L COMMENTS plaint survey wa The complaint (intiated. Deficiel cility is licensed ries: 10A NCAC pment and Voc uals with Develo CAC 27G .5400 bisability Groups	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) as completed on March 5, Intake #NC00161318) was ncies were cited. If for the following service 27G .2300 Adult ational Programs for opmental Disabilities and Day Activity for Individuals	1	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE FORWARD PROPERTY. VIII- THE FORWARD REGARD AND THE APPROPRIATE SET OF EACH SERVICE FOR EACH	DBE PRIATE BY 109 109 100 100 100 100 100 10
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cident reference up home in whi	d in this report occurred at ch Deceased Client #1 (DC		person who is place as a reg participant bet	ular
m and Day Activ I. 205 (A-B) ment/Treatmen	t/Habilitation Plan	V 111	they begin partice An admission as will be completed	ipation ssessmon d.
MENT/HABILIT, assessment sha according to gov very of services ed to: client's present	ATION OR SERVICE all be completed for a serning body policy, prior to and shall include, but not sing problem;		completed by The that the person se participating in.	rved is
rovisional or ad hed diagnosis d ssion, except the cation or other 2 we an establishe on;	mitting diagnosis with an letermined within 30 days at a client admitted to a 4-hour medical programed diagnosis upon	1	and complete the	a tendar se dutres ed "
luations or asserric, substance a	essments, such as			unded
	205 (A-B) ment/Treatment AC 27G .0205 MENT/HABILIT assessment shad coording to govery of services and to: client's present client's needs a rovisional or admed diagnosis of asion, except the ation or other 2 are established by the anticontrol of the action or other 2 are an established by the area of the action or other 2 are an established by the area of the action or other 2 are an established by the action or other 2 are an established by the action or other 2 are an established by the action or other 2 are an established by the action of	205 (A-B) ment/Treatment/Habilitation Plan AC 27G .0205 ASSESSMENT AND MENT/HABILITATION OR SERVICE assessment shall be completed for a ccording to governing body policy, prior to very of services, and shall include, but not ad to: client's presenting problem; client's needs and strengths; rovisional or admitting diagnosis with an ned diagnosis determined within 30 days asion, except that a client admitted to a ation or other 24-hour medical program we an established diagnosis upon on; ertinent social, family, and medical history; fuations or assessments, such as ric, substance abuse, medical, and	205 (A-B) ment/Treatment/Habilitation Plan AC 27G .0205 ASSESSMENT AND MENT/HABILITATION OR SERVICE assessment shall be completed for a ccording to governing body policy, prior to very of services, and shall include, but not ad to: client's presenting problem; client's needs and strengths; rovisional or admitting diagnosis with an ned diagnosis determined within 30 days asion, except that a client admitted to a ation or other 24-hour medical program ve an established diagnosis upon on; artinent social, family, and medical history; functions or assessments, such as ric, substance abuse, medical, and Regulation OR PROVIDER/BUPPLIER REPRESENTATIVE'S SIGNATURE ACCUMANTALE	ment/Treatment/Habilitation Plan AC 27G .0205 ASSESSMENT AND MENT/HABILITATION OR SERVICE assessment shall be completed for a coording to governing body policy, prior to very of services, and shall include, but not ad to: client's presenting problem; client's needs and strengths; rovisional or admitting diagnosis with an need diagnosis determined within 30 days assion, except that a client admitted to a ation or other 24-hour medical program ve an established diagnosis upon on; ertinent social, family, and medical history; functions or assessments, such as ric, substance abuse, medical, and regulation ASSESSMENTS WILL COMPLETED TO THE COMPLETED TO THE PROGRAM

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Division o	f Health Service Regu		(VO) M :: TID: =	CONSTRUCTION	(X3) DATE SURVEY
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , , , , , , , , , , , , , , , , , , ,	CONSTRUCTION	COMPLETED
AND PLAN C	F CORRECTION	DENTI TO A TO THE SECOND SECON	A. BUILDING: _		
		MHL029-128	B. WING		03/05/2020
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		275 MONR	OE ROAD		
THE WOR	KSHOP OF DAVIDSON	LEXINGTO	N, NC 27292		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 111	(b) When services a establishment and in treatment/habilitation referred to as the "pl	oriate to the client's needs. re provided prior to the	V 111	have admission a completedas a pof their regular admission pace and will continu have those complety program coordinate program	ket, By May 4, 2020 ted dinators
	failed to complete at to the delivery of set Deceased Client (Deceased Cli	riew and interview, the facility in admission assessment prior rivices affecting 1 of 1 C #1). The findings are: In 3/2/2020 of a record for DC revealed no documentation of sment, an admission date, is, strengths or needs, family I history, evaluations or priate for DC #1's needs, no strategies to address DC #1's until a treatment plan could 20 of DC #1's record, from the shahe resided, revealed: of 10/3/2019 to the group Intellectual Disability Disorder, renital Deafness, Somatic Major Depressive Disorder, drome, Intraocular Lens		Any other unfunda persons current the facility will program admis assessments co on them during plan of correct process Staff training occur to Review update and will documented by signature of unda	ly in have ssion upleted this tion will this table

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL029-128 B. WING 03/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 275 MONROE ROAD THE WORKSHOP OF DAVIDSON LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 2 V 111 Coordinators will -Date of death on 2/21/2020 -An assessment dated 10/3/19 was completed in monitored Regulary to the group home. New admission referrals Interview on 3/2/2020 with the Executive Director and this will be effective revealed: -DC #1 did not receive billable services so no arytime a new person is assessment was completed. -"She was a nonparticipant. She was paid only for her piece work." V 112 27G .0205 (C-D) V 112 V112 Going torward 4, 2020 Regardless if the Workshop is Being paid for a funded Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the service, for each person assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to Regular participant A treatment receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be plan will be completed achieved by provision of the service and a Within 30 Days of admission. Plans will be completed projected date of achievement: (2) strategies; (3) staff responsible: (4) a schedule for review of the plan at least the program coordinators annually in consultation with the client or legally responsible person or both; the program in which

Division of Health Service Regulation

obtained.

