STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-254	A. BUILDING: _____ B. WING _____	C 02/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLFE & JACKSON GROUP HOME - II	3913 INDIANA AVENUE WINSTON SALEM, NC 27105

(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 A complaint survey was completed on 2/11/2020. The complaint was substantiated (intake #NC160023). A deficiency was cited. According to the Chief Executive Officer-President/Co-Owner (CEO-P) there are no clients being served at the facility. The last time clients were served at the facility was 2/3/2020. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
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;	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-254	A. BUILDING: _____ B. WING _____	C 02/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLFE & JACKSON GROUP HOME - II	3913 INDIANA AVENUE WINSTON SALEM, NC 27105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 1 (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 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	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-254	A. BUILDING: _____ B. WING _____	C 02/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLFE & JACKSON GROUP HOME - II	3913 INDIANA AVENUE WINSTON SALEM, NC 27105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 2 by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level 2 incidents within 72 hours of becoming aware of the incident affecting 1 of 1 former clients (FC #1). The findings are: Reviews on 2/7/2020 and 2/11/2020 of FC #1's record revealed: - Admission date: 10/26/2017 - Discharge date: 2/3/2020 - Diagnoses: Moderate Intellectual Disabilities; Oppositional Defiant Disorder (D/O); Disruptive Mood Dysregulation D/O; - A psychological evaluation dated 4/2/2019 that revealed a history of developmental and behavioral issues, cannot make responsible decisions, little understanding of social cues, little to no interest in others unless they are meeting his needs, "explosive" outbursts where he	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-254	A. BUILDING: _____ B. WING _____	C 02/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLFE & JACKSON GROUP HOME - II	3913 INDIANA AVENUE WINSTON SALEM, NC 27105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 3 self-harms and destroys property; - A "Positive Behavior Support Guidelines" document dated 3/20/2018 that revealed a history of verbal aggression, physical aggression, property destruction, stealing food, head-banging, punching/slapping self, biting hands, urinating/defecating on himself, throwing feces at staff, projectile vomiting on staff, elopement, PICA (ingesting non-edible items), sporadic non-compliance, falling to the floor, and elopement. Review on 2/7/2020 of the local Emergency Medical Services (EMS) reports from 8/1/2019 to 2/7/2020 revealed: - There were 4 incidents involving FC #1 in which the local EMS responded: - 10/7/2019 due to injuries to FC #1's feet, legs and wrists after FC #1 broke a window; - 12/15/2019 due to lacerations and blood on FC #1's left hand; - 1/9/2020 due to FC #1 having an "outburst of violent behavior"; - 1/21/2020 due to FC #1 having an "emotional outburst" in which he tore a screen, threw the Co-Owner's phone in the street and vomiting; - FC #1 was transported to a local hospital emergency department (ED) by EMS during each incident Review on 2/11/2020 of the local Police Department event reports from 8/1/2019 to 2/11/2020 revealed: - There were 3 incidents involving FC #1 in which the Police responded: - 8/1/2019 for a "Simple assault" call in which FC #1 broke items and spit on facility staff; - 12/15/2019 for a "Vandalism" call in which FC #1 punched a window and broke it; - 1/21/2020 for a "Vandalism" call in which FC #1	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-254	A. BUILDING: _____ B. WING _____	C 02/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLFE & JACKSON GROUP HOME - II	3913 INDIANA AVENUE WINSTON SALEM, NC 27105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 4 destroyed property, threw rocks, and projectile vomited. Reviews on 2/7/2020 and 2/11/2020 of the Incident Response Improvement System (IRIS) revealed: - There were no incident reports for the facility or for FC #2 since 8/1/2019. Review on 2/11/2020 of faxed documents provided by the Chief Executive Officer-President/Co-Owner (CEO-P) revealed: - An IRIS report was partially completed for an incident on 1/21/2020, but did not provide details of the incident. Interview on 2/11/2020 with the Qualified Professional (QP) revealed: - The QP did not complete incident reports for the facility; - Incident reports were submitted to IRIS by the CEO-P. Interview on 2/7/2020 with the Co-Owner (CO) revealed: - FC #1 had been physically aggressive and destroyed multiple items in the facility; - FC #1's Guardian and Care Coordinator (CC) had said they planned to move him to another facility several months ago, but never found another provider who would take him; - FC #1 continued to be destructive and aggressive, requiring intervention by the local Police at times; - The facility did not use physical restraints with clients, so could not physically intervene themselves when FC #1 became aggressive or destructive; - FC #1's treatment team (the Guardian and the CC) should be the ones who completed the	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-254	A. BUILDING: _____ B. WING _____	C 02/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLFE & JACKSON GROUP HOME - II	3913 INDIANA AVENUE WINSTON SALEM, NC 27105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 5 incident reports since they did not move him as they said they would. Interviews on 2/7/2020 and 2/11/2020 with the CEO-P revealed: - Incident reports were completed by the CEO-P and the QP; - The CEO-P had attempted to enter the incident on 1/21/2020 into IRIS, but could not finish it because the IRIS, but the IRIS system kicked the report out before it could be finalized.	V 367		