

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/16/2019
NAME OF PROVIDER OR SUPPLIER BEYOND MEASURES		STREET ADDRESS, CITY, STATE, ZIP CODE 1005 LAUREL LEAF ROAD ZEBULON, NC 27597		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on August 16, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.	V 109		

DHSR-Mental Health
SEP 30 2019
Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

69VM11

If continuation sheet 1 of 24

David L. Johnson 8/28/19 Executive Director

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V 109 Continued From page 1

V 109

(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.

This Rule is not met as evidenced by:

Based on observation, record review and interview, the governing body failed to ensure 1 of 1 Qualified Professional (Licensee/Qualified Professional (L/QP)) demonstrated knowledge, skills and abilities required by the population served. The findings are:

Review on 8/14/19 of a job description for the L/QP revealed:

- "Duties and Responsibilities:

1. Administrative:...

h. Audits Home and Administrative

Charts to ensure completeness, accuracy and compliance...

3. Clinical...

d. Design and implement progress note documentation if requested by area mental health program...

g. Review and maintain accurate and complete administrative chart records on each client.

h. Review progress notes prior to billing.

i. Ensure all paperwork is submitted in a timely manner.

j. Participate in implementation and monitoring of quality assurance and improvement programs..."

1. Cross Reference: 10A NCAC 27G .0205

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V 109 Continued From page 2

V 109

Assessment/Treatment/Habilitation Plan (V112).
Based on record review and interview, the facility
failed to ensure 2 of 2 current clients (#2 and
#3)'s treatment plans were updated annually.

2. Cross Reference: 10A NCAC 27G .0206 Client
Records (V113). Based on observation, record
reviews and interviews, the governing body failed
to ensure 2 of 2 current clients (#2, #3) and 1 of 1
former client (FC #1)'s records had all required
documentation.

3. Cross Reference: 10A NCAC 27G .0207
Emergency Plans and Supplies (V114) Based
on record review and interview, the governing
body failed to ensure fire and disaster drills were
conducted a least quarterly per shift.

4. Cross Reference: 10A NCAC 27G .0209
Medication Requirements (V118). Based on
observation, record review and interview, the
facility failed to ensure administered medications
were recorded immediately after administration

5. Cross Reference: G.S.122C-80 Criminal
History Record Check (V133). Based on record
review and interview, the governing body failed to
ensure a statewide criminal check was completed
for 1 of 3 staff (#1).

6. Cross Reference: 10A NCAC 27G .0604
Incident Reporting Requirements (V367). Based
on record reviews and interview, the facility failed
to ensure qualifying Level II Incidents were
reported to the Incident Report Improvement
System within 72 hours of becoming aware of the
incident.

During an interview on 8/16/19, the L/QP
reported:

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V 109	Continued From page 3 - she was responsible for the overall running of the facility and all of the areas cited were her responsibility. - she acknowledged she had not kept up with a lot of the paperwork required of her - she would work to fix these areas immediately. Review on 8/16/19 of a Plan of Protection written and submitted by the L/QP on 8/16/19 revealed: What will you immediately do to correct the above violations in order to protect clients from further risk or additional harm? "Another Qualified Professional will be temporarily brought in to assist in bringing all listed above back into compliance." Describe your plans to make the above happen. "QP will make sure all documentation is done and completed in timely manner & on time. Secondary QP will oversee work til it's back in compliance." The L/QP also worked regularly as 1 of 2 direct care staff and failed to demonstrate the knowledge, skills and abilities required by the population served. The L/QP acknowledged she was responsible for and failed to complete the development and implementation of the treatment plans, the documentation of services provided, the writing of progress and outcome notes and the documentation on the Medication Administration Records immediately after she administered medications. She usually signed the MARs right after she gave the medications but admitted sometimes it got busy and she would wait until both clients left for the day program before signing for the medications. She had been trained to initial the MAR immediately	V 109			

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V 109	Continued From page 4 after giving the medications. She also confirmed she failed to ensure fire and disaster drills were conducted and Level II incident reports were written and submitted. She acknowledged being cited for not doing a statewide criminal background check last year for one staff and admitted she still had not completed the check for that same staff. She was also responsible for and failed to ensure client records were complete and accurate. She stated that after being told by a previous state worker that her paperwork was redundant, she stopped doing it. The L/QP stated she was confused about the requirements for fire and disaster drills and when to submit reports to the Incident Response Improvement System. This collective lack of knowledge and lack of demonstration of skills was detrimental to health, safety and welfare of the clients. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;	V 112		

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V 112 Continued From page 5

V 112

- (2) strategies;
- (3) staff responsible;
- (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;
- (5) basis for evaluation or assessment of outcome achievement; and
- (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

This Rule is not met as evidenced by:

Based on record review and interview, the Licensee/Qualified Professional (L/QP) failed to ensure 2 of 2 current clients (#2 and #3)'s treatment plans were updated annually. The findings are:

a. Review on 8/13/19 of client #2's record revealed:

- admission date 12/1/16
- diagnoses including Bipolar Disorder, Mild Intellectual and Developmental Disorder (IDD) and Impulse Control Disorder
- a treatment plan dated 1/30/18 which expired in January 30, 2019.

b. Review on 8/13/19 of client #3's record revealed:

- admission date 3/1/12
- diagnoses including Generalized Anxiety Disorder, Moderate Intellectual Developmental Disability, Downs Syndrome, Pseudo-Seizures,

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V 112 Continued From page 6

V 112

Gastro Esophageal Reflux Disease,
Hypothyroidism and Vitamin D Deficiency
- a treatment plan dated 5/1/18 which expired
5/1/19

During an interview on 8/13/19, staff #1 reported
he mainly worked the overnight and got clients up
in the morning to help them get ready to go to
their day program. He assisted them with their
personal care needs, made sure they had
breakfast and administered medications if
needed. He knew clients diagnoses and needs
(ex: diabetic diets) but had not done any
documentation of the services he provided.

During an interview on 8/13/19, the L/QP
reported:
- she worked from the time the clients
returned from the day program until staff #1 came
in for the overnight shift.

- she was responsible for running all the
goals for the clients and for the treatment plan
updates and the quarterly notes about outcomes.

- she had not updated the treatment plans
and had not done any notes because a previous
state worker told her the notes were too repetitive

- she acknowledged she needed to catch up
on the paperwork and to make sure she and
other staff documented the services they were
providing.

This deficiency is cross referenced into 10A
NCAC 27G .0203 Competencies of Qualified
Professionals and Associate Professionals
(V109) for a Type B rule violation and must be
corrected within 45 days.