(5) basis for evaluation or assessment of

(6) written consent or agreement by the client or

responsible party, or a written statement by the provider stating why such consent could not be

outcome achievement; and

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these duties as persons are dusa 72110110 racess If continuation sheet 3 of 20

monitor requests for services or intake and will complete

Pregram coordinators will

partici putionis

PRINTED: 03/13/2020 FORM APPROVED . Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ B. WNG 03/05/2020 MHL029-128 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 MONROE ROAD THE WORKSHOP OF DAVIDSON **LEXINGTON, NC 27292** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Amy other unfunded persons By Currently Being served MAYY, will have treatment 2020 plansmeetings and plans developed As a part of the plan of correction V 112 Continued From page 3 V 112 This Rule is not met as evidenced by: Based on record reviews and staff interviews the facility failed to complete a treatment plan within 30 days of admission affecting 1 of 1 Deceased stuff training will occur to review these Client (DC #1). The findings are: Requirements and will be documented by staff be documented by staff signature of understanding, coordinators will monitor Regularly for New admission Referrals and this will be effective any time a person is accepted for placement. Attempted review on 3/2/2020 of a record for DC #1 at the program revealed no documentation DC #1's presenting problem, strengths or needs, provisional or admitting diagnosis, pertinent social, family or medical history, evaluations or assessments appropriate to DC #1's needs and no treatment plan or strategies to address DC #1's presenting problem. Review on 2/25/2020 of DC #1's record from the group home revealed: -An admission date of 10/3/2019 to the group -Diagnoses of Mild Intellectual Disability Disorder, Spina Bifida, Congenital Deafness, Somatic Symptom Disorder, Major Depressive Disorder, Dandy Walker Syndrome, Intraocular Lens Dislocation and Osteoporosis. -Date of death on 2/21/2020 -A treatment plan dated 8/7/19 noting "...engage in education and psychosocial opportunities daily, will increase participating in daily social and academic activities, reducing the frequency of

family and/or social life"

the 2300 or 5400 programs.

somatic complaints, initiate at least one positive social interaction with peers each week and describe mood instability effects on personal

-No goals related to DC #1's work/participation in

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL029-128	B. WING	03/05/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

275 MONROE ROAD

HE WOF	RESHOP OF DAVIDSON	NROE ROAD TON, NC 27292	
(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 112	Interview on 3/2/2020 with the Executive Director revealed: -DC #1 did not receive billable services, so a treatment plan was not completed"She was a nonparticipant. She was paid only for her piece work."	V 112	Regardless if the 4.202 workshop is being paid for a funded service for each person who is in place as a Regular
	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable:	V 113	participant. Before the person Begins participation a client record will be developed and will be maintained throughout the time the person is in attendance. Client Records will contain all paperized information per NCAC 27 G for Client Records. All penfunded persons currently participating will have a file developed by the program coordinates of the program the area participating in provents and proceed for the program the area of the program the area proceed for the program the area of the program in proceed for the program the area of the proceed funded person will have the
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AND PLAN O	F CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		
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THE WOR	KSHOP OF DAVIDSON		N, NC 27292		
		Was a section of the		PROVIDER'S PLAN OF CORRECTION	N (X5)
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V 113	of Diseases (ICD-9-0 (B) medication order (C) orders and copie (D) documentation or administration errors (b) Each facility shall relative to AIDS or reonly in accordance with disease laws as specified to maintain a conduction of the deceased Client (Deceased C	f physical disorders to International Classification CM); s; s of lab tests; and f medication and and adverse drug reactions. I ensure that information elated conditions is disclosed with the communicable cified in G.S. 130A-143. It as evidenced by: wiew and interview, the facility client record affecting 1 of 1 C #1). The findings are: In 3/2/2020 of a record for DC revealed no documentation of	V 113	the Recordere lo as usual per par the intake procestation will to document the to review this remained of understanding coordinators will ensure this will ensure this is completed on on Referrall.	tot May 4, 255, 2020 occur process quirement will nuture
	number, a screening emergency informat from the client or leg granting permission	diagnoses, a client record g and assessment, tion, of a signed statement gally responsible person to seek emergency care, or nd progress towards			
	Interview on 3/2/202 revealed: -DC #1 did not recewas no record for D	20 with the Executive Director sive billable services, so there 0C #1. rticipant. She was paid only for			

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	of Health Service Regu				PRINTED: 03/13/2020 FORM APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL029-128	B. WING		03/05/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	
THE WO	RKSHOP OF DAVIDSON		ROE ROAD ON, NC 27292	i	
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V 512	Continued From page	6	V 512	V 512	0. 1.4
V 512		ts - Harm, Abuse, Neglect	V 512	The workshop of I	ravidson camplete
		PROTECTION FROM LECT OR EXPLOITATION rotect clients from harm,		The workshop of I has put into place a of protection to a in the prevention of	plan 2/24/24
		ploitation in accordance		of protection to a	f Istalk
		ot subject a client to any		in the prevention c	training
	27C .0102 of this Char	ct, as defined in 10A NCAC oter.		reoccurence of a	start da
	(c) Goods or services purchased from a clier			Institute death	3/3/20
	established governing	body policy.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 0 11
	(d) Employees shall us necessary to repel or s	se only that degree of force		our behiches and	vehicles be
	aggressive client and v	which is permitted by			I I W DI LG MT
	is necessary depends	The degree of force that upon the individual		3rd party contractor	to provide for
	characteristics of the cl	lient (such as age, size al health) and the degree		3rd party contracted	New
	of aggressiveness disp	layed by the client. Use of		chent transportati	hires
	Subchapter 10A NCAC			The workshop has in	replemente and Reve
		employee of Paragraphs tule shall be grounds for		a Van Loading and Unloa	iding annually
	dismissal of the employ			Policy,) """
	This Date is set			To and so statest	hat
	This Rule is not met as Based on observations			This policy states.	~1\
	interviews, the governir	ng body failed to protect 1 DC #1) from serious harm.		Broup Home Staff V	
	The findings are:	(#1) Irom serious narm.		This policy statest Group Home Stable v be in place by 3:	95
		f DC #1's record from the		so that they will o	le tinitely
	group home revealed: -An admission date of 1	0/3/2019 to the group		Be there when the-	transportation
	home	lectual Disability Disorder,		van arrives - which	permally
	Spina Bifida, Congenita	Deafness, Somatic		arrives bestieen 4:15.	4:30154.

