STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

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V 000	INITIAL COMMENTS A complaint survey was completed on November 12, 2019. The complaint was substantiated (Intake #NC00157924). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.	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	V 109		

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V 109	Continued From page 1 for the initiation of an individualized supervision plan upon hiring each associate professional. (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 interview and record review, 2 of 2 audited qualified professionals (Qualified Professional #1 and Program Manager/Qualified Professional #2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Review on 11/7/19 of the Qualified Professional #1's record revealed: -Hire date 4/12/18. Review on 11/7/19 of the Program Manager/Qualified Professional #2's record revealed: -Hire date of 4/23/18. Review on 11/7/19 of an Internal Investigation report and supporting documents involving Client #1 and Former Staff #4 revealed: -Incident report dated 10/23/19 regarding an allegation of abuse reported on 10/16/19. Interview on 11/7/19 with Clients #1, #2, and #3 revealed: -Former Staff #4 had been mean to the clients by using a raised tone of voice and making the clients spend mornings in their respective bedrooms until it was time to leave the facility;	V 109		

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V 109	Continued From page 2 -The clients spent some afternoons into early evenings at a sister facility where they received medications and meals. They waited until 8pm before they were picked up and returned home due to lack of staffing. Interview on 11/7/19 with the Qualified Professional #1 revealed: -Did not disclose the 10/16/19 allegation of abuse involving Client #1 and Former Staff #4 as well as the administrative suspension of Former Staff #4 during the Division of Health Service Regulation (DHSR) annual survey on 10/21/19; -Lack of disclosure of the 10/16/19 allegation of abuse was a result of not specifically being asked about the issues; -Clients from the facility were taken to a sister facility in a neighboring county because there was no staff available to work at the facility; -Clients were given medication and meals at the sister facility on days there was no staff available to work at the facility; -Did not know the clients were not allowed to stay at the sister facility when no staff were available to work at the facility; -Will ensure staff are available for all shifts, ensuring the facility operates 24 hours per day. Interview on 11/7/19 with the Program Manager/Qualified Professional #2 revealed: -Completed the incident report involving the 10/16/19 allegation of abuse reported by Client #1 against Former Staff #4 through North Carolina Incident Response Improvement System (NC IRIS); -Was his oversight that the Level III incident report was filed late in NC IRIS; -Will make sure all incident reports are completed in a timely manner in the future; -Did not disclose the 10/16/19 allegation of abuse	V 109		

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V 109	Continued From page 3 reported by Client #1 against Former Staff #4 as well as the administrative suspension of Former Staff #4 during the Division of Health Service Regulation (DHSR) annual survey on 10/21/19; -Lack of disclosure to DHSR of the 10/16/19 allegation of abuse was not intentional; -All staff will receive additional training regarding how to respond to allegations of abuse as well as client rights in an upcoming training to be held in mid-November, 2019. The training will be completed by another administrator; -Will ensure staff are available for all shifts, ensuring the facility operates 24 hours per day. Interview on 11/12/19 with the Executive Director revealed: -Will provide additional training to all staff regarding abuse and client rights; -Will meet with the clients to discuss abuse and client rights and encourage clients to come forward should they believe their rights have been violated; -Failure to disclose the allegation of abuse during the annual DHSR survey on 10/21/19 was not intentional.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the	V 110		

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V 110	Continued From page 4 population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) 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. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interview and record review, 1 of 2 audited paraprofessionals (House Manager) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Review on 11/7/19 of the House Manager 's record revealed: -Hire date 2/1/14. Review on 11/7/19 of an Internal Investigation report and supporting documents involving Client #1 and Former Staff #4 revealed: -Incident report dated 10/23/19 regarding an	V 110		

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V 110	Continued From page 5 allegation of abuse on 10/16/19. Interview on 11/7/19 with Clients #1, #2, and #3 revealed: -Former Staff #4 had been mean to the clients by using a raised tone of voice and making the clients spend mornings in their respective bedrooms until it was time to leave the facility; -The clients spent some afternoons into early evenings at a sister facility where they received medications and meals. They waited until 8pm before they were picked up and returned home due to lack of staffing. Interview on 11/7/19 with the House Manager revealed: -Did not disclose the 10/16/19 allegation of abuse involving Client #1 and Former Staff #4 as well as the administrative suspension of Former Staff #4 during the Division of Health Service Regulation (DHSR) annual survey on 10/21/19; -Lack of disclosure of the 10/16/19 allegation of abuse was because she did not realize it was necessary to do so; -Clients from the facility were taken to a sister facility in a neighboring county because there was no staff available to work at the facility; -Clients were given medication and meals at the sister facility on days there was no staff available to work at the facility; -Did not know the clients were not allowed to stay at the sister facility when no staff were available to work at the facility; -Will ensure staff are available for all shifts, ensuring the facility operates 24 hours per day. Interview on 11/7/19 with the Program Manager/Qualified Professional #2 revealed: -Did not disclose the 10/16/19 allegation of abuse reported by Client #1 against Former Staff #4 as	V 110		