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V 113	Continued From page 7	V 113			
V 113	27G .0206 Client Records	V 113			
	<p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information</p>				

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V 113	Continued From page 8 relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the governing body failed to ensure 2 of 2 current clients (#2, #3) and 1 of 1 former client (FC #1)'s records had all required documentation. The findings are: a. Review on 8/13/19 of client #2's record revealed: - admission date 12/1/16 - diagnoses including Bipolar Disorder, Mild Intellectual and Developmental Disorder (IDD) and Impulse Control Disorder - a treatment plan dated 1/30/18 which expired in January, 2019 - no notes documenting client's progress towards goals for the past year - no grid sheets or other notes documenting services provided to the clients for the past year - the August, 2019 Medication Administration Record (MAR) unsigned for 8/13/19 in the morning b. Review on 8/13/19 of client #3's record revealed: - admission date 3/1/12 - diagnoses including Generalized Anxiety Disorder, Moderate Intellectual Developmental Disability, Downs Syndrome, Pseudo-Seizures, Gastro Esophageal Reflux Disease, Hypothyroidism and Vitamin D Deficiency - a treatment plan dated 5/1/18 which expired	V 113	<i>Treatment plan meeting held for ct. # 2 8/23/19 plan ^{revised} updated. Annual treatment / Habilitation plan meeting will be reviewed + updated as needed but at least annually. Monthly and/or quarterly notes will serve as progress notes. MAR will be signed immediately after meds are administered. Treatment plan meeting held for ct. # 3. 8/26/19. Plan reviewed + updated. Annual treatment + Habilitation plans will be reviewed + updated as needed but at least annually.</i>	

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V 113	Continued From page 9 5/1/19 - no notes documenting client's progress towards goals for the past year - no grid sheets or other notes documenting services provided to the clients for the past year - the August, 2019 Medication Administration Record (MAR) unsigned for 8/13/19 in the morning c. Review on 8/13/19 of Former Client #1 (FC#1)'s record revealed: - admission date 8/1/10 - no discharge date documented - diagnoses including Schizophrenia, Insomnia and Allergic Rhinitis and a history of Kleptomania - a treatment plan dated 10/1/18 with goals addressing; following his medication regimen, decreasing illegal and anti-social behavior and notifying the L/QP prior to leaving the day program with family members - no notes documenting client's progress towards goals for the past year - no grid sheets or other notes documenting services provided to the clients for the past year - no discharge summary During an interview on 8/14/19, the L/QP reported: - it was her responsibility to ensure all required paperwork was in the client records - acknowledged she had not done any outcome notes or grid documentation since the previous survey because she was told her paperwork was too repetitive - she gave out morning and evening medications and tried to make she signed the MARs immediately but acknowledged she sometimes waited until an hour or so later when it was less busy.	V 113	(Continuation) monthly and/or quarterly notes will serve as Progress notes. MAR will be signed immediately after after medication is administered. Discharge summary for former Ct. #1 has been completed. QP will ensure discharge summary is completed w/ 10 days of discharge.	

DISCHARGE SUMMARY

Client Name:	[REDACTED]
Record Number:	[REDACTED]
Date of Admission:	
Date of Last Contact:	7/15/19
Date of Closure:	7/30/19

Reason for Admission: [REDACTED] was terminated from his job group home for stealing a large sum of money. He + his guardian refused to pay back the money + refused to pay room + board.

Treatment Received: Structured housing, Medication management w/ psychiatrist + Primary Physician, Personal Care skills, independent living + Social Skills

Conditions of Discharge: [REDACTED] was very aggressive verbally + physically w/ another resident + the officers that transported him to Crisis Center. [REDACTED] Medication were being stabilized to assist w/ his mood + behavior.

Reason for Discharge: [REDACTED] was released from Wake Med Behavioral Clinic about 3 weeks prior to this incident for being verbally aggressive towards others.

Recommendations/Referral: [REDACTED] was recommended to another facility for the safety of residents.

Recommendation: [REDACTED] Continue to follow up w/ his psychiatrist Owen Sims @ Wake Clinic + continue taking medications as ordered.

Gwendolyn phms 8/14/19
QP Signature Date

Chris's PERSON-CENTERED PROFILE

Name: [REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	Record #: [REDACTED]
(Non - CAP-MR/DD Plans ONLY) PCP Completed on: 08/26/2019	(CAP-MR/DD Plans ONLY) Plan Meeting Date: / /	Effective Date: / /	

WHAT PEOPLE LIKE AND ADMIRE ABOUT....

[REDACTED] is funny, likes to dance & sing. He like helping others and he likes showing affection (hugs) towards people he knows or often come in contact with.

WHAT'S IMPORTANT TO....

[REDACTED] enjoys listening to music, watching movies, and going to Church singing and participating in plays and other holidays events, ushering. He also assists with Children Sunday School. [REDACTED] likes being praise & given positive feedback, he enjoys sports basketball football participating and watching. [REDACTED] enjoys going out in the community to social outings & eating.

HOW BEST TO SUPPORT....

[REDACTED] must be supervised, directed, and prompted with completing tasks. It also helps to have him repeat back what was said to him to make sure he understands what was said to him. [REDACTED] also struggles with answering questions directly especially why questions and some yes and no.

ADD WHAT'S WORKING / WHAT'S NOT WORKING

Working – Stability in group home. He is using his words little more to express himself instead of being destructive towards his things or other people things.

Not Working – Psychiatrist and neurologist continue to work on stabilizing his medication for treating and controlling Pseudo Seizures.

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ACTION PLAN

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

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

[REDACTED] will have good personal care skills and independent living skills.