Spina Bifida, Congenital Deafness, Somatic Division of Health Service Regulation

PRINTED: 03/13/2020 FORM APPROVED ' Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING 03/05/2020 MHL029-128 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 MONROE ROAD THE WORKSHOP OF DAVIDSON LEXINGTON, NC 27292 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 And will Remain in place at the home each V 512 Continued From page 7 Symptom Disorder, Major Depressive Disorder, Dandy Walker Syndrome, Intraocular Lens morning until they Dislocation and Osteoporosis. -Date of death on 2/21/2020 -An assessment dated 10/3/19 for the group home, noting "...and in the PSR (Psycho-Social van Riders have laded Rehabilitation Program), she will continue to learn how to cope with her depression and anxiety and increase her independent living skills to stabilize her mental health in the community." -A treatment plan dated 8/7/19 for the group home noting "will engage in education and the Loading and unloading of all Residents and ensure that NO one tries psychosocial opportunities daily...", Attempted review on 2/25/2020 of the Contract Transportation Driver (CTD)'s record revealed: -No documentation of a record for the CTD Interview on 2/25/2020 with the Executive to do any out door activities Director (ED) revealed: -The CTD was a contract worker with the facility such as Ichecking the -The facility had entered into an agreement for the contract agency to provide transportation to mailbox, moving trasheans the clients. Review on 3/5/2020 of an Interlocal Agreement for the Procurement of Third-Party Transportation transport drop offs are services, revealed: -The agreement was entered into on July 1, 2019 by a local county's Transportation Company and the Adult Development Vocational Program and Day Activity Program -The purpose of the agreement was to "allow the des not parties to purchase transportation services from a vender."

Review on 2/26/2020 of the facility's Level III incident report, dated 2/21/2020, revealed: -"Shortly after 4pm, the office staff received a call from the Group Home Relief Supervisor in

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the drive

PRINTED: 03/13/2020 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL029-128 03/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 275 MONROE ROAD THE WORKSHOP OF DAVIDSON LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 Continued From page 8 V 512 Charge, [staff #1] stating that [DC #1] had fallen and hit her head. 911 had been called. The office staff went to the group home for back up assistance. Upon arrival at the group home, written Emergency Medical Services and police were policy already on the scene. Cardiopulmonary Resuscitation (CPR) was being performed on traini [DC #1] and would continue to be performed for a lengthy amount of time. [The Executive Director] spoke with group home staff present (staff #1) to get statements as to what happened. [Staff #1] stated [DC #1] was on the driveway behind the transportation van and the bus driver was on the phone with 911 and doing CPR. [Staff #1] stated that she started to assist with CPR until the police arrived and then an officer took over. [Staff #1] called the office and reported the event. Staff witnessed lengthy CPR attempts and [DC #1] was bleeding from her face and head. There was a report of a piece of scalp in the driveway and staff saw a significant leg wound. After CPR was ceased, the officers' crime scene taped the area and did extensive photos and measurements. The Police interviewed the staff on duty and continued their investigation with the van driver at the police department. [DC #1]'s body was taken to [a local morgue] and the transportation van was picked up by [the van company] staff after the scene was released. It had been reported coded initially to staff (#1) by the van driver that [DC #1] had fallen down the steps of the van and hit her head. It was evident by the location of where IDC

Division of Health Service Regulation

#1] lay, which was behind the van, and the extent of her leg injury that she had not merely fallen down the van steps. She was not located near the

van door or the steps. Staff (#1) assumes that [DC #1] had decided to go to the mailbox instead of going straight inside when the accident

occurred but cannot officially verify this. After leaving the police department, [the owner of the

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL029-128	B. WNG		03/05/2020
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V 512	the situation. He state off 4 ladies and he the ladies and he the ladies and he the ladies enter the reside began to back the buthat he hit something trash can), so he pull see [DC #1] in his micame to her to assist of the transportation drug and alcohol scrooccur per their policy. Coordinator (the GH Legal Guardian (of Ebefore we were away After [DC #1]'s passing we again spoke with notify her of [DC #1]' Guardian] was in [as at this time and will researched by an owner [DC #1]'s bood facilitate final arrang messages with [the Services (DSS)] and Entity (LME)] on 2/2 follow up with DSS as hours on Monday." Observations on 2/2 3:35pm, of the drive home where DC #1 -The facility was on street #2 -The facility faced strong the drive way was an on the driveway was an on th	ed that the van driver had let ought he had seen all four ence, at which time he sout of the driveway. He felt (which he thought to be a ed forward and could then rror. He exited the van and and called 911. [The owner company] reported that a eening of the driver would. [The Group Home C)] had spoken with the ec #1] about the accident re of the situation's outcome. Ing was verified by [the ED], [DC #1's Legal Guardian] to seath. [The Legal hearby state] with the family eturn in a few days. She had officer and [the GHC], of y was taken in order to ements. [The ED] left Department of Social [the Local Management 1/2020 as well. [The ED] will and the LME during business 5/2020, at approximately way outside of the group resided, revealed: the corner of street #1 and reet #1	V 512	follow a circular pattern marked cones. Providence is Responsible for Loading and unlow wheel chairs of wall and for assist persons up the steps. Wanks There is Be No Reason the New pattern a traffic that a would have to be coordinator will and on Irop by ensure Group to Stoff are completed and proper fas pot the Day Program	e transport ading cers ting van hould with of van sack home do s to tome

-One set of the markings was the outline of the

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL029-128 B. WING 03/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 275 MONROE ROAD THE WORKSHOP OF DAVIDSON LEXINGTON, NC 27:292 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 Continued From page 10 V 512 transportation van -The second set of markings was where DC #1 was located -The transportation bus had pulled up the driveway -The markings of where DC #1 was located had her head and point of impact behind the passenger side of the transportation van -The facility's mailbox was located behind the transportation van's driver side Review on 2/28/2020 of a local police department's "determination of fault", dated 2/21/2020, revealed: -"On 2/21/2020, at 16:07 (4:07pm), vehicle number one (transportation van) was parked in the driveway of [the group home's address] unloading passengers. Unit number two (the pedestrian (DC #1)) had just gotten off of the bus see Attached and had walked behind vehicle number one. As the Workshop of Davidson does not have Vehicle number one backed up from its parked position and struck unit number two. The pedestrian sustained blunt force trauma injuries and expired on the scene. Vehicle number one came to rest facing north in the driveway. The Staff available at locations pedestrian came to rest facing south in the driveway. The driver of vehicle number one such as personal residential contributed to the crash by improper backing." homes where our clients Review on 2/26/2020 of Additional Information Death Incident Report, dated 2/26/2020 and

written by the ED revealed:

-"On 2/21/2020, after [DC #1] had been pronounced [the ED] met with the group home residents to discuss the outcome ... it was explained to the residents that [DC #1] did not

survive the accident...staff comforted the ladies during their grief. After the ladies had calmed down a bit, the ED asked if they had seen anything about the accident that they could share.

