STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 01/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
W 000	INITIAL COMMENTS A complaint survey was conducted at the facility on 1/16/20. As a result of the complaint survey for intake #NC00159161, a deficiency related to the complaint was cited as well as two unrelated deficiencies.	W 000	DHSR - Mental Health FEB 0 5 2020 Lic. & Cert. Section	
W 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure services were coordinated with outside programs and issues across the two settings were promptly addressed. This affected 1 of 2 audit clients (#2). The finding is: Review on 1/16/20 of a facility incident report revealed, "On December 2, 2019 around 3:30, management was notified by school that [Client #2] had to be picked up from school because he had a behavior and busted his head and bite his lip while on transportation. QP went to pick up [Client #2] from school. When QP arrived he noticed the marks on his face. Body check was done. Nurse notified." Interview via phone on 1/16/20 with the school principal revealed on 12/2/19, client #2 "became violent" in the cab as staff attempted to prepare him for transport home. He stated the client exhibited aggressive and self-injurious behaviors injuring himself to the point of bleeding. The principal indicated they attempted to calm him;	W 120	This deficiency will be corrected with the following actions: A. The Clinical Supervisor will meet with client #2's school to discuss their concerns over response time when addressing behavioral concerns, including what should be considered an appropriate amount of time for the group home to respond to a behavioral crisis. B. The Clinical Supervisor will provide client #2's school with a list of up-to-date contacts for the group home to use in case of a behavioral crisis and to ensure the proper staff are involved in discussions on these behavioral crisis situations. C. The Clinical Supervisor will provide client #2's school with a copy of his BSP and complete an in-service training on the plan. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in client #2's chart at the group home. D. The Clinical Supervisor will monitor all documentation for client #2 at a minimum of once per year at the ISP meeting and more often if needed. E. This documentation, along with other important clinical documents, will be reviewed monthly during the Site Review process which is conducted by the Executive Director, a Program Manager or other staff designated by the Executive Director or Program Manager.	3/16/20

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

[signature] | Program Manager | 1/30/20

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 120	Continued From page 1 however, EMS had to be called when they could not stop the bleeding. Additional interview with the school principal noted the group home was called to pick up client #2 as the school felt he was in "crisis". The principal revealed he was told the home was "short staffed" and it would take about 2 hours for someone to get to the school. Further interview indicated the home staff arrived between 5:00pm - 5:30pm, which was two hours after being notified of the incident. The principal stated the home is expected to pick up a student within 30 minutes of being notified by the school. Additional interview also indicated there was another significant behavior incident at school involving client #2 prior to this one; however, it was not documented so he could not recall the date or details. Further interview with the school principal revealed he is not aware of any discussions between school staff and the home to address the behavior incident(s) or to develop a "contingency plan" for client #2. Review on 1/16/20 of client #2's record revealed he had been admitted to the facility on 7/16/19. Additional review of the client's BSP (no date) revealed objectives to exhibit 1 or fewer episodes of physical aggression, self-injurious behavior, non-compliance and inappropriate food taking behaviors for 12 consecutive months. Additional review of the plan also included the use of Clonidine, Haldol and Tizonidine to address these behaviors. Interview on 1/16/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the	W 120	Please see Page 1.	