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

[REDACTED] requires assistance, monitoring and verbal prompts and gestures to completed activities of daily and personal care skills. [REDACTED] is constantly having outbreaks of ringworms or herpes and requires thoroughly cleaning and drying and assistance with applying lotions and creams

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] will work towards increasing his independent living skills as evidence by continuing proper hygiene care such as showering daily, brushing his teeth, use deodorant, apply lotion/creams, wash face, and shave, maintaining a well-groomed appearance dressing neatly and appropriate attire for appropriate occasions, putting on clean clothes daily, maintain & attain hygiene supplies. Keeping his fingernails and toenails trimmed & clean. Washing his hands after each bathroom use and before and after meals.	[REDACTED] Beyond Measures	Daily Daily

HOW (Support/Intervention)

Staff will use role play and role reversal techniques to continue to assist [REDACTED] with developing independent living skills. Staff will offer encouragement, guidance and directions while teaching independent living skills to [REDACTED]. Staff will continue to educate [REDACTED] about maintaining his living space which includes laundering. Staff will provide [REDACTED] with a schedule using calendar for completing his laundry, cleaning kitchen, bedroom and bathroom. [REDACTED] will complete his laundry weekly (sorting colors dark, light & whites with assistance from staff. Staff will teach what temperature of water is needed for clothes, assist with measuring detergent, & properly setting for dryer. Staff will monitor, direct, & assist [REDACTED] with putting on clean clothes daily, and prompt him not to dress out of the dirty clothes hamper. Staff will educate [REDACTED] on socialization skills understanding concept of time using a clock, using a calendar appropriately to plan activities. Staff will ensure [REDACTED] eats properly, toileting, dressing and learning to be independent, personal hygiene and grooming (assisting him with shaving), choice and care of clothing, socially appropriate behavior, communication, interaction with other residents, recognition and expression of emotions, courteous behavior, problem solving, decision making and planning, home maintenance, and telephone use.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation Or discontinuation of goal.
08/25/2020			
/ /			
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

Hen

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] with assistance will put on clean clothes daily. [REDACTED] will place dirty clothes in hamper at the end of the day after showering or anytime that clothing is soiled and requires washing.	[REDACTED] Beyond Measures	7 Days a week Weekly

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

HOW (Support/Intervention) Staff will monitor, prompt and assist Chris with Showering daily, washing all body parts using soap, and putting on clean clothes.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation Or discontinuation of goal.
08/25/2020			
/ /			
/ /			
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

**** Copy and use as many Action Plan pages as needed.**

ACTION PLAN

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

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

[REDACTED] will have good personal care skills and independent living skills.

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

[REDACTED] requires assistance, monitoring and verbal prompts and gestures to completed activities of daily and personal care skills.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] will work towards increasing his independent living skills as evidence by washing his clothes and bed linen weekly.	[REDACTED] Beyond Measures	Daily Daily

HOW (Support/Intervention)

Staff will use role play and role reversal techniques to continue to assist [REDACTED] with developing independent living skills. Staff will offer encouragement, guidance and directions while teaching independent living skills to [REDACTED]. Staff will continue to educate [REDACTED] about maintaining his living space which includes laundering. Staff will provide [REDACTED] with a schedule using calendar for completing his laundry, cleaning kitchen, bedroom and bathroom. [REDACTED] will complete his laundry weekly (sorting colors dark, light & whites with assistance from staff. Staff will teach what temperature of water is needed for clothes, assist with measuring detergent, & properly setting for dryer. Staff will monitor, direct, & assist [REDACTED] with putting on clean clothes daily, and prompt him not to dress out of the dirty clothes hamper. Staff will educate [REDACTED] on socialization skills understanding concept of time using a clock, using a calendar appropriately to plan activities. Staff will ensure [REDACTED] eats properly, toileting, dressing and learning to be independent, personal hygiene and grooming (assisting him with shaving), choice and care of clothing, socially appropriate behavior, communication, interaction with other residents, recognition and expression of emotions, courteous behavior, problem solving, decision making and planning, home maintenance, and telephone use.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation Or discontinuation of goal.
08/25/2020			
/ /			
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
When [REDACTED] becomes anxious or upset, he throw his eyes up (pseudo seizures)	[REDACTED] Beyond Measures	Daily Daily

HOW (Support/intervention)

To assist [REDACTED] with his anxiety and seizures staff can give [REDACTED] mg Lorazepam. Take up to 2 tablets by mouth as needed 1 hour prior to outing and may dose as 1/2 tablet every 2 hours up to 2 mg.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation Or discontinuation of goal.
8/25/2020		N	

Name: [REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	Record #: [REDACTED]
/ /			
/ /			
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

**** Copy and use as many Action Plan pages as needed.**

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

ACTION PLAN

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

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

[REDACTED] will increase level of independent function within the community.

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

[REDACTED] continue to need assistance with personal care skills when [REDACTED] has a bowel movement, he will not wipe himself he will just get up off the toilet and pull his pants up without wiping. He continues to need to be monitored and assist with cleaning himself properly after bowel movements.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] will choose clean towel and wash cloth at each shower		[REDACTED] Beyond Measures	7 days a week
HOW (Support/Intervention) Staff will assistance [REDACTED] with washing his towels and wash cloths to ensure he has clean towels and wash cloths; staff will prompt and assistance [REDACTED] with choosing clean towel and wash cloth at each shower.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
08/25/2020			
/ /			
/ /			
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] will Wipe thoroughly after bowel movement using front and back motion. Wash his hands after toileting when soiled.		[REDACTED] Beyond Measures	7 days a week
HOW (Support/Intervention) Staff will monitor and assistance [REDACTED] to complete all steps to ensure proper personal hygiene is completed with cleaning his bottom thoroughly after bowel movement and washing his hands after each bathroom use.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
08/25/2020			
/ /			
/ /			
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

**** Copy and use as many Action Plan pages as needed.**

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CRISIS PREVENTION AND INTERVENTION PLAN

(Use this form or attach your crisis plan.)

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

When [REDACTED] becomes upset, he will destroy property, become aggressive both verbal and physical, he shuts down and will not answer questions, and rarely responds appropriately to questions he is being asked. It may seem as if he does not understand what you're saying to him, but he does he just won't respond, or he will repeat what you are saying back to you to avoid answering the question asked and following a direction given. [REDACTED] will also run or walk away when being confronted. He's easily distracted which will cause him to be even more anxious. [REDACTED] also has difficulty answering yes or no and why questions he will try to follow along with what you are asking him and give you the answer he thinks you want or a quick response.

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

Keep [REDACTED] involved in activities he enjoys participating in or activities that will keep him engaged.

Strategies for crisis response and stabilization. (Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite, if an option. List everything you know that has worked to help this person to become stable):

Allow [REDACTED] to calm down, sitting quietly or being silent when he appears relaxed, ask if he ready to talk about the situation that made him upset. Take a break from the situation, talk to staff or guardian. Contact [REDACTED] who is legal guardian through Durham County Mental Health. Contact Gwen Johns Group Home Director, Contact Psychiatrist. Take to Crisis and Assessment or call 911.

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

*Vivian Harris, legal guardian (919) 308-9172
Beyond Measures Director, Mrs. Gwendolyn Johns (919) 426-3752

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

He will do a lot better if he has someone familiar present.