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proper at

PRINTED: 0'3/13/2020' FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 03/05/2020 MHL029-128 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **275 MONROE ROAD** THE WORKSHOP OF DAVIDSON LEXINGTON, NC 27292 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 11 Rider safety.
On going communication
with the Director of The residents did not share any concrete information ..." Review on 2/26/2020 of an email from the owner of the transportation company to the ED, Providence transportation has occurred and will regarding "After Action Approach", revealed: -There was no date on the email -" ... After reviewing everything that we know about this tragic accident, we believe the driver continue to occur in could have avoided this entirely had he followed the policies in which he was trained. However, we regards to safety trainings and policies that have are going to amend our current policies to make them even stronger and ensure compliance by retraining our workforce and performing on-area observations throughout the year. Our training: and continue to Be Client drop off: Current training states to make sure passengers are safely inside destination implemented, Dapa & see a Hacked before leaving property. I think this is very clear and does not need to be changed. Although we are going to add this to our backing certification that will be explained below. Our current backing training reads as follows: Backing the vehicle can from Davidson County
Transportation (our contract be very dangerous and should only be done when absolutely necessary. If you must back the vehicle, you should do the following: 1. If facilitator): Certification possible, get out of the vehicle to assess any hazards/obstacles 'GOAL=Get Out And Look! 2. Use an adult spotter to alert you to possible Standards for N hazards 3. Before backing, check carefully in all directions, including the rear. As you can see, we Public transportation Providers.

Division of Health Service Regulation

have a backing policy that discourages backing but we will add to our current policy on backing and put more emphasis on NOT backing. Do not

back unless you have no other safe choice. If you must back up, you are to back first into the area

when you first arrive before dropping or picking up passengers so that once you have completed your assignment, you are pulling forward as the first action. We will continue with the GOAL policy, using an adult spotter when backing if

STATE FORM

Documentation

*See Attached from

Providence Transportation Driver Development / Training

If continuation sheet 12 of 20

	EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL029-128	B. WING		03/05/2020
	OF PROVIDER OR SUPPLIER WORKSHOP OF DAVIDSON	275 MONF	DRESS, CITY, ST. ROE ROAD DN, NC 27292		
(X4) PRE TA	FIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
V	passengers are safely backing. Check careful carefully in all direction no further than necess eyes, don't focus on a plan. Look high and lo potential hazards, a bacreated and implement annual training. I have certification for your rebe administered through observation by certification will be signification will be signification and make the we do still have to back the feasibility of installi our vehicles. This may system that is compatible that doesn't pose any chow it is installed and rewe heighten our aware by retraining and certification this from every began the retraining provided that is are truly broken.	gers' safety: Make sure all inside destination before ally before backing check has including the rear, back sary, back slowly, move in object, look, think and we and scan for any acking certificate will be ted into our initial and attached a copy of this view. This certification will gh verbal training and verbal training a		that Providence as on each driver of well as priver Ex expectations/Review * Also Attached Providence & Also Attached Providence Review trainings and Re-trainings and Re-trainings and Re-trainings and Re-trainings and scanning Certification trainings and structure Been trained in with all of the enhance that have been put in that have been put in it shows that the 31 part to protect from further accidents of further accidents	Approach sidence vers Approach sinings plemental sell ing Providence need tures place ing its

Division o	f Health Service Regul	lation				03/13/2020 APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL029-128	B. WNG		03/05	5/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
THE WOR	KSHOP OF DAVIDSON		ROE ROAD ON, NC 27292		# 1.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 512	"Check the mail" -"He (the CTD) backs #1]. I guess it must he usually check the may wait (until the bus lead because it is safer the Interview on 2/25/202 -Was hearing impairs -On 2/21/2020, had re to the group home we client #4 -The transportation be to let all 4 clients unle -Client #3 unlocked to inside along with clies -Did not see where E the bus -"She did not come in went to check the may Interview on 2/25/20 -Had ridden the trans home on 2/21/2020 and client #3 -Stated	walk behind the bus to ed up and did not see [DC ave been an accident. I iil, but that day I did not. I ives to check the mail) at way." 20 with client #3 revealed: ed but could read lips idden the transportation bus ith DC #1, client #2 and bus pulled into the driveway boad. he facility's door and went ent #2 and client #4. DC #1 was when she got off conside with us. I think she eail." 20 with client #4 revealed: sportation bus to the group along with DC #1, client #2 as the first person off the bus. he house and lets us in". bus and I remember her he was behind the bus. I tried bulder to tell her to get out of se the bus was coming behind	V 512			

group home.

once or twice a month

Interview on 2/26/2020 with staff #1 revealed: -Worked at the day program and at the facility

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	
		MIII 000 400	B. WING_			
		MHL029-128	D. WING		03/	05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
THE WOR	KSHOP OF DAVIDSON	275 MON	ROE ROAD			
		LEXINGT	ON, NC 27292	2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	-On the days she work hours were Friday 4pn 6am to 10pm and Sun -On 2/21/2020, she had program until about 3:4:00pm -"It takes me maybe 8 facility from the day prothe group home, the [to there, the rest of the w but [DC #1] was not. The and the bus was parker and [DC #1] was laying CTD] was behind the bus and was on the phoneHad asked the CTD when a say how she fell. [DC #1] fell a say how she fell. [DC #1] bus laying on her back. The passenger side. He the end of the driveway the tail of the bus. At the passenger side. He the end of the driveway the tail of the bus. At the first of the vehicle, I ran into something for her head me to take over CPR (CResuscitation). I checked started CPR. She had a she was going to say so the passenger side tout a deshe was going to say so the police arrived first. The police arrived first then he said she was widin't make sense from	ded at the group home, her in to 10pm, Saturday from days from 6am to 4pm. It did worked at the day 45pm and then arrived at 21/2020 sometime after or 9 minutes to get to the ogram. So, when I got to ransportation bus] was omen were in the house, he driveway goes up hill did a little past halfway up gobehind the bus. [The bus, hovering over [DC #1] in hat's going on. In the house to get in head was facing towards or and her feet were facing at moment when I got out in the house to get in I came out and he told cardiopulmonary and for a pulse before I a faint pulse. She opened leep breath. I thought that to mething, but she didn't, and down the driveway and cut above her knee going and then the paramedics. It where [DC #1] was laying	V 512	DEFICIENCY		
		Her body was not by the the was behind the bus. I				