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V 110	Continued From page 6 well as the administrative suspension of Former Staff #4 during the Division of Health Service Regulation (DHSR) annual survey on 10/21/19; -Lack of disclosure to DHSR of the 10/16/19 allegation of abuse was not intentional; -All staff will receive additional training regarding how to respond to allegations of abuse as well as client rights in an upcoming training to be held in mid-November, 2019. The training will be completed by another administrator; -Will ensure staff are available for all shifts, ensuring the facility operates 24 hours per day. Interview on 11/12/19 with the Executive Director revealed: -Will provide additional training to all staff regarding abuse and client rights; -Will meet with the clients to discuss abuse and client rights and encourage clients to come forward should they believe their rights have been violated; -Failure to disclose the allegation of abuse during the annual DHSR survey on 10/21/19 was not intentional.	V 110		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or	V 289		

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V 289	Continued From page 7 (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205	V 289		

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V 289	Continued From page 8 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide services 24 hours per day affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are: Review on 11/7/19 of Client #1's record revealed: -Admitted 4/1/1995; -Diagnosed with Moderate Intellectual Developmental Disability, Chronic Schizophrenia, Behavior Disorder, Fibrocystic Breast Disease, Hypothyroidism, History of Hiatal Hernia. Review on 11/7/19 of Client #2's record revealed: -Admitted 1/23/13; -Diagnosed with Moderate Intellectual Developmental Disability, Major Depressive Disorder, Infantile Cerebral Palsy, Epilepsy. Review on 11/7/19 of Client #3's record revealed: -Admitted 10/1/15; -Diagnosed with Moderate Intellectual Developmental Disability, Generalized Anxiety Disorder, Hypothyroidism, Allergic Rhinitis, Gastroesophageal Reflux Disorder. Interview on 11/7/19 with Client #1 revealed: -A female staff member from a sister facility	V 289		

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V 289	Continued From page 9	V 289		

picked her up after work on 11/7/19;
-Did not know the name of the female staff member who picked her up after work;
-Was taken by the female staff member to a sister facility;
-Took medication at the sister facility;
-Did not know if she had eaten dinner at the sister facility;
-A staff member from the facility where she lives would pick her up at the sister facility, as had been done in the past;
-Not sure why or how often she was taken to the sister facility;
-Liked going to the sister facility.

Interview on 11/7/19 with Client #2 revealed:
-A female staff member from a sister facility picked him up after bingo on 11/7/19;
-The female staff member was the only staff member in the van with Clients #1, #2, and #3 and two male clients from the sister facility;
-The clients were taken to the sister facility with only the one female staff member;
-Did not take any medications at the sister facility because he is not scheduled to take any medications until bedtime;
-The female staff member from the sister facility picked up the 3 clients from the facility because there was no staff member available to work at the facility;
-Was taken to the sister facility a few weeks ago and stayed at the sister facility until 8pm when a staff member from the facility was available to pick up;
-Had gone to the sister facility due to lack of staff at the facility approximately 2 times during the month of October, 2019 in addition to 11/7/19;
-Had dinner at the sister facility when there was no staff at the facility;
-Liked going to the sister facility.