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

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

Legally Responsible Person: Self: Yes ☐ No ☐

Person Receiving Services: (Required when person is his/her own legally responsible person)

Signature: _____

(Print Name)

Date: 1/1

Legally Responsible Person (Required if other than person receiving services)

Signature: _____

(Print Name)

Date: 8/24/19

Relationship to the Individual: _____

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

Signature: Dwendolyn Johns

(Person responsible for the PCP)

(Name of Case Management Agency)

Date: 9/24/19

Child Mental Health Services Only:

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

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

Date: 1/1

Date: 1/1

Date: 1/1

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

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

Signature: _____

(Person responsible for the PCP)

(Print Name)

Date: 1/1

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

(SECTION A): For services ordered by one of the Medicaid approved licensed signatories (see instruction Manual). My signature below confirms the following: (Check all appropriate boxes.)

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

☐ Yes ☐ No
☐ Yes ☐ No

Signature: _____

(Name/Title Required)

(Print Name)

License #: _____

Date: 1/1

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

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

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

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

Signature: _____

(Name/Title Required)

(Print Name)

License #: _____

Date: 1/1

(If Applicable)

Name:

DOB:

Medicaid ID:

Record #:

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

Other Team Member (Name/Relationship):

Chazunda J. Gooley

Date:

8/26/19

Other Team Member (Name/Relationship):

Bradley Gooley

Date:

8/26/19

_____'S PERSON-CENTERED PROFILE

Name:	DOB:	Medicaid ID:	Record #:
[REDACTED]			
(Non - CAP-MR/DD Plans ONLY) PCP Completed on: 08/23/2019	(CAP-MR/DD Plans ONLY) Plan Meeting Date: / / Effective Date: / /		

WHAT PEOPLE LIKE AND ADMIRE ABOUT....

That I am "I'm friendly, funny, very helpful, down to earth, I know how to have fun, respectful and a gentleman".

WHAT'S IMPORTANT TO....

“Religion, Family, Friends, job, mentoring others that's looking for advice, People can count on him for support.

HOW BEST TO SUPPORT....

Give me positive feedback and being there for me when I need help, make him laugh and encouragement.

ADD WHAT'S WORKING / WHAT'S NOT WORKING

Working

"Being able to talk with my family, going on outings (i.e. movies and out to eat) & have a good support team group home staff, fellowship staff, Church family (Deacon [REDACTED], Working".

Not Working

"Not being in a relationship and having his own place and living with someone (special someone), Flying off the handle and snapping on people without thinking first".

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

ACTION PLAN

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

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

"To become a responsible adult and live on my own".

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

[REDACTED] is a people's person he loves helping and being around people having friends, a relationship and job is very important to him. [REDACTED] currently works at McDonald's he started out working four days a week and now working one day a week. [REDACTED] struggle with following directions & taking corrections (criticism), he responds to criticism with shame, anger, and humiliation. [REDACTED] has difficulty with seeing things any other way than his own, he wants to do things his way which is according to him how he did at his previous jobs or "back at the house" and often communicates this to the manager/supervisor/job coach "I'm not use to doing this or that (whatever he been asked to do) and" when I was working at Wendy's" (which was about 10 years ago) "I was able to do this" now he's seeking a new position or a new job because he now feels he's not getting the praise he deserves. [REDACTED] requires constant admiration. He struggles with letting things in his past go. [REDACTED] struggle with impulse control pertaining to focusing on what he is currently doing and not trying to complete another task before he done. [REDACTED] is very helpful, sometimes can be overly helpful and is often in the middle of conflict spreading rumors about peers or interjecting himself in peer's conflicts. [REDACTED] often struggles with being able to identify when his help is not wanted nor needed. When [REDACTED] is confronted of any wrong- doing he often attempts to justify his behavior by blaming others, exaggerate or outright lie. [REDACTED] fantasize and become obsess with other's relationships and lifestyles and become competitive in trying to be like or better than others that have something he doesn't especially those that are confident and popular. He manipulates and bullies especially those as he says, "not on his level". [REDACTED] is very charming to women and children, and he desires to have a relationship (girlfriend) and friendship which has put him in situations where he's taken advantage of.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] will maintain his job by following all rules and regulations and directions of the supervisor.			7/24 hour
HOW (Support/Intervention) Beyond Measures staff will assist [REDACTED] with maintaining his job, following directions, rules and regulations and avoiding conflicts while on the job. Beyond measures staff will also assist [REDACTED] with working allotted hours by SSA to avoid losing his benefits. [REDACTED] will attend work at scheduled hours and comply with duties provided by the supervisor.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
08/22/2019			
/ /			
/ /			
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

lew

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

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:			
WHAT (Short Range Goal)	WHO IS RESPONSIBLE		SERVICE & FREQUENCY
<p>[REDACTED] will attend PSR at least daily and actively participate in programs offered at fellowship by attending structured group, vocational, social and independent living skills building programs and community outings. [REDACTED] will enhance his social skills refrain from spreading gossip and rumors, interjecting himself into the conversations of his peers and staff unless asked. [REDACTED] will interact with his peers positively during his leisure time, at lunch and breaks.</p>	[REDACTED] Beyond Measures		5 days a week
<p>HOW (Support/Intervention):</p> <p>[REDACTED] currently attend Fellowship Resources when he is not scheduled to work. PSR staff, group home staff and guardian will reiterate to [REDACTED] to stay within his boundaries and attend to his own affairs. FCH, group home staff, and guardian will communicate with each other to keep each other abreast with occurring or reoccurring issues. PSR will facilitate various groups and activities to assist James to identify proper social skills and reduce negative behaviors.</p>			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
08/22/2020			
/ /			
/ /	/ /		
<p>Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued</p>			