Division of Health Service Regulation

asked to speak to the police officer and then I

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
	MHL029-128	B. WING	03/05/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE WORKSHOP OF DAVIDSON

275 MONROE ROAD LEXINGTON, NC 27292

DEFICIENCY DEFICIENCY PROPERTY TAG PROVIDER'S PLANT OF DEFICIENCY PREFIX TAG PROVIDER'S PLANT OF CORRECTION CIRCLE CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLANT OF CORRECTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE		LEXINGIC	ON, NC 2/292		
gave a statement." Interview on 2/28/2020 with a neighbor of the group home revealed: -Had given a statement to the local police department on 2/21/2020. -Had several large windows in the living room that faced the group home -Had observed the transportation bus pull into the driveway on 2/21/2020 right before 4:00pm -Had observed the clients exit the transportation bus -Saw DC #1 walk behind the transportation bus -Vatched as the transportation bus backed down the driveway in a manner described as "sorta fast" -Thought to herself the transportation bus was going to hit DC #1 -Watched as the transportation bus hit DC #1 -The CTD had walked behind the vehicle to aid DC #1 who was on the ground -Observed as a woman with long braids in a sport utility vehicle pulled up to the group home. -Several minutes later, the woman with the long braids started CPR and the driver of the transportation bus was on his phone -A female officer arrived first and took over CPR -Seconds later, more police officers and an ambulance arrived. -"The next time I looked out the window, they had put a tarp over [DC #1], so I knew it was bad." Interview on 2/26/2020 with the owner of the transportation to brack up cameras -Had received a telephone call on 2/21/2020 from the CTD stating there had been an accident -The CTD was still employed with the company, but had been suspended until the investigation	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
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was complete Division of Health Service Regulation		Interview on 2/28/2020 with a neighbor of the group home revealed: -Had given a statement to the local police department on 2/21/2020Had several large windows in the living room that faced the group home -Had observed the transportation bus pull into the driveway on 2/21/2020 right before 4:00pm -Had observed the clients exit the transportation bus -Saw DC #1 walk behind the transportation bus -Saw DC #1 walk behind the transportation bus -Watched as the transportation bus backed down the driveway in a manner described as "sorta fast" -Thought to herself the transportation bus was going to hit DC #1 -Watched as the transportation bus hit DC #1 -The CTD had walked behind the vehicle to aid DC #1 who was on the ground -Observed as a woman with long braids in a sport utility vehicle pulled up to the group homeSeveral minutes later, the woman with the long braids started CPR and the driver of the transportation bus was on his phone -A female officer arrived first and took over CPR -Seconds later, more police officers and an ambulance arrived"The next time I looked out the window, they had put a tarp over [DC #1], so I knew it was bad." Interview on 2/26/2020 with the owner of the transportation company revealed: -The bus had no back up cameras -Had received a telephone call on 2/21/2020 from the CTD stating there had been an accident -The CTD was still employed with the company, but had been suspended until the investigation was complete			

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL029-128	B. WNG		03/05/2020
	PROVIDER OR SUPPLIER	275 MON	DDRESS, CITY, STAR ROE ROAD ON, NC 27292	TE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
	-"I was told there were all exited and entered #1] did not go into the the bus to check the map to the bus to the facility assistance -None of the clients at physical assistance -None of the clients at physical assistance -None of the clients at physical assistance -Thought all 4 of the clients at physical assi	the facility. Apparently, [DC home and walked behind hailbox. She was in his blind hailbox. She was hailbox	V 512		

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PRINTED: 03/13/2020 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 03/05/2020 MHL029-128 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 MONROE ROAD THE WORKSHOP OF DAVIDSON LEXINGTON, NC 27292 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 Continued From page 17 V 512 his training when he backed up the bus on 2/21/2020 Interview on 2/25/2020 with the GHC revealed: -Received a telephone call on 2/21/2020 from staff #1 at 4:07pm that DC #1 had fallen and hit her head. -"I was told she was in and out of consciousness. Our plan was to get her to the emergency room. When we pulled up (to the group home), they were doing CPR on her. It looked like an impact and not a fall. She was behind the transportation

Interview on 2/25/2020 with the ED revealed:

- -An incident involving DC #1 and the transportation bus occurred on 2/21/2020 in the group home's driveway
- -Was at the office when the GHC received a telephone call from staff #1
- -It was reported DC #1 had fallen off the transportation bus and hit her head.
- -"When I arrived at the facility, the police and ambulance were already there and the clients (#2, #3 and #4) were already in the house." -DC #1 was lying on the driveway behind the
- transportation bus. -"You could tell it was a hard impact and that she
- had not just fallen."

Follow up interview on 2/28/2020 with the ED revealed:

-"The only one that knows what happened on 2/21/2020 was [the CTD]. That's the long and short of it. Normally the staff is there before 4pm to monitor the clients getting off the bus. So, from this day forward, the group home staff need to be there by 3:45pm to monitor the clients' safety."

