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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on February 25, 2020. The complaint was unsubstantiated (Intake #NC00161268). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort	V 132		

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V 132	Continued From page 1 to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry was notified of all allegations against health care personnel. The findings are: Review on 2/25/2020 of the Group Home Manager's personnel file revealed hire date 11/1/2010. Review on 2/25/2020 of client #6's record revealed: -18 year old female admitted 4/1/19. -Diagnoses included schizoaffective disorder, bipolar type; mild intellectual developmental disorder; asthma; borderline diabetes; anemia; and, unspecified trauma/and stressor related disorder. Review on 2/25/2020 of the internal investigation, signed 2/11/2020, for an allegation of abuse by client #6 against the Group Home Manager revealed: -The Department of Social Services (DSS)	V 132		

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V 132	Continued From page 2 arrived at the Licensee's day support program after receiving a report of abuse from client #6's high school on 2/7/2020. The high school reported an allegation by client #6 "regarding incident that occurred on 1/31/2020." -The internal investigation documented, "After all findings occurred, it was determined that client had manipulated the situation because she wants to leave group home an go home to her family and does not want to finish going to school... Allegation was found to be unsubstantiated. Client has a history of telling untruths to get her way." -No further actions or reporting were documented. Interview on 2/25/2020 the Group Home Manager stated: -She had been placed on administrative leave from 1/31/2020 - 2/5/2020 for an investigation of an allegation made against her by client #6. -The allegation occurred on 1/31/2020. Interview on 2/25/2020 the QP stated: -Client #6 made an allegation that the Group Home Manager hit her on 1/31/2020. -The facility was made aware of the allegation on 1/31/2020 and the employee was placed on administrative leave on 1/31/2020. -Client #6 told an employee at her high school she was hit by the manager on 1/31/2020. The high school contacted DSS, and DSS made a visit to the day support program owned by the Licensee after receiving the report on 2/7/2020. -The facililty determined the allegation was unsubstantiated. -The facility had not reported the allegation against the Group Home Manager to the Health Care Personnel Registry.	V 132		

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V 366	Continued From page 3	V 366		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond	V 366		

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V 366	Continued From page 4 by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not	V 366		

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V 366	Continued From page 5 available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement a written policy governing their response to Level II and III incidents as required. The findings are: Review on 2/25/2020 of client #6's record revealed: -18 year old female admitted 4/1/19. -Diagnoses included schizoaffective disorder, bipolar type; mild intellectual developmental disorder; asthma; borderline diabetes; anemia; and, unspecified trauma/and stressor related disorder. -12/18/19 Notice of Approvals by the Managed Care Organization (MCO) for Residential	V 366		

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V 366	Continued From page 6 Supports Level 4, and Community Networking Service. No approval for Day Support Services. Review on 2/25/2020 of client #6's North Carolina Incident Response Improvement System (IRIS) report for incident dated 1/31/2020 revealed: -1/31/2020 client #6 ran from staff. Staff caught the client and led her back to the group home. Client #6 became physically aggressive and hit the staff. Staff placed client #6 in a therapeutic hold to de-escalate the behavior. -The restrictive intervention sections of the IRIS report had not been completed. -There was no documentation regulatory policy requirements were implemented to include developing and implementing corrective measures with timeframes; developing and implementing measures to prevent similar incidents with timeframes; or, assigning person(s) to be responsible for implementation of the corrections and preventive measures. Review on 2/25/2020 of client #6's IRIS report for incident dated 2/6/2020 revealed: -The facility identified in the IRIS report was the Whiteville Day Supports (See interview with the Qualified Professional (QP) below.) -2/6/2020 client #6 arrived at the day support program after her modified day of school instruction. Client #6 became verbally aggressive, began pushing furniture, then charged at a staff with a spray can in an effort to hit the staff. The staff took the can from the client; client #6 began fighting and hitting the staff. The staff put client #6 in a therapeutic hold. -The restrictive intervention sections of the IRIS report had not been completed. -There was no documentation regulatory policy requirements were implemented to include developing and implementing corrective	V 366		

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V 366	Continued From page 7	V 366		

measures with timeframes; developing and implementing measures to prevent similar incidents with timeframes; or, assigning person(s) to be responsible for implementation of the corrections and preventive measures.