**** Copy and use as many Action Plan pages as needed.**

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

ACTION PLAN

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

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

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

[REDACTED] is very good with expressing his wants and needs, which is usually what someone else has, gathering information from others and using it to his advantage and is very persuasive and convincing with things he says. [REDACTED] constantly rely on others to assist (usually with advice) him with issues (relationships with his sister, friends, girlfriend, money & etc.) he takes things people tell him and use it against others in a way that it benefits him. When [REDACTED] is not pleased with the advice, answer, or the result outcome of the conversation it usually leads to him becoming angry, argumentized and frustrated (verbally and physically aggressive). When confronting [REDACTED] instead of accepting responsibility he blames others to take the responsibility off of him and twist other's words to benefit him, lies about what was said, he also takes the conversation from person to person in seeking to get results/answers he's looking for from others. He uses stories from other's conversations or some type of scenario or begin talking or bringing up things that has nothing to do the conversation to change the conversation or take the focus off him and the behavior he's displaying or displayed. To keep [REDACTED] focused on the conversation /discussion or confronting him it is important to ask [REDACTED] "what did he hear you say, "or to "Repeat what you said" [REDACTED] when getting upset will try to over talk you to lead the conversation in the direction he wants it to go. [REDACTED] when taking medication because he feels better he often has refused his medication while home with his mom and became verbally and physically aggressive to where she had to call the police on him, due to someone else telling him he doesn't have to take meds as long as he doesn't commit a crime or hurt anyone.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] will increase his coping skills to deal with stressful and irritating situations to include issues regarding peer and family conflicts and issues in the group home as evidenced by staff observation and self/guardian report.		[REDACTED] Beyond Measures	7/24 hour
HOW (Support/Intervention) Because of the way [REDACTED] perceive and communicate things to others It is important that everyone be consist when working with [REDACTED] and communicate with each other. Guardian, [REDACTED] and Staff will communicate with each other to deal with various issues as they arise. Will agree to communicate with each other and keep each other abreast with occurring issues; to include psychiatrist and therapist keeping them abreast with occurring issues. [REDACTED] will utilize calming techniques to include breathing (deep breathe), focus on something positive, mediate, read bible, listen to music, talk with friend on the phone, exercise.			
Item Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
08/22/2020			
/ /			
/ /	/ /		

Name: [REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	Record #: [REDACTED]
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:			
WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
[REDACTED] will take all medications as they are prescribed and attend all medical and therapeutic appointments to ensure his mental health needs are being met. [REDACTED] will report any side effects (that he feels) to physician & psychiatrist.	James/Beyond Measures	7 days /24 hours	
HOW (Support/Intervention) Staff will educate [REDACTED] on the importance of attending and participating in all medical and psychiatrist appointments. Staff will ensure [REDACTED] takes all prescribed medications as indicated by psychiatrist/physician. Staff will ensure [REDACTED] attend doctor appointments and follow ups with doctor regularly. Staff will assist and provide transportation to medical and therapeutic appointments to ensure his mental health needs are being met. Staff will assist and monitor [REDACTED] medication regiment. Staff will remind [REDACTED] of his scheduled time to take his prescribed medications. Staff will encourage [REDACTED] to report any side effects (that affects him/he feels) to physician/ psychiatrist			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
08/22/2020			
/ /			
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

**** Copy and use as many Action Plan pages as needed.**

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

ACTION PLAN

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

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

"I to want work on other people telling me what I should/shouldn't have done for my life like I shouldn't be living in a group home which causes me to get mad at my sister or [REDACTED] having me to go against them because I should be living on my own and I should concentrate on helping myself out instead of helping out others at program staff and clients." I need to stop being influenced by my friends. "I need to Stop, Think and Listen".

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

"I'm close once I feel I get this job (currently working at McDonald's want to increase his hours and days) everything else should fall into place".

[REDACTED] is very good with expressing his wants and needs, which is usually what someone else has, gathering information from others and using it to his advantage and is very persuasive and convincing with things he says. [REDACTED] constantly rely on others to assist (usually with advice) him with issues (relationships with his sister, friends, girlfriend, money & etc.) he takes things people tell him and use it against others in a way that it benefits him. When [REDACTED] is not pleased with the advice, answer, or the result outcome of the conversation it usually leads to him becoming angry, argumentative and frustrated (verbally and physically aggressive). When confronting [REDACTED] instead of accepting responsibility he blames others to take the responsibility off of him and twist other's words to benefit him, lies about what was said, he also takes the conversation from person to person in seeking to get results/answers he's looking for from others. This causes [REDACTED] to forget who he told certain things to that he will think that it was you he told or had the conversation with. [REDACTED] also thinks that because you're in the area (i.e. car, sitting area & etc.) nearby where he's having a conversation or discussion with someone then he considers that telling you too. He uses stories from other's conversations or some type of scenario or begin talking or bringing up things that has nothing to do the conversation to change the conversation or take the focus off him and the behavior he's displaying or displayed. To keep [REDACTED] focused on the conversation /discussion or confronting him it is important to ask [REDACTED] what did he hear you say "or to "Repeat what you said" & "what did you get out of this conversation" to make sure he understands or get what you're saying. He has so much he wants to share that he gets anxious, out of control and rambles on and on with trying to get it all out. [REDACTED] when getting upset will try to over talk you to lead the conversation in the direction he wants it to go. Often, we tell him to "Stop, Think and Listen" we do this when he starts taking things out of concept, having [REDACTED] repeat and hear himself helps. To assist [REDACTED] with this we uses the THINK acronym is what he saying or going to say T= True, H= Hurtful, I= Inspiring, Necessary, K= Kind.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] will increase his coping skills to deal with stressful and irritating situations to include issues regarding his peer and family conflicts and issues in the group home as evidenced by staff observation and self/guardian report.	[REDACTED] Beyond measures	7/24 hour
HOW (Support/Intervention) Guardian, [REDACTED] and staff (Director) will communicate with each other to deal with various issues as they arise. Will agree to communicate with each other to keep each other abreast of occurring issues, to also include psychiatrist & therapist keeping them abreast with occurring issues. Staff will also allow [REDACTED] to express his feelings and concerns; staff will counsel and advise him on expressed issues and concerns. [REDACTED] will utilize calming techniques to include: exercising/ weight lifting, deep breathes, focus on		

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

Item Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
08/22/2020			
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/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:			
WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
HOW (Support/Intervention)			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
/ /			
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

**** Copy and use as many Action Plan pages as needed.**

Name: [REDACTED]
057973

DOB [REDACTED]

Medicaid ID: [REDACTED]

Record #:

ACTION PLAN

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

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

[REDACTED] wants to work on independence, staff and others trusting him

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

[REDACTED] needs to learn the importance of self-efficiency and he will gain understanding between the difference of being kind to others and simply taking care of himself first. Being aware that he cannot help others financially while also understanding that other's finances aren't his responsibility. Having good hygiene and personal appearance maintenance.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
[REDACTED] Will develop independently living skills as evidenced by continuing to complete household responsibilities such as cleaning his room, as well as consistently daily personal hygiene regimen such as shaving, showering, maintaining hygiene supplies, and maintaining a well-groomed appearance, dressing neatly and appropriate attire for appropriate occasions. Budgeting/spending habits, health and wellness, sanitation and safety skills.	[REDACTED] / Beyond Measures	7/24 hour	
HOW (Support/Intervention) Staff will use role play and role reversal techniques to continue assisting [REDACTED] with developing his independent living skills. Staff will offer encouragement, guidance, direction and assistance with teaching independent living skills and personal care skills maintaining good hygiene habits, clothing maintenance caring for his clothing properly and assistance shaving and maintaining hygiene supplies and staff will assist him with purchasing necessary items. [REDACTED] will complete his laundry weekly (sorting dark colors, lights white). Staff will assist and teach [REDACTED] what temperature of water is needed for clothes, assist in measuring detergent & properly settings for washer & dryer. Staff will educate [REDACTED] on socializations skills understanding concept of time, using a clock, using a calendar appropriately to plan activities and budgeting his money. Staff will assist [REDACTED] with choosing healthy food choices, toileting ([REDACTED] is often constipated and require assistance with release properly), socially appropriate behavior, communication, interactions with others, recognition and expression of emotions, courteous behavior, problem solving, decision making and planning, home maintenance and telephone use.			
Item Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
08/22/2020			
/ /			
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name: [REDACTED]
057973