Review on 3/5/2020 of the facility's Plan of

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bus."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		COMI	PLETED	
		MHL029-128	B. WING		03	3/05/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE			
THE WO	RKSHOP OF DAVIDSON	275 MONR	OE ROAD				
THE WOR	RESHOP OF DAVIDSON	LEXINGTO	N, NC 27292				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(V5)	
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 512	Continued From page	18	V 512				
	Protection, dated 3/5/2 revealed: -"What will you immed above rule violation in from further risk or add upon implementation of (3/3/2020) van loading implemented in a form was put into place oral states that the group has visually monitor the load vans. Staff will arrive be and will remain at the ground will remain a complete such as checking the modern will be and will be and the possible to supervise and have signed in conjutant productions. Staff have be and have signed the acresponsibilities. Supervised in checks to ensure locations. The van compand then backing out, the and go back out with no are in place in am/pm arriders get from the vehicle van drivers have underground.	iately do to correct the order to protect clients ditional harm? Effective of a new policy/training and unloading policy was all policy. This information ly on 2/24/2020. This policy ome staff will be in place to ading and unloading of all efore van drop of (3:45pm) group home in the morning sted pickups. No activities hail, collecting garbage remain in visual monitoring and prompt as necessary. At the workshop, a new developed that ensures or backing up. This plan unction with [the make sure the above en trained in the policy sknowledgement of the isory staff will do random the staff is in place at all apany] not comes into the pulling up to the overhand they go around in a circle to backing. Workshop staff to each area to ensure cles to the building. The gone additional training by any and have re-instituted	V 512				
	pulling in and out at the	ladies' group home has mpany]. Workshop policy					
,	van loading and unloadi	ng contains information					

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Division o	f Uaalth Sanisa Pagu	lation				: 03713/2020 * APPROVED	
Division of Health Service Regularization of Deficiencies and Plan of Correction		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1,,	(X3) DATE SURVEY COMPLETED	
	×	MHL029-128	B. WING		03/0	5/2020	
NAME OF PE	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE			
THE WOR	KSHOP OF DAVIDSON	275 MON	ROE ROAD				
THE WOR	KSHOP OF DAVIDSON	LEXINGT	ON, NC 27292				
(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 SHOUL CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE	(X5) COMPLETE DATE	
V 512	Continued From page	e 19	V 512				
	what staff responsibil	and pick up procedures and lities are. A new schedule s assigned where was				e e	
	showing which staff is assigned where was implemented at this week's staff meeting and staff have reviewed the policy by the ED. The ED						
P		ons, answered questions and tion of responsibility of					
	Mild Intellectual Disa	(DC #1) had diagnoses of ability Disorder, Spina Bifida,					
	Congenital Deafness, Somatic Symptom Disorder, Major Depressive Disorder, Dandy Walker Syndrome, Intraocular Lens Dislocation and Osteoporosis. The facility elected to subcontract out the transportation service for the facility clients to a transportation agency. That agency had protocol in place which outlined specific loading and unloading protocol. DC #1,						
	transportation bus o	nd client #4 rode the n 2/21/2020 from the facility They arrived at the group					
	home at 3:55pm. To driveway and the cli	ne CTD pulled into the ents exited. Clients #2, #3 e facility. DC #1, who was					
	deaf, walked behind The CTD backed ou	the bus to check the mail. It of the driveway failing to					
	client. This deficiend	h resulted in the death of a cy constitutes a Type A1 rule o protect from harm and must					
	be corrected within penalty of \$6,000.00	23 days. An administrative is imposed. If the violation is					
	administrative pena	23 days, an additional Ity of \$500.00 per day will be ay the facility is out of					
	compliance beyond						







Van Loading and Unloading Policy and Procedure

In order to maintain the safest environment possible for all persons served, staff, and drivers The Workshop of Davidson will implement procedures for loading and unloading of persons served at The Workshop of Davidson main facility and The Workshop of Davidson Group Homes.

All staff will receive training in loading and unloading procedures upon implementation of this policy and at least annually going forward. New hires will be trained in loading and unloading procedures during staff orientation.

Persons receiving services will complete annual training in van loading and unloading safety.

Workshop Procedures

Unloading (Morning):

All Instructors and Direct Support Staff will be present and in place at 7:45AM Monday – Friday. If staff is unable to arrive at 7:45 they should contact their supervisor to notify them so a sub can be placed in the area. Program Coordinators will review staff's placement and attendance regularly to ensure everyone is present in designated areas.

Providence Van Riders will stay on the vans until staff unlocks the doors. Multiple staff will be in place in the unloading area to monitor unloading and ensure van riders get inside the building, all persons served will go to the cafeteria. Multiple staff will be in place in the cafeteria to ensure persons served are supervised until the 8:15 bell rings and everyone reports to their department.

Car riders and Group Home Van drop offs will occur at the Innovations Department Side door. At least two staff will be assigned in this department to ensure visual monitoring of leaving the cars/vans and entering the building, these persons served will then report to the cafeteria.

If persons arrive after 8:15 it will be the van driver/staff/family member etc. responsibility of walking the person into the front of the building and signing the person served in. Providence drivers arriving after 8:15 will walk their riders into the back of the building and check them in with instructors.

Mailing Address
P.O. Box 906
Lexington, NC 27293-0906

Location: 275 Monroe Road Lexington, NC 27292

Group Homes 226 West Ninth Street, Lexington, NC 509 Shoaf Street, Lexington, NC Telephone: (336) 248-2816
Fax: (336) 248-4995
Email: info@workshopofdavidson.org

Loading (Afternoon):

Providence vans routes are color coded. Following the traffic pattern that has been set in the rear parking lot each group of riders will be called by colors as their matching van pulls to the front of the loading line. Workshop staff will monitor persons leaving the building and provide assistance as needed for each person to make it to the van. Multiple staff will be outside monitoring loading and the other staff will be inside monitoring persons served who are waiting to load the van. Providence staff is responsible for ensuring the riders get up the steps or wheelchair/walkers loaded properly onto the lifts.

Car riders will meet at the Innovations side exit and will remain inside the building until the assigned pick up person has arrived. Loading staff will visually monitor riders exiting the building and entering their vehicles.

Group Home van riders will remain in their departments until their van arrives and they are called by the loading staff to come to the innovations side door. Loading staff will visually monitor riders exiting the building and entering their vans.

Group Home Procedures

Loading (Morning): Group Home staff will be present until all residents who are riding the vans have loaded the vans safely and vehicles have left the premises. Group Home staff will visually monitor residents walking from the home and entering the van and will continue to monitor until van has pulled away.

Unloading (Afternoon): Group Home staff will be present at the Group Homes by 3:45, staff will monitor for the arrival of the van and will be outside upon van arrival to visually monitor residents unload and will ensure they enter the residence. No staff is to allow residents to check the mailbox, get trash cans, or any other task until vehicles have left the premises. Staff will also monitor these outside duties (mailbox/trash cans etc.) to make sure all residents are safely avoiding cars or other traffic.