Review on 2/25/2020 of the internal investigation, signed 2/11/2020, for an allegation of abuse by client #6 against the Group Home Manager revealed:
-No documentation of convening a meeting of an internal review team within 24 hours of the incident. (See QP and Group Home Manager Interviews for date facility aware of allegation.)
-The Department of Social Services (DSS) arrived at the Licensee's day support program after receiving a report of abuse from client #6's high school on 2/7/2020. The high school reported an allegation by client #6 "regarding incident that occurred on 1/31/2020."
-The internal investigation did not identify specific allegations or concerns investigated.
-The Group Home Manager was taken out of work until the investigation was over. (Dates of leave not documented. (See interviews with the QP and Group Home Manager for dates.)
-The internal investigation documented, "After all findings occurred, it was determined that client had manipulated the situation because she wants to leave group home an go home to her family and does not want to finish going to school... Allegation was found to be unsubstantiated. Client has a history of telling untruths to get her way."
-No further actions or reporting were documented.

Interview on 2/25/2020 client #6 stated:
-She liked the Group Home Manager. She would seek out the manager when she needed to talk

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V 366	Continued From page 8	V 366		

with someone.
-She had not had any altercations with staff.
-She had never been put in a therapeutic hold.
-She had never been mistreated by a staff.

Telephone interview on 2/25/2020 the MCO staff stated Day Support services were not part of client #6's approved services for Residential Supports Level 4, and Community Networking Service.

Interview on 2/25/2020 the Group Home Manager stated:
-She had been placed on administrative leave from 1/31/2020 - 2/5/2020 for an investigation of an allegation made against her by client #6.
-The allegation occurred on 1/31/2020.
-On 1/31/2020 client #6 had been on a bowling outing. Following the outing, they returned to the day support program and then, back to the group home. After returning to the group home client #6 became physically aggressive. She "darted out into traffic." The Group Home Manager put client #6 in a therapeutic wrap. There was another Group Home Manager there that helped "talk client #6 down."

Interview on 2/25/2020 the QP stated:
-Client #6 made an allegation that the Group Home Manager hit her on 1/31/2020.
-There were no witnesses to this allegation because the other clients were at their day program and the manager was the only staff on duty.
-The facility was made aware of the allegation on 1/31/2020 and the employee was placed on administrative leave on 1/31/2020.
-Client #6 told an employee at her high school she was hit by the manager on 1/31/2020. The high school contacted DSS, and DSS made a

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V 366	Continued From page 9 visit to the day support program owned by the Licensee. -Client #6 did not attend the day support program for services. On 2/6/2020, the staff and client #6 arrived at the day support program to pick up other facility clients to "transition" them back to the facility.	V 366		
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 10 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 11 (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 all level II and level III incidents to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incidents. The findings are: Review on 2/25/2020 of client #6's record revealed: -18 year old female admitted 4/1/19. -Diagnoses included schizoaffective disorder, bipolar type; mild intellectual developmental disorder; asthma; borderline diabetes; anemia; and, unspecified trauma/and stressor related disorder. -12/18/19 Notice of Approvals by the Managed Care Organization (MCO) for Residential Supports Level 4, and Community Networking Service. No approval for Day Support Services. Review on 2/25/2020 of client #6's North Carolina Incident Response Improvement System (IRIS) report for incident dated 1/31/2020 revealed:	V 367		

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V 367	Continued From page 12 -1/31/2020 client #6 became physically aggressive and hit the staff. Staff placed client #6 in a therapeutic hold to de-escalate the behavior. -The restrictive intervention sections of the IRIS report had not been completed. Review on 2/25/2020 of client #6's IRIS report for incident dated 2/6/2020 revealed: -The facility identified in the IRIS report was Whiteville Day Supports, not the facility rendering services at the time of the incident. -2/6/2020 client #6 arrived at the day support program after her modified day of school instruction. Client #6 became verbally aggressive, began pushing furniture, then charged at a staff with a spray can in an effort to hit the staff. The staff took the can from the client; client #6 began fighting and hitting the staff. The staff put client #6 in a therapeutic hold. -The restrictive intervention sections of the IRIS report had not been completed. Review on 2/25/2020 of the internal investigation for an allegation of abuse by client #6 against the Group Home Manager on 1/31/2020 revealed: -The Department of Social Services (DSS) arrived at the Licensee's day support program on 2/7/2020 after receiving a report of abuse from client #6's high school. The high school reported an allegation by client #6 "regarding incident that occurred on 1/31/2020." -No level III IRIS report had been submitted. Interview on 2/25/2020 the Group Home Manager stated: -She had been placed on administrative leave from 1/31/2020 - 2/5/2020 for an investigation of an allegation made against her by client #6. -The allegation occurred on 1/31/2020.	V 367		