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #:

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] will monitor his own hygiene products and inform staff when he is running low.	[REDACTED] Beyond Measures	7 days /24 hours

HOW (Support/Intervention)

Staff will provide [REDACTED] with a list of hygiene supplies and when hygiene products are running low he will check product off on the hygiene supply list and staff will assist [REDACTED] with purchasing and/or refill hygiene supply box with needed hygiene products. When shopping for hygiene supplies Staff will assist [REDACTED] with comparing prices, adhering to the list and budgeting his money.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
08/22/2020			
/ /	/ /		

Status Codes:

R=Revised

O=Ongoing

A=Achieved

D=Discontinued

**** Copy and use as many Action Plan pages as needed.**

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

CRISIS PREVENTION AND INTERVENTION PLAN

(Use this form or attach your crisis plan.)

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

When people get upset with him about small things he done (i.e. lying,); when he misses out on going home for holidays and family birthdays. No being able to get my way with doing things I "Want to do."

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

Things [REDACTED] can to do to avoid crisis talk with James keep him focus on the thing that is bothering him and help him talk his way through it, he can go to his room to mediate read his Bible, listen to music, lifting weights, and talk with his sister and/or church member Deacon [REDACTED] on the telephone.

Strategies for crisis response and stabilization. (Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite, if an option. List everything you know that has worked to help this person to become stable):

Allow [REDACTED] to have time alone to de-escalate. If he needs someone to talk to other than staff, he can call the director, If he need someone other than the director, he can call his sister. If staff feels more than brief intervention is needed contact psychiatrist (Gwen Sims). If staff determines [REDACTED] is a danger to himself or others will call Crisis Management (911 CIT Officer) to assist with crisis.

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

Contact Group home Director: Gwen Johns (919)426-3752; if Mrs. Johns is unavailable contact Johnnie Goolsby (919)-995-7790 ;sister [REDACTED] also contact [REDACTED] (Monday-Friday 8am-5pm).

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

Speak clearly and slowly, allow time for [REDACTED] to comprehend what is being said or asked of him, utilize skills from NCI, contact psychiatrist and staff for more information if needed.

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

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

Legally Responsible Person: Self: Yes ☐ No ☐

Person Receiving Services: (Required when person is his/her own legally responsible person)

Signature: _____

(Print Name)

Date: / /

Legally Responsible Person (Required if other than person receiving Services)

Signature: [REDACTED]

(Print Name)

Date: 8/23/19

Relationship to the Individual: Sister

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

Signature: [Signature]

(Person responsible for the PCP)

(Name of Case Management Agency)

Date: 8/23/19

Child Mental Health Services Only:

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

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

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

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

Signature: _____

(Person responsible for the PCP)

(Print Name)

Date: / /

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

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

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

- Medical necessity for services requested is present and constitutes the Service Order(s).
- The licensed professional who signs this service order has had direct contact with the individual. ☐ Yes ☐ No
- The licensed professional who signs this service order has reviewed the individual's assessment. ☐ Yes ☐ No

Signature: _____

(Name/Title Required)

(Print Name)

License #: _____

Date: / /

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

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

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

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

Signature: _____

(Name/Title Required)

(Print Name)

License #: _____

Date: / /
(If Applicable)

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

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

Other Team Member (Name/Relationship): Chiquita J. Goolsby

Date: 8/13/19

Other Team Member (Name/Relationship): Brenden Groenig

Date: 8/23/19

Monthly Summary

Resident Name: [REDACTED]

Record: [REDACTED]

Month/Year: August 2019

Activities Summary: [REDACTED] activities this month included attending PSR (Fellowship) & participating in monthly socials, attending Church, Sunday school and Bible Study, out to eat at various restaurants [REDACTED] also sings on the choir and usher.

Family Contact: [REDACTED] talked with his family on the telephone.

Medical Contact: [REDACTED] had the following appointments this month, 8/21 Met with his psychiatrist Dr. Gwen Sims, had a change in Depakote 1000mg at bedtime and 250mg in the morning.

Specific Progress: [REDACTED] making some improvement with his personal care skills washing and drying his clothes, putting on clean clothes and putting them on neatly. [REDACTED] is making improvement with following directions and picking up more responsibilities/duties. [REDACTED] is working very hard being cooperative and listening to all the supervisors/managers trying to get at least one more day added back to his work schedule. He really enjoys working in the dining area.

Specific Problems: [REDACTED] continue to need support with communication and conflict resolutions. Continuing to work with [REDACTED] on accepting responsibility for his actions, decisions making and not blaming others. [REDACTED] had a few issues with peers at PSR and on the TRAC bus interfering in other's conversations or issues that do not involve him. Staff continue to work with [REDACTED] on understanding non-verbal cues (i.e. arms folded, eye rolls, hand under chin & etc.) identifying non-verbal cues is difficult for him because he's just interested in getting out what he wants to say or carry on with the conversation that he doesn't even recognize the cues. We will continue to encourage him to be truthful and staying with conversations not veering off from the conversation, sometimes it's difficult for him to answer direct questions. Working with using the abbreviations of the word THINK: Thinking before you speak (i.e. is what I'm getting ready to say T=True, H=Hurtful, I=Inspiring, N= Necessary, K= Kind.

Goals Completed: No goals completed this month.

Changes in Goals/New Goals:

Gwendolyn P. [Signature]

8/23/19

Resident Monthly Summary

Resident Name: [REDACTED]

Record #: [REDACTED]

Month/Year: August 2019

Activities Summary: [REDACTED] activities this month included attending Church, Sunday school and Bible Study, out to eat at various restaurants, attending PSR and participated in activities. Chris attended mudcat game.

Family Contact: No family contact.