Live at Home Providence Riders:

Providence transportation drivers are responsible for the loading and unloading of riders that live in private homes. Providence transportation has policy stating they will visualize all persons entering their residence before leaving the property and will limit backing up whenever possible.

Adoption Date: 2/28/2020

Signaturé

<u>J/28/20</u>20

Reviewed/Revised:







Van Loading and Unloading Supervision Duties Staff Confirmation Form

My signature stands as confirmation that I have received training information in and procedures, Client Supervision, and Coverage Area responsibilities, and that for this information. I also understand my responsibility to the persons to whom maintaining the safety and well being of these persons are my duty as a staff of T	understand my accountability
Staff Signature Date	
*	

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Email: nfo@workshopofdavidson.org



STATE OF NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

ROY COOPER GOVERNOR

JAMES H. TROGDON, III
SECRETARY

Certification Standards for North Carolina's Public Transportation Providers July 3, 2019

This list of certifications and policies are required by the State of North Carolina and/or the Federal Transit Administration (FTA) in order to receive State and Federal Funding. As a rule, NCDOT conducts compliance and safety reviews every 3 to 5 years, to ensure these policies are in effect, up-to-date and adhere to current State and Federal guidelines.

Policies

Covers eleven primary areas to ensure system policies adhere to FTA and State of North Carolina regulations:

- Financial Management
- Technical Capacity
- Vehicle Maintenance
- Americans with Disabilities Act (ADA);
- Title VI Nondiscrimination in the Delivery of Service
- Procurement
- Disadvantaged Business Enterprise (DBE)
- Legal
- Satisfactory Continuing Control

- Planning and Coordination
- Public Comment Process on Fare Increases and Service Reductions
- Half Fare
- Charter Bus
- School Bus
- Safety and Security
- Drug Free Workplace/Drug and Alcohol Testing Program
- Equal Employment Opportunity (EEO)

Minimum Training Standards

Defensive Driving

- Required of all vehicle operators
- Initial training must be a certified program, or curriculum equal to an existing certified program
- Training must be completed annually and upon hire

Americans with Disabilities Act (ADA)

- 49 CFR part 37 Transportation Services for Individuals with Disabilities, including:
 - Sensitivity training
 - Passenger assistance
 - Wheelchair handling and securement
 - Wheelchair lift inspection
 - Wheelchair lift operation (normal and emergency)

Mailing Address:
NC DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSPORTATION DIVISION
1550 MAIL SERVICE CENTER
RALEIGH, NC 27699-1550

Telephone: (919) 707-4670 Fax: (919) 733-1391 Customer Service: 1-877-368-4968

Location: 1 S WILMINGTON STREET RALEIGH, NC 27601

Website: www.ncdot.gov

- ADA requires training all personnel to "proficiency", which is defined as expert performance.
- Training must be completed annually and upon hire

Bloodborne Pathogens

- 29 CFR 1910.1030(g)(2) Occupational Safety and Health Administration training guidelines
- Training must be completed annually and upon hire

Emergency Procedures for Vehicle Operators

- Includes all procedures required to report or react to an emergency by transit system staff:
 - Communication and notification procedures
 - o Accident/Incident reporting procedures
 - Passenger handling procedures
 - Vehicle and facility evacuation procedures
 - Driver and passenger security training
 - Emergency evacuation procedures and training
 - o Emergency equipment usage, including:
 - First aid (drivers must be trained in first aid to include use of kit)
 - Bloodborne Pathogens (drivers must be trained in bloodborne pathogens to include the use of kit and transit system specific engineering controls to minimize driver exposure, cleanup procedures and waste disposal)
 - Emergency triangles (setup equipment)
 - Fire extinguishers (inspect and use equipment)
 - Web cutter (inspect and use equipment)
- Training must be completed annually and upon hire
- Participation in local or regional Emergency Management drills is strongly encouraged

Driver Evaluations

- Newly hired drivers complete Ride Check Driver Evaluation before being allowed to operate a transit vehicle unsupervised in revenue service
- All drivers must have an annual evaluation to assess the driver's performance of techniques, skills and knowledge gained through training of each of the above categories
- Remedial training provided as needed
- Training must be completed annually and upon hire

Illegal Drug Use

- Training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use
- Completed upon hire (Required under 49 CFR 655.14)

General

- All new hires must complete all minimum training requirements before operating a transit vehicle unsupervised in revenue service
- Reflective vest will be worn by drivers when performing job functions
- Drivers not meeting proficiency, expert performance level, must be given remedial training until proficient
- Refresher (annual) training must be completed annually (within 1-year of last training date)
- All training materials and documentation must be on file for review by NCDOT
- Records of qualifications and training performed must be kept on file for a minimum of five (5) years



DRIVER DEVELOPMENT/TRAINING REPORTING

NOTE: This is to confirm that the driver listed has completed the required "Ride Check" and Driver Evaluation in compliance with Policy Guidance for Minimum Training Standards for Community and Human Service Transportation System Vehicle Operators.

RIDE CHECK: DRIVER EVALUATION				
Driver's Name:	Date of Evaluation:			
Evaluator's Name/Position:				
Vehicle Condition Good N/A				
1. Daily pre-trip inspection complete/do	cumented			
2. Registration and insurance card in vel				
3. \square Web cutter and emergency triangles an				
4. □ □ Driver's license/logs with driver				
5. □ □ Vehicle exterior clean				
6. □ □ Vehicle interior clean				
7. Dashboard/windshield area clear of all	objects			
8. Tie downs properly employed	3			
9. □ □ Tie downs clean/ stowed in box				
10. ☐ ☐ Seat belts in good working condition				
11. Fire extinguisher is available, serviceal	ble, properly mounted/tagged			
12. First Aid/Bloodborne pathogen kit ava	ilable in vehicle			
13. Communications system operable				
14. ☐ ☐ Child seat used/stowed properly				
15. ☐ ☐ Daily defect report filled out				
 □ □ Lift operational check 				
17. □ □ Keeps logs up to date				
Passenger Reception				
Good N/A				
1. Confirms identity/destination of passer	nger			
2. Present at entry door while boarding				
3. Greets passenger in a friendly manners				
4. \square Uses proper assistance techniques (Wh				
5. \square Assists passengers to and from the veh	icle door if needed			
5. □ □ Stops proper distance from curb				
7. \square Avoids use of AM/FM radio				
3. Uses correct ADA language at all time.	S			