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V 289	Continued From page 10 Interview on 11/7/19 with Client #3 revealed: -A female staff member from a sister facility picked her up on 11/7/19; -The female staff member was the only staff member in the van with Clients #1, #2, and #3 and two male clients from the sister facility; -The clients were taken to the sister facility with only the one female staff member; -Took her 4pm scheduled medications at the sister facility; -Was taken to the sister facility because there was no staff available to work at the facility; -Was taken to the sister facility a few weeks ago and stayed at the sister facility until 8pm when a staff member from the facility was available to pick up; -Went to the sister facility "a lot" and waited for staff to come to pick up Clients #1, #2, and #3 after reporting to work at 8pm; -Had dinner and took medications at the sister facility when there was no staff at the facility; -Liked going to the sister facility. Interviews on 11/7/19 with the House Manager and the Qualified Professional #1 revealed: -Clients from the facility were taken to a sister facility in a neighboring county because there was no staff available to work at the facility; -Clients were given medication and meals at the sister facility on days there was no staff available to work at the facility; -Did not know the clients were not allowed to stay at the sister facility when no staff were available to work at the facility; -Will ensure staff are available for all shifts, ensuring the facility operates 24 hours per day. Interview on 11/7/19 with the Program Manager/Qualified Professional #2 revealed:	V 289		

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V 289	Continued From page 11 -Will ensure staff are available for all shifts, ensuring the facility operates 24 hours per day. Interview on 11/12/19 with the Qualified Professional #1, Program Manager/Qualified Professional #2, and Executive Director revealed: -Will ensure the facility operates 24 hours daily.	V 289		
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		

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V 367	Continued From page 12 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		

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V 367	Continued From page 13 (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 interview and record review, the facility failed to report all Level III incident reports to the Local Management Entity within 72 hours of becoming aware of the incidents. The findings are: Review on 11/7/19 of Client #1's record revealed: -Admitted 4/1/1995; -Diagnosed with Moderate Intellectual Developmental Disability, Chronic Schizophrenia, Behavior Disorder, Fibrocystic Breast Disease, Hypothyroidism, History of Hiatal Hernia. Review on 11/7/19 of an Internal Investigation report and supporting documents involving Client #1 and Former Staff #4 revealed: -Incident report dated 10/23/19 regarding an allegation of abuse on 10/16/19. Interview on 11/7/19 with the Department of Mental Health (DMH) Administrator overseeing North Carolina Incident Response Improvement System (NC IRIS) revealed: -The incident report involving Client #1 and	V 367		

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	MHL036-091	A. BUILDING: _____ B. WING _____	11/12/2019

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V 367	Continued From page 14 Former Staff #4 regarding the allegation of abuse on 10/16/19 was not completed in a timely or a complete manner; -The incident report was filed several days late; -Facility staff should contact the DMH Administrator as soon as possible to make necessary corrections within NC IRIS regarding the 10/16/19 allegation of abuse. Interview on 11/7/19 with the Qualified Professional #1 revealed: -The incident report completed regarding the 10/16/19 allegation of abuse by Client #1 against Former Staff #4 was completed by the Program Manager/Qualified Professional #2; -The incident report was completed late. Interview on 11/12/19 with the Qualified Professional #1 revealed: -Contacted the DMH Administrator and was able to update the information in NC IRIS on 11/8/19. Interview on 11/7/19 with the Program Manager/Qualified Professional #2 revealed: -Completed the incident report involving the 10/16/19 allegation of abuse reported by Client #1 against Former Staff #4 through North Carolina Incident Response Improvement System (NC IRIS); -Was his oversight the Level III incident report was filed late in NC IRIS; -Will make sure all incident reports are completed in a timely manner in the future.	V 367		
V 513	27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE	V 513		

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V 513	Continued From page 15 (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to promote a safe and respectul environment affecting affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are: Review on 11/7/19 of Client #1's record revealed: -Admitted 4/1/1995; -Diagnosed with Moderate Intellectual Developmental Disability, Chronic Schizophrenia, Behavior Disorder, Fibrocystic Breast Disease, Hypothyroidism, History of Hiatal Hernia. Review on 11/7/19 of Client #2's record revealed: -Admitted 1/23/13;	V 513		