Medical Contact: [REDACTED] had the following appointments this month; 8/7 Dr. Ferrell @ Raleigh Neurologist. Received a new order for Lorazepam, he can take up to 2mg by mouth as needed. 1 hour prior to outings & may take ½ tablet every 2 hours. [REDACTED] also had an appointment with Karen Jones Brown @ Raleigh Associates no medication changes 8/27.

Specific Progress: [REDACTED] is making some improvement with using his words to express his wants and needs. He's able to state that he's happy, sad or mad but struggles with stating why he mad or sad or he ignores you or just won't respond to you at all. Making some improvement with using his words (expressing how he feels). [REDACTED] is making some progress with stating or citing the house address and street. [REDACTED] is enjoying going to PSR.

Specific Problems: [REDACTED] continues to need assistance with his personal hygiene (showering shaving and brushing his teeth). [REDACTED] continue picking of his hair, face and neck when anxious. [REDACTED] also continues to need reminders to wipe himself after a bowel movement which causes him to have feces in his underwear and clothes. He continues to need assistance with showering he focuses more on the top part of his body then lower areas need assistance with washing his back and bottom. [REDACTED] needed assistance with choosing appropriate clothes for outings and Church, he was mixing his summer and fall clothes (i.e. putting on shorts with long sleeve shirt or sweater), reminders to put dirty clothes in his hamper and choose clean clothes. Continue to need reminders when in the community to pay attention to his environment, to keep his head up and look in direction he's walking and keep up with his group or persons he's with. He will get focus on an individual (inattentive) to where he's walking and bump or steps on the heel of person in front of him or loss focus of the group or what he supposed to be doing.

Goals Completed: No goals completed this month.

Changes in Goals/New Goals: None

Brendley Johns
Signature

8/26/19
Date

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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)
V 113	Continued From page 10 This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 113	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the Licensee/Qualified Professional (L/QP) failed to ensure fire and disaster drills were conducted a least quarterly per shift. The findings are: During an interview on 8/13/19, the L/QP reported the facility operated two shifts; a second and third shift on week days due to clients being in day	V 114	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BEYOND MEASURES

**1005 LAUREL LEAF ROAD
ZEBULON, NC 27597**

(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
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V 114 Continued From page 11

programs during the day. On weekends, two shifts operated.

Review on 8/13/19 of the fire and disaster drills revealed:

- the fire drill forms listed the option to have drills on the 1st, 2nd or 3rd shifts. There were no times listed for what hours constituted each shift. The drills below were check-marked for which shift they were conducted

- fire drills were conducted:

- 1st quarter - on all three shifts
- 2nd quarter - 1st shift
- 3rd quarter - 3rd shift
- 4th quarter (2018) - 1st and 3rd shift

- disaster drills were conducted:

- 1st quarter - 1st and 2nd shift
- 2nd quarter - none
- 3rd quarter - none
- 4th quarter (2018) - 1st shift

During interviews on 8/13/19 both client # 2 and #3 reported fire and disaster drills were conducted but could not identify specific times. Both stated they knew to go outside for fire drills and away from windows and doors for storms.

During continued interview on 8/13/19, the L/QP reported she was somewhat confused about the requirement in this area. She would clarify the time parameters for each shift and update her policies. She would also ensure she would conduct one on each shift each quarter

This deficiency constitutes a re-cited deficiency.

This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be

V 114

Byond Measures operate 2 shifts Monday-Friday due to consumers being out of the home attending PSR.

weekends + holidays
Byond Measures operate 3 shifts.

times are as followed

M-F: 4p-11p
11p-8A

weekend + holidays

8A-4p

4p-12A

12A-8A

(* 3 shift applicable)

If a person is out sick (consumer) Administrator will serve as staff during hours 8A-4p.

Policy has been updated to reflect shift schedules.

FIRE/DISASTER DRILLS

Fire/Disaster Drills will be conducted quarterly:

January, April, July, October,

Beyond Measures operates 2 shifts Monday – Friday due to consumers being out of the home attending PSR. Weekends and Holidays Beyond Measures operate 3 shifts. Times are as followed

Monday – Friday 4PM – 11PM

11PM – 8AM

(3rd Shift Applicable)

Weekends & Holidays 8AM – 4PM

4PM – 12AM

12AM – 8AM

If a person (consumer) is out sick administrator will serve as staff during the hours of 8A-4P

When residents exit the house at the sound of the alarm they will exit at the nearest exit and meet staff and other residents at the Mailbox or the Electrical box in the front of the house and wait for staff for further instructions.

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V 114	Continued From page 12 corrected within 45 days.	V 114			
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118			

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V 118	Continued From page 13 This Rule is not met as evidenced by: Based on observation, record review and interview, the 1 of 3 staff (Licensee/Qualified Professional (L/QP)) failed to initial the MARs immediately after administration. The findings are: Observation on 8/13/19 at 8:45am revealed 1 staff person (#1) and 1 client (#3) present in the home. During an interview on 8/13/19, staff #1 reported a second client (#2) had already left for his day program and client #3 was just about to leave. He stated medications had already been given to the clients. a. Review on 8/13/19 of client #2's record revealed: - admission date 12/1/16 - diagnoses including Bipolar Disorder, Mild Intellectual and Developmental Disorder (IDD) and Impulse Control Disorder - the August, 2019 MAR with the following medications listed as being ordered for the morning: - Seroquel 25mg - 2 tablets (tab) - Colace 100mg - 1 tab - Omeprazole 40mg - 1 before breakfast - Metformin - 750mg - 1 tab - Linzess 290mg - 1 tab - no initials on the August, 2019 MAR for the morning medications on 8/13/19 b. Review on 8/13/19 of client #3's record revealed: - admission date 3/1/12 - diagnoses including Generalized Anxiety Disorder, Moderate Intellectual Developmental Disability, Downs Syndrome, Pseudo-Seizures,	V 118	<i>Att's QP will ensure all medication are administered & signed/initialed before shift change by reviewing MAR log.</i>	

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V 118	<p>Continued From page 14</p> <p>Gastro Esophageal Reflux Disease, Hypothyroidism and Vitamin D Deficiency the August, 2019 MAR with the following medications as being ordered for the morning</p> <ul style="list-style-type: none"> - Lamotrigine 25mg - 2 tabs - Amitize 24 meq - 1 tab - Levitracetam 750mg 1 tab - Omeprazole 40mg - 1 tab - Seroquel 100mg 1 tab - Citalopram 20mg - 1 tab - no initials on the August, 2019 MAR for the morning medications on 8/13/19 <p>During an interview on 8/14/19, the L/QP reported:</p> <ul style="list-style-type: none"> - she came over early in the morning to give out medications because client #2 had to leave very early to go to the day program. She usually signed the MARs right after she gave the medications but admitted sometimes it got busy and she would wait until both clients left for the day program. She had been trained to initial the MAR immediately after giving the medications. <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 118	
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. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health,</p>	V 133	