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V 367	Continued From page 13 Interview on 2/25/2020 the QP stated: -Client #6 made an allegation that the Group Home Manager hit her on 1/31/2020. -The facility was made aware of the allegation on 1/31/2020 and the employee was placed on administrative leave on 1/31/2020. -Client #6 told an employee at her high school she was hit by the manager on 1/31/2020. The high school contacted DSS, and DSS made a visit to the day support program owned by the Licensee after receiving the report from the high school on 2/7/2020. -Client #6 did not attend the day support program for services. On 2/6/2020, the staff and client #6 arrived at the day support program to pick up other facility clients to "transition" them back to the facility. -The allegation of abuse had been unsubstantiated by the facility; therefore, a level III IRIS report had not been submitted. Refer to V366 for additional information.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical	V 500		

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	MHL024-092	A. BUILDING: _____ B. WING _____	R 02/25/2020

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V 500	Continued From page 14	V 500		

practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.
(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:
(1) any restrictive intervention that is prohibited from use within the facility; and
(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.
(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:
(1) the permitted restrictive interventions or allowed restrictions;
(2) the individual responsible for informing the client; and
(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.
(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:
(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);
(2) the designation of an individual to be

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V 500	Continued From page 15 responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all instances of alleged or suspected abuse, neglect or exploitation of clients to the County Department of Social Services . The findings are: Review on 2/25/2020 of the Group Home Manager's personnel file revealed hire date 11/1/2010. Review on 2/25/2020 of client #6's record revealed: -18 year old female admitted 4/1/19. -Diagnoses included schizoaffective disorder, bipolar type; mild intellectual developmental disorder; asthma; borderline diabetes; anemia; and, unspecified trauma/and stressor related disorder. Review on 2/25/2020 of the internal investigation for an allegation of abuse by client #6 against the Group Home Manager revealed: -The investigation did not document the facility was aware of the allegation by client #6 against the Group Home Manager on 1/31/2020. -The investigation did not document the Department of Social Services (DSS) was notified of the allegation on 1/31/2020 before DSS had been notified by the high school on 2/7/2020. -The investigation did not document the dates the Group Home Manager had been suspended	V 500		

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V 500	Continued From page 16 pending the investigation. -The investigation documented the DSS arrived at the Licensee's day support program after receiving a report of abuse from client #6's high school on 2/7/2020. The high school reported an allegation by client #6 "regarding incident that occurred on 1/31/2020." Interview on 2/25/2020 the Group Home Manager stated: -She had been placed on administrative leave from 1/31/2020 - 2/5/2020 for an investigation of an allegation made against her by client #6. -The allegation occurred on 1/31/2020. Interview on 2/25/2020 the QP stated: -Client #6 made an allegation that the Group Home Manager hit her on 1/31/2020. -The facility was made aware of the allegation on 1/31/2020 and the employee was placed on administrative leave on 1/31/2020. -The facility had not reported the allegation against the Group Home Manager to DSS.	V 500		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and	V 521		

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V 521	Continued From page 17 duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document the minimum requirements for restrictive interventions in the client record. The findings are: Review on 2/25/2020 of client #6's record revealed: -18 year old female admitted 4/1/19. -Diagnoses included schizoaffective disorder, bipolar type; mild intellectual developmental disorder; asthma; borderline diabetes; anemia; and, unspecified trauma/and stressor related	V 521		

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V 521	Continued From page 18	V 521		

disorder.
-No documentation of restrictive interventions on 1/31/2020 or 2/6/2020.

Review on 2/25/2020 of client #6's North Carolina Incident Response Improvement System (IRIS) report for incident dated 1/31/2020 revealed:
-1/31/2020 client #6 ran from staff. Staff caught the client and led her back to the group home. Client #6 became physically aggressive and hit the staff. Staff placed client #6 in a therapeutic hold to de-escalate the behavior.
-The restrictive intervention sections of the IRIS report had not been completed.

Review on 2/25/2020 of client #6's IRIS report for incident dated 2/6/2020 revealed:
-2/6/2020 client #6 arrived at the day support program after her modified day of school instruction. Client #6 became verbally aggressive, began pushing furniture, then charged at a staff with a spray can in an effort to hit the staff. The staff took the can from the client; client #6 began fighting and hitting the staff. The staff put client #6 in a therapeutic hold.
-The restrictive intervention sections of the IRIS report had not been completed.

Interview on 2/25/2020 the Group Home Manager stated:
-On 1/31/2020, after returning to the group home, client #6 became physically aggressive. She "darted out into traffic." The Group Home Manager put client #6 in a therapeutic wrap. There was another Group Home Manager there that helped "talk client #6 down."

Interview on 2/25/2020 the QP stated:
-Client #6 was put in a therapeutic hold at the facility by the Group Home Manager on

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V 521	Continued From page 19 1/31/2020. -Client #6 was with facility staff at the day program on 2/6/2020 to pick up other clients to "transition" all of them back to the facility. Client #6 became upset, became aggressive, and was put in restraint while on site at the day program.	V 521		