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V 513	Continued From page 16 -Diagnosed with Moderate Intellectual Developmental Disability, Major Depressive Disorder, Infantile Cerebral Palsy, Epilepsy. Review on 11/7/19 of Client #3's record revealed: -Admitted 10/1/15; -Diagnosed with Moderate Intellectual Developmental Disability, Generalized Anxiety Disorder, Hypothyroidism, Allergic Rhinitis, Gastroesophageal Reflux Disorder. Review of Former Staff #4's record revealed: -Hire date 4/12/18; -Employed as Direct Support Professional; -Job description signed 4/12/18 revealed: " ...interacts frequently and positively with persons served ..." -Last worked 10/15/19. Review on 11/7/19 of an Internal Investigation report and supporting documents involving Client #1 and Former Staff #4 revealed: -Incident report dated 10/23/19 regarding an allegation of abuse on 10/16/19; -Internal investigation revealed substantiated findings against Former Staff #4 for verbal abuse " ...for using inappropriate verbal communications with the clients..." Interview on 11/7/19 with Client #1 revealed: -Could not identify if Former Staff #4 yelled at her. Interview on 11/7/19 with Client #2 revealed: -Was sent to his room by Former Staff #4 after he received his medications each morning; -Did not know why he was sent to his room; -Went to his room each morning after medications because he did what he was told to do; -Former Staff #4 yelled at Clients #1, #2, and #3;	V 513		

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V 513	Continued From page 17	V 513		

-Client #2 never told anyone about Former Staff #4 yelling at Clients #1, #2, and #3;
-Denied Former Staff #4 ever used foul language toward clients or called clients derogatory names.

Interview on 11/7/19 with Client #3 revealed:
-Was sent to her bedroom by Former Staff #4;
-Former Staff #4 would not let Client #3 out of her bedroom until 8am;
-Client #3 wanted to sit in the living room and watch television in the mornings;
-Former Staff #4 would tell clients they could not come out of the bedrooms until 8am;
-"Don't hurt my feelings" that Former Staff #4 no longer worked at the facility;
-Denied Former Staff #4 ever used foul language toward clients or called clients derogatory names.

Interview on 11/8/19 with Former Staff #4 revealed:
-Worked at the facility almost one and one-half years as a Direct Support Professional;
-Job responsibilities included caring for the clients overnight and getting the clients ready to leave the facility for the day;
-Last day worked at the facility was 10/15/19;
-Worked third shift;
-Denied yelling at clients;
-Denied restricting clients to their bedrooms in the mornings.

Interview on 11/7/19 with the House Manager revealed:
-Former Staff #4 was separated from the facility due to substantiated verbal abuse and yelling;
-Reviewed abuse and clients rights during the 10/30/19 staff meeting, but not all staff attended the meeting.

Interview on 11/7/19 with Qualified Professional

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V 513	Continued From page 18 #1 and Program Manager/Qualified Professional #2 revealed: -During the process of the internal investigation completed regarding the 10/16/19 allegation of abuse by Client #1 against Former Staff #4, it was discovered clients were not being allowed out of their bedrooms in the morning before 8am; -Former Staff #4's instructions for clients to remain in their bedrooms until 8am is not reflective of the agency's policies; -Former Staff #4's verbal interactions with clients is not reflective of the tone the agency expects of its employees; -Mandatory staff training of all staff will be held in mid-November, 2019 to address client rights and abuse. Interview on 11/12/19 with the Executive Director revealed: -Will provide additional training to all staff regarding abuse and client rights; -Will meet with the clients to discuss abuse and client rights and encourage clients to come forward should they believe their rights have been violated; -Former Staff #4's actions are not reflective of agency philosophy or policy. Review on 11/12/19 of the Plan of Protection written by Program Manager/Qualified Professional #2 dated 11/8/19 revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Accused staff [Former Staff #4] was immediately put on leave for employment pending outcome of investigation. She never returned to work. An internal investigation was completed and [Former Staff #4] was terminated as a result. Abuse/Neglect and Clients Rights were reviewed	V 513		

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V 513	Continued From page 19 at staff meeting on 10/30/19. Describe your plans to make sure the above happens. [Additional Program Manager/Qualified Professional] will held extensive and thorough training on reporting procedures, Abuse and Neglect and Clients Rights with [Program Manager/Qualified Professional #2, Qualified Professional #1, and House Manager] and all group home staff by no later than 11/15/19. Reporting procedures, Abuse and Neglect and Client Rights will be a permanent part of all monthly staff meeting agendas." Clients #1, #2, and #3 had diagnoses including, but not limited to, Moderate Intellectual Developmental Disability, Chronic Schizophrenia, Major Depressive Disorder and Generalized Anxiety Disorder. Former Staff #4 yelled at clients using a harsh and raised tone of voice during interactions with the clients. Furthermore, Former Staff #4 restricted clients to their bedrooms until 8am. As a result of Former Staff #4's actions, the facility was not operated in a safe and respectful manner which was detrimental to the health, safety, and welfare of Clients #1, #2, and #3. 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 513		