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V 133	Continued From page 15 developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an 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	V 133			

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V 133	Continued From page 16 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 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. (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: (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	V 133			

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NAME OF PROVIDER OR SUPPLIER BEYOND MEASURES		STREET ADDRESS, CITY, STATE, ZIP CODE 1005 LAUREL LEAF ROAD ZEBULON, NC 27597			
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V 133	Continued From page 17 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 a relevant offense. 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. (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: (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. (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. (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,	V 133			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/16/2019
NAME OF PROVIDER OR SUPPLIER BEYOND MEASURES		STREET ADDRESS, CITY, STATE, ZIP CODE 1005 LAUREL LEAF ROAD ZEBULON, NC 27597			
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V 133	Continued From page 18 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 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. (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. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to	V 133			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/16/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BEYOND MEASURES

**1005 LAUREL LEAF ROAD
ZEBULON, NC 27597**

(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
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V 133 Continued From page 19

V 133

obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:

- (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for 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.)

This Rule is not met as evidenced by:
Based on record review and interview, the Licensee/Qualified Professional (L/QP) failed to ensure a statewide criminal background check was completed for 1 of 3 staff (#1). The findings are:

Review on 8/13/19 of staff #1's record revealed:

- no clear hire date
- a county criminal check
- no evidence of a statewide criminal check

During an interview on 8/13/19, the L/QP reported:

- she knew she had been cited for this last year
- she didn't understand why a statewide check was necessary but would do one immediately

V133 - As of 8/22/19 Statewide Criminal background check has been completed for staff #1. Criminal backgrounds checks will be completed prior to hire. QP will show compliance by reviewing all new hire packets.



ROY COOPER
GOVERNOR

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION

3320 GARNER ROAD
P.O. BOX 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX: (919) 662-4523



ROBERT SCHURMEIER
DIRECTOR

August 22, 2019

BRADLEY KESHAUN GOOLSBY
1006 LAUREL LEAF ROAD
ZEBULON, NC 27597

Dear Mr. GOOLSBY:

Pursuant to your request to conduct a fingerprint-based right-to-review search of the North Carolina criminal history file, a check of the State Bureau of Investigation (SBI) computerized criminal history (CCH) file was conducted. As a result of your requested search, NO CRIMINAL HISTORY RECORD was located in the files of this agency.

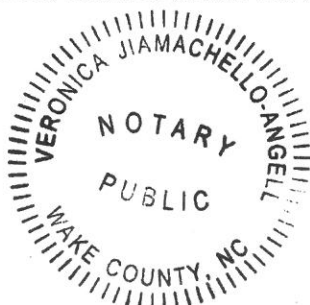
Due to possibility of arrest activity occurring after this search was conducted; it is recommended that a new inquiry be made for any subsequent uses.

Criminal Information and Identification Section

North Carolina
WAKE County

I, Veronica Jiamachello-Angell, a Notary Public for said County and State, do hereby certify that BRITANY HUNT personally appeared before me this day and being duly sworn, acknowledged the due execution of the foregoing instrument.

Subscribed and sworn to before me this the 22 day of AUGUST, 2019.



Notary Public

My commission expires 12/11/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/16/2019
NAME OF PROVIDER OR SUPPLIER BEYOND MEASURES		STREET ADDRESS, CITY, STATE, ZIP CODE 1005 LAUREL LEAF ROAD ZEBULON, NC 27597			
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V 133	Continued From page 20 The deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	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; (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. (b) Category A and B providers shall explain any missing or incomplete information. The provider	V 367			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/16/2019
NAME OF PROVIDER OR SUPPLIER BEYOND MEASURES		STREET ADDRESS, CITY, STATE, ZIP CODE 1005 LAUREL LEAF ROAD ZEBULON, NC 27597		
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V 367	Continued From page 21 shall submit an updated report to all required report recipients by the end of the next business day whenever: (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. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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;	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/16/2019
NAME OF PROVIDER OR SUPPLIER BEYOND MEASURES		STREET ADDRESS, CITY, STATE, ZIP CODE 1005 LAUREL LEAF ROAD ZEBULON, NC 27597		
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V 367	Continued From page 22 (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. This Rule is not met as evidenced by: Based on record reviews and interview, the Licensee/Qualified Professional (L/QP) failed to ensure qualifying Level II Incidents were reported to the Incident Report Improvement System (IRIS) within 72 hours of becoming aware of the incident. The findings are: Review on 8/14/19 of Level I incident reports revealed: - an incident on 2/7/19 with FC#1 swinging and hitting client #2. The L/QP stepped between the 2 and was knocked to the ground by FC #1. FC#1 was then apologetic. - an incident on 5/13/19 involving 2 clients (#2 and Former Client #1 (FC#1)) in a verbal altercation with threats of physical violence towards each other and a threat to kill a local transportation driver. This client was seen and admitted to the local crisis and assessment center. During a search at the center it was discovered the client had a knife in his sock. This client has since been discharged from this facility. - an incident on 7/6/19 with FC#1 attempting assault and police being called. Client was	V 367		

V.367- As of 9/10/19 level 2
incident report has been
submitted
reported to IRIS. Level 2
incident reports will be
sent to IRIS within 72 hours
QP will be responsible
for compliance.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/16/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BEYOND MEASURES

**1005 LAUREL LEAF ROAD
ZEBULON, NC 27597**

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V 367 Continued From page 23

V 367

hospitalized and then discharged from the facility.

Review on 8/13/19 revealed no Level II incidents submitted for these occurrences.

During an interview on 8/14/19, the L/QP reported she was not sure what needed to be sent to the IRIS agency so she just did them as Level 1 reports

This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL092639	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/16/2019
NAME OF FACILITY BEYOND MEASURES	STREET ADDRESS, CITY, STATE, ZIP CODE 1005 LAUREL LEAF ROAD ZEBULON, NC 27597	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0290 Reg. # 27G .5602 LSC	Correction Completed 08/16/2019	ID Prefix V0536 Reg. # 27E .0107 LSC	Correction Completed 08/16/2019	ID Prefix V0537 Reg. # 27E .0108 LSC	Correction Completed 08/16/2019
ID Prefix V0736 Reg. # 27G .0303(c) LSC	Correction Completed 08/16/2019	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Marie Anctil	DATE 8/16/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/6/2018	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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