed:</p> <ul style="list-style-type: none"> - At 10:07PM on 5/23/2019, Police responded to an "Affray" at the facility address; - No client or staff names were included on the 5/23/2019 report. <p>Review on 8/5/2019 of the online Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - From 1/1/2019 to 8/5/2019, no level 2 incident reports were filed related to the police-involved incidents on 1/3/2019, 5/23/2019 and 7/1/2019. <p>Review on 8/9/2019 of the facility's internal/level 1 incident reports revealed:</p> <ul style="list-style-type: none"> - On 5/23/2019, staff #1 documented that "[Client 	V 110		

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V 110	<p>Continued From page 5</p> <p>#1] came in office and asked for tissue, and I asked him to step out of the office. W argued and ended up fighting outside. I called the police and they came after the fight ... Police talked to me and him (client #1), and everything calmed down and there wasn't any more arguing or fighting."</p> <p>Interview on 8/20/2019 with client #1 revealed: - When asked if he was ever physically restrained at the facility, client #1 replied 'no'; - When asked if police ever went to the facility, client #1 stated "I don't know," then walked away from the Surveyor and declined to be interviewed any further.</p> <p>Interview on 8/19/2019 with staff #1 revealed: - On 5/23/2019, client #1 had entered into the staff area asking for soap; - When staff #1 asked client #1 to step out of the staff area, " ... He (client #1) came toward me ... I guess he took it as I didn't want to give it to him (soap) ... He like, stepped out in my face and I put arm up and he snapped my arm down and pushed me and stuff got heated from then ... It was kind of like I hunched up. Like he stepped toward me, and I was like, 'whoa, whoa' that's when he snapped my arm down and swung at me. That's when we started fighting ... He was really just swinging at me and I was dodging him ... I just tried to restrain him, and I had him in a headlock ... I said 'can you calm down' and he said 'f**k no' ... He acted calm, then as soon as I released him, he swung at me ... I ran into the room and called the police ..."</p> <p>- After the police arrived, staff #1 was asked if he wanted to press charges against client #1; - Staff #1 declined to press charges, staff #1 and client #1 shook hands, and there were no further problems; - " ... They (facility management and trainers) told</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>us we can try to deescalate them (clients), but we can't put our hands on him (client #1) ... She (the Administrator) just told us we can tell them to calm down and walk away ..."</p> <p>Interview on 8/20/2019 with the facility's Trainer revealed:</p> <ul style="list-style-type: none"> - He conducted the NCI and Special Populations trainings for facility staff; - The NCI training included de-escalation of clients' behaviors, suggesting facility staff take a more objective approach than subjective to their responses to clients, to not get into 'win-loss' situations with clients, to model what it means to be objective, to never give clients an ultimatum, and to try to make it a choice for clients to calm down; - The Special Populations training was designed to help the staff understand the population they would be working with, and covered information about diagnoses, how to intervene with clients, what intervention techniques to use if a client become escalated, and cues to look for before the client becomes escalated. <p>Interviews from 8/9/2019 to 8/22/2019 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - Staff #1 had been trained in NCI and how to de-escalate client behaviors; - Staff #1 knew what he was supposed to do and made a mistake; - There were no negative outcomes for client #1 following the 5/23/2019 incident. <p>Interview on 8/20/2019 with the Administrator revealed:</p> <ul style="list-style-type: none"> - Staff #1 had received training in de-escalation techniques; - On 5/23/2019, an incident occurred in which staff #1 restrained client #1; 	V 110		

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V 110	Continued From page 7 - Client #1 and staff #1 did not actually "fight"; - Staff #1 should not have attempted the restraint, and instead, should have walked away from the situation and called management staff; - To staff #1, the incident was "escalating and escalating" which led to staff #1 making a wrong choice.	V 110		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 2 of 5 surveyed staff (#1 & #3). The findings are: Review on 8/9/2019 of staff #1's employee record revealed: - Hire date: 3/20/2019 - Documentation that the HCPR was not accessed until 6/26/2019. Review on 8/9/2019 of staff #3's employee record revealed:	V 131		

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V 131	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Hire date: 5/3/2019 - Documentation that the HCPR was accessed at any time. <p>Interviews from 8/9/2019 to 8/22/2019 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - The HCPR had been accessed for staff #1 and #3 when they were hired, but had to be accessed again after the QP discovered that his file cabinet had been broken into and documents missing; - He did not know where the original HCPR check documents were. <p>Interview on 8/20/2019 with the Administrator revealed:</p> <ul style="list-style-type: none"> - The Administrator accessed the HCPR for new hires; - The original copies of staff #1 and #3's HCPR check had been in their files, but some documentation was missing when the Administrator found out that the file cabinet containing staff records had been broken into on an unknown date; - The personnel records were now stored at another location. 	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an</p>	V 133		

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V 133	<p>Continued From page 9</p> <p>applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of 	V 133		
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V 133	<p>Continued From page 11</p> <p>a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or</p>	V 133		