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W 120	Continued From page 2 school called on 12/2/19 to have client #2 picked up after his behavior escalated. The QIDP acknowledged they were "short staffed" that day and he eventually went to pick up the client. Additional interview indicated he was not aware that the school expected students to be picked up within 30 minutes and this would not be possible for the group home since the home is over 30 minutes from the school. The QIDP also confirmed there was another significant behavior incident at the school involving client #2 which required the local sheriff's office to be called. Further interview with the QIDP revealed the home has not met with school staff since client #2 moved to the group home in July. He also indicated the client's escalating behaviors at school and a potential plan to ensure he is picked up in a more timely manner after receiving a call from the school have not been discussed.	W 120	Please see Page 1.	
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #2's restrictive Behavior Support Plan (IPP) was conducted with the written informed consent of the guardian. This affected 1 of 2 audit clients. The finding is: Client #2's BSP did not have written informed consent from his guardian.	W 263	This deficiency will be corrected with the following actions: A. The Clinical Supervisor will meet with the parent/guardian of client #2 to ensure that the appropriate BSP consent forms are signed. B. The Clinical Supervisor will ensure that this consent form is reviewed and approved by the HRC and then filed in client #2's chart. C. The Clinical Supervisor will monitor all documentation for client #2 at a minimum of once per year at the ISP meeting and more often if needed. D. This documentation, along with other important clinical documents, will be reviewed monthly during the Site Review process which is conducted by the Executive Director, a Program Manager or other staff designated by the Executive Director or Program Manager.	3/16/20

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W 263	Continued From page 3 Review on 1/16/20 of client #2's BSP (no date) revealed objectives to exhibit 1 or fewer episodes of physical aggression, self-injurious behavior, non-compliance and inappropriate food taking behaviors for 12 consecutive months. Additional review of the plan also included the use of Clonidine, Haldol and Tizonidine. Further review of the record did not include a written informed consent for the BSP. Interview on 1/17/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the BSP was implemented in August 2019; however, no written informed consent was available as of the date of the survey.	W 263	Please see Page 3.	
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a technique to manage client #2's inappropriate behavior was included in a formal active treatment program. This affected 1 of 2 audit clients. The finding is: A restrictive chest harness was not included in client #2's Behavior Support Plan (BSP). Interview via phone with the principal from client #2's school revealed the client was transported via cab to and from school on a daily basis. Additional interview indicated when client #2 first	W 288	This deficiency will be corrected with the following actions: A. The Clinical Supervisor will meet with client #2's school to discuss strategies to address client #2's behaviors surrounding transportation to and from school. B. The Clinical Supervisor will ensure that client #2's IEP, ISP and/or BSP are updated if a revision is warranted to include any new strategies developed by the team for addressing client #2's issues with transportation to and from school. C. The Clinical Supervisor will monitor all documentation for client #2 at a minimum of once per year at the ISP meeting and more often if needed. D. This documentation, along with other important clinical documents, will be reviewed monthly during the Site Review process which is conducted by the Executive Director, a Program Manager or other staff designated by the Executive Director or Program Manager.	3/16/20

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W 288	Continued From page 4 began riding the cab, he utilized a regular seat belt during transport. The principal noted after the client's aggressive behaviors increased, a three point chest harness was put in place to secure client #2 in the cab and prevent injury to himself or the transport staff riding with him. Review on 1/16/20 of client #2's BSP (no date) revealed objectives to exhibit 1 or fewer episodes of physical aggression, self-injurious behavior, non-compliance and inappropriate food taking behaviors for 12 consecutive months. Additional review of the plan also included the use of Clonidine, Haldol and Tizonidine to address these behaviors. Further review of the record revealed a consent for the use of a Papoose Board during medical procedures. The consent noted,"This device may be necessary in order to protect the consumer as well as dental staff." The BSP did not identify the use of a chest harness to address the client's behaviors. Interview on 1/16/20 with Staff B confirmed client #2 utilizes a chest harness during his cab rides to/from school due to his behaviors. Interview on 1/16/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the chest harness was put in place by school/transport staff and was not discussed by the interdisciplinary team or included in client #2's current BSP.	W 288	Please see Page 4.	

January 30, 2020

Wilma Worsley-Diggs
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: Plan of Correction for Complaint Survey
Helmsdale Group Home, 1317 Helmsdale Dr., Cary, NC 27511
Provider Number: 34G253
MHL Number: MHL-092-107

Dear Mrs. Worsley-Diggs,

Thank you for your time and the feedback given during the survey you completed on January 16, 2020. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve the services we provide.

Enclosed you will the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 217. Again, thank you for your time and patience.

Sincerely,

Gary J. Ricci II, BA/QP
Program Manager, CANC

Enclosures