

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Ronnie Minstead, PA Compliance Specialist - PAC 11-15-2019
STATE FORM 6899 BXW811 If continuation sheet 1 of 6

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/25/2019
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WAY FARER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 145 WAY FARER COURT ROCKY MOUNT, NC 27801
--	---

(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 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 3 staff (#1, #2 & #3) had training to meet the mental health/developmental disabled needs of a client. The findings are: Record review on 10/16/19 of client #1's record revealed: - admitted 4/15/19 - diagnoses of Mild Intellectual Developmental Disorder; Autism, Attention Deficient Hyperactivity Disorder and Bipolar Review on 10/16/19 of client #1's treatment plan dated 4/1/19 revealed: - How Best to Support: "Staff should be aware [client #1] diagnosis of Autism...poor social-emotional reciprocity, narrow interest, difficulty with change, routine rigidity, delayed speech...fearless or poor danger awareness...acts deaf/ignores people..." - "(3/14/19)...was recently discharged from a PRTF (psychiatric residential treatment facility)...struggle in home and school with being able to manage his behaviors...not wanting to complete work assignments, threatening people, acting sneaky..." Review on 10/21/19 of the facility's progress notes for client #1 revealed: - 10/9/19...overheard by staff trying to bully his housemates by telling him not to go in the bathroom and he was going to shower first...staff reminded him that he could not harass or try to	V 108	Current staff and onboarding staff assigned to the site will complete on-line training specifically catered to address Autism and specifics about the diagnosis. This training will be completed through Monarch's training platform called Relias. Annual re-certifications will be completed (more frequent as needed-determined on case by case basis) in order to assure staff are aware of any changes and/or challenges relative to individual being served. Responsible Person: Residential Team Leader Target Date: November 20, 2019.	11/20/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/25/2019
NAME OF PROVIDER OR SUPPLIER WAY FARER COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 145 WAY FARER COURT ROCKY MOUNT, NC 27801		
(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 108	Continued From page 2 intimidate his housemates in any way...he told staff that he did not want to hear that and that he was going to shower first... - 10/10/10...(client #1) keeps mentioning to staff that he has been in a fight and wants to fight... - 10/11/19...(client #1) been talking about fighting...said he has done it before...keeps asking his mother for permission to fight...tried to make (client #2 & #3) get out of the bathroom this morning... - 10/16/19 (note dated 10/16/19; incident occurred 10/15/19)...refused to complete his laundry...refused to take his medicine...told staff he was going to beat staff a** and that his father was going to beat staff's a**...went to the living room and turned his music up so he couldn't hear staff's prompts... During interview on 10/16/19 client #1 reported: - there was no issues since former staff (FS #5) left - FS #5 would yell at him During interview on 10/16/19 client #4 reported: - client #1 has an attitude - he does not like to follow rules - he heard arguing between staff #1 and client #1 last night (10/15/19) - he stayed in his bedroom & watched the ball game - he was not sure what happened - client #1 does not like him - he was not sure why During interview on 10/16/19 client #5 reported: - he heard loud yelling last night (10/15/19) - he heard client #1's voice - he was in his room - he was not sure what happened	V 108	Intentionally Left Blank	

Division of Health Service Regulation

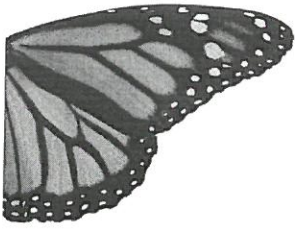
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/25/2019
NAME OF PROVIDER OR SUPPLIER WAY FARER COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 145 WAY FARER COURT ROCKY MOUNT, NC 27801		
(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 108	Continued From page 3 - he did not come out of his room During interview on 10/16/19 client #1's mom reported: - client #1 used to call her when FS#5 worked - he said FS#5 yelled at him - the last incident she recalled between FS#5 and client #1 was all over milk. Client #1 loves milk. She purchased milk for the facility since client #1 loved it. One night FS#5 refused to allow client #1 to get milk. Client #1 called upset and it took him awhile to calm down after the incident. She contacted management. - FS#5 no longer worked at the facility - an incident happened last night but she was unsure what happened. Client #1 got upset with staff #1. - she verified the 10/16/19 progress note - client #1 had his medication adjusted and felt this could have caused his recent behaviors - she thought staff at the facility had not figured him out - client #1 liked positivity from staff when he does well - staff would call them (parents) to calm him down - she was not sure if staff were trained in Autism - staff #1 takes client #5 in the community but he needed more activities - he attended a local college but due to behaviors could no longer attend During interview on 10/16/19 staff #1 reported: - client #1 needed to be in a program - he takes him to a community center that offers activities like (playing cards, pool...) - all clients go bowling on Friday - on the night of 10/15/19 he asked client #1 to take his medications...he flipped out and said he	V 108	Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/25/2019
NAME OF PROVIDER OR SUPPLIER WAY FARER COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 145 WAY FARER COURT ROCKY MOUNT, NC 27801		
(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 108	Continued From page 4 was going to kick his a** and father was going to kick his a**...he just let client #1 talk...client #1 went to his room still talking...he (staff) called client #1's parents...he hung up on them a couple of times...he called the Residential Manager (RM) and he requested he (staff) stay away from him...eventually client #1 calmed down - client #1 "just flipped out" like that once every two weeks...he (staff) doesn't know what caused it - he needed to look at the medication record to see what client #1's diagnoses were - when asked what Autism was...attention span was not long...does not like to be told what to do - management has discussed Autism in team meetings but it was along with a lot of other information During interview on 10/16/19 the RM reported: - client #1 was an attention seeker - he had behavior outburst every other day either with staff or clients - will communicate threats - staff has not been trained in Autism - training for staff in Autism has not been discussed During interview on 10/16/19 the Qualified Professional reported: - client #1 has made verbal threats - has the behaviors of a 5 year old - she has reminded staff he was Autistic - he's had medication adjustments - a referral has been made to several programs for him to attend during the day - some programs have not accepted client #1 due to past behaviors - staff are to be patient, redirect and watch tone of voice with client #1 - FS#5 was terminated	V 108	Intentionally Left Blank		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/25/2019
NAME OF PROVIDER OR SUPPLIER WAY FARER COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 145 WAY FARER COURT ROCKY MOUNT, NC 27801		
(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 108	Continued From page 5 - FS#5 had a difficult time working with client #1...FS#5 was addressed by management on several incidents with client #1...client #1's mom contacted management about FS#5...he was terminated...he worked from April 2019 - August 2019 - staff has not received Autism training - she has discussed person specific training with staff during meetings including Autism - the RM reviewed treatment plans with staff upon staff being hired [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 108	Intentionally Left Blank		



November 15, 2019

Rhonda Smith, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Annual & Follow-up 10/25/19 – Wayfarer

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

RECEIVED

NOV 26 2019

DHSR-MH Licensure Sect



MONARCH

350 Pee Dee Avenue, Albemarle, NC 28001