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V 133	<p>Continued From page 12</p> <p>Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3801 PALMIRA TRAIL WINSTON SALEM, NC 27127
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V 133	<p>Continued From page 13</p> <p>criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request a criminal history background check within 5 days of making the conditional offer of employment affecting 2 of 5 surveyed staff (#1 & #3). The findings are:</p> <p>Review on 8/9/2019 of staff #1's employee record revealed: - Hire date: 3/20/2019 - Documentation that staff #1's criminal history was not checked until 6/5/2019.</p> <p>Review on 8/9/2019 of staff #3's employee record revealed: - Hire date: 5/3/2019 - Documentation that staff #3's criminal history was not checked until 6/5/2019.</p> <p>Interviews from 8/9/2019 to 8/22/2019 with the Qualified Professional (QP) revealed: - Staff #1 and #3's criminal histories were checked when they were hired; - The file cabinet that contained the employee records had been broken into and documents</p>	V 133		

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V 133	Continued From page 14 were missing; - He did not know where the original criminal history documents were. Interview on 8/20/2019 with the Administrator revealed: - The Administrator completed background checks for new hires; - The original copies of staff #1 and #3's criminal history record checks had been in their files; - Some documentation from employee records was missing when the Administrator discovered that the file cabinet containing staff records had been broken into on an unknown date; - The personnel records were now stored at another location.	V 133		
V 367	27G .0604 Incident Reporting Requirements 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 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: (1) reporting provider contact and identification information;	V 367		

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V 367	<p>Continued From page 15</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <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> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <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 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).</p> <p>(e) Category A and B providers shall send a</p>	V 367		

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V 367	<p>Continued From page 16</p> <p>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:</p> <ol style="list-style-type: none"> (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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level II incidents to the LME responsible for the catchment area within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 8/6/2019 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 4/3/2017 - Diagnoses: Schizophrenia; and Cannabis Use Disorder (D/O), moderate, in sustained remission; - Documentation of an assessment dated 3/29/2019 that revealed a history of moderate delusions and hallucinations, and ongoing treatment by an Assertive Community Treatment 	V 367		

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V 367	<p>Continued From page 17</p> <p>Team (ACTT) in addition to residential services at the facility.</p> <p>Review on 8/6/2019 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 4/6/2015 - Diagnoses: Schizophrenia; Depression; Tobacco Use D/O; Gastroesophageal Reflux Disease (GERD); Eczema/Dermatitis; Vitamin D deficiency; Anemia; and Allergic Rhinitis; - An assessment dated 4/6/2019 that revealed problems with agitation, tangential thoughts, paranoia, and alcohol, marijuana and nicotine use. <p>Review on 8/6/2019 of Incident Reports from the local Police Department revealed:</p> <ul style="list-style-type: none"> - At 7:12PM on 1/3/2019, Police responded to a report of "Simple Assault" in which client #1 was the suspect, and former staff (FS) #4 was the victim; - At 10:07PM on 5/23/2019, Police responded to an "Affray" at the facility address; - No client or staff names were included on the 5/23/2019 report; - At 6:39PM on 7/1/2019, Police responded to a report of "Simple Assault" in which client #3 was the victim, but the suspect was not listed. <p>Review on 8/5/2019 of the online Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - From 1/1/2019 to 8/5/2019, no level 2 incident reports were filed related to the police-involved incidents on 1/3/2019, 5/23/2019 and 7/1/2019. <p>Review on 8/9/2019 of the facility's internal/level 1 incident reports revealed:</p> <ul style="list-style-type: none"> - On 1/3/2019, FS #4 documented that "[Client #1] put his hands on me and I called the police on him ..."; 	V 367		

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V 367	<p>Continued From page 18</p> <ul style="list-style-type: none"> - On 5/23/2019, staff #1 documented that "[Client #1] came in office and asked for tissue, and I asked him to step out of the office. W argued and ended up fighting outside. I called the police and they came after the fight ... Police talked to me and him (client #1), and everything calmed down and there wasn't any more arguing or fighting." - On 7/1/2019, staff # 2 documented that "Me and another female client was talking about clients making passes at her. [Client #3] was one there. Started talking about 2 other clients, [client #1] & [client #4] who had nothing to do with the situation. [Client #1] asked them to leave his name out of it. [Client #3] got very aggressive with [client #1] and [client #1] struck [client #3] in the face. I stopped the altercation and sent them to their rooms. I was the staff on duty. [Client #3] called the police." <p>Interviews from 8/9/2019 to 8/22/2019 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - The Administrator completed incident reports in IRIS. <p>Interviews on 8/5/2019 and 8/20/2019 with the Administrator revealed:</p> <ul style="list-style-type: none"> - The Administrator submitted incident reports into IRIS; - The Administrator had only recently started printing out level 2 and 3 incident reports from IRIS; - Someone from the catchment LME told the Administrator that LME staff could not see the incidents the Administrator said she had entered into IRIS; - The Administrator did not have copies of the incident reports she completed related to the 1/3/2019, 5/23/2019 and 7/1/2019 police-involved incidents; - The Administrator had entered the 	V 367		

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V 367	Continued From page 19 police-involved reports into IRIS after she had received the in-house incident report forms from the staff who had been working.	V 367		