DRIVER DEVELOPMENT/TRAINING REPORTING

Performance While Enroute
Good N/A 1. Driver uses correct posture when driving
30000
3. Appropriate uniform/footwear Driver and passengers use seathelts
4. Driver and passengers use seatbelts Driver and passengers use seatbelts
5. Driver gets out of vehicle and looks before backing
6. Adjust mirrors before moving vehicle. Keeps eyes moving
7. Signals entry into traffic every time. Leaves himself an out Nelso sure they see you
8. Moves vehicle smoothly while slowing braking and stopping. Make sure they see you
9. Telegraphs use of brake or flashers when
10. Squares corners when turning
11. □ □ Moves at appropriate speeds for current road conditions
12. Maintains following distance safety zone (4 seconds)
13. \square Uses proper caution at intersections
14. □ □ Anticipates stale green lights (slows down)
15. □ □ Seats passengers properly
16. □ □ Stops at all railroad crossings
17. \square Comes to a complete stop, leaving private property
18. □ □ Uses proper lane changing procedure
19. □ □ Stops behind line or plane at intersections
20. □ □ Observes proper communication procedures
21. □ □ Uses turn signals properly
22. Maintains order in vehicle
23. Maintains scheduled stops and pick-ups
24. □ □ Avoids unauthorized stops
25. Uses four second distance rule, adds seconds to following distance when driving
conditions changekeep safety cushion
Passenger Discharge
Good N/A 1. Uses parking brake when de-boarding passengers
when passengers request help) 3. Renders adequate assistance to wheelchair passengers
5. \square Follows passengers instruction for assistance when needed



DRIVER DEVELOPMENT/TRAINING REPORTING	3	
Comments:		
Course of Action (required/taken):		
Driver's Signature	Date	
Supervisor's Signature	Date	
Driver's Comments:		

DRIVER DEVELOPMENT/TRAINING REPORTING



RIDE CHECK: DRIVER EVALUATION

Driver Performance Evaluation Explanation

Passenger Reception:

The Driver...

- 1. Asks the name of the passenger and the destination before boarding, unless the passenger is a subscription rider.
- 2. Is available at the door to assist the passenger on or off the vehicle (if needed).
- 3. Acts courteously, offers help by asking, "May I help you" or "How may I help you?"
- 4. Follows guidance from the passenger, if help is needed.
- 5. Uses the passenger's instructions to assist in boarding and exiting the vehicle, if needed.
- 6. Stops the vehicle six (6) inches or four (4) feet from curb to keep passengers from falling off the vehicle as they load and unload. (This depends on the stopping or parking situation.)

Vehicle Condition:

The Driver...

- 1. Performs a pre-trip inspection and completely fills out the pre-trip inspection form starting the first run of the day.
- 2. Ensures the registration and insurance card are current and available
- 3. Has driver's license in possession and current route logs on person at all times.
- 4. Vehicle is clean on exterior.
- 5. Vehicle is kept clean inside at all times.
- 6. Nothing is on the dashboard, rear view mirror, or sun visors that could create a hazardous situation.
- 7. Safely attaches tie down straps into floor tracks, and uses the four-point tie down on wheelchairs.
- 8. Removes tie downs from floor after each use. Stores tie down straps in their proper place.
- 9. Seat belts/tie down straps are not tangled, missing or broken.
- 10. Checks fire extinguisher for serviceability and expiration date.
- 11. Checks the first aid and Bloodborne Pathogen Kits regularly (PPE) and resupplies when needed
- 12. Ensures web cutter and emergency triangles are available.



- 13. Has his Tablet and cell phone for proper communication between driver and dispatcher
- 14. Child seats are placed in vehicle properly and stowed when not in use.
- 15. Fills out Transit Vehicle Daily Inspection Sheet correctly, noting properly the defective items.
- 16. Keeps Tablet/logs up to date as trip is completed for each passenger.
- 17. Checks and acknowledges messages from dispatcher in a timely fashion.

Performance Enroute:

The Driver...

- Does not slouch in the seat while driving. Arms are not on our out of the window frame.
- 2. Both hands are on the steering wheel at the 9 and 3 or the 10 and 2 positions. Gets the big picture.
- 3. Wearing the proper uniform and vest appropriately, maintaining a neat appearance at all times.
- 4. Uses seat belt correctly and requires correct use of seat belt for all passengers.
- 5. Gets out and looks behind vehicle, for obstacles, before backing.
- 6. Adjusts mirrors before leaving base (for safety and visibility). Keeps eyes moving.
- 7. Uses signals for all maneuvers in traffic. Leaves an out.
- 8. Does not jerk the vehicle when stopping and starting. Uses the brakes without stomping or slamming (stops vehicle smoothly).
- Presses the brakes slightly to warn tailgaters to slow down or use flashers when coming to a quick stop.
- 10. Does not whip around corners. Slows down to 2 to 5 miles per hour when turning cornering. Positions vehicle for proper safe turns (squares the corner).
- 11. Does not travel too slow or too fast for conditions on the road for the posted speed limit.
- 12. Does not enter intersection without proper caution, uses the four second rule. Keeps safety cushion under control.
- 13. Slows down when green light has been green for sometime at a distance.
- 14. Slows down when approaching an intersection with a light that has been green for several seconds with the anticipation of the light changing.
- 15. Signals at proper distance for an intended turn. Cancels signal when maneuver is completed. Seats passengers according to ADA requirements.
- 16. Does not allow profanity or misbehavior in the vehicle.
- 17. Follows proper safety for all railroad crossings; when approaching an unmarked railroad crossing: Signals and moves vehicle into right lane, turns on emergency flashers and slows down, comes to a complete stop prior to white line (or at a safe distance), turns off heater or air conditioner, opens doors, looks both ways, listens for trains; if clear, closes the door, turns heater or air conditioner back on



- and proceeds cautiously across the tracks, turning the four-way flashers off once across the tracks.
- 18. Comes to a complete stop prior to leaving private property.
- 19. Checks mirrors, looks over shoulder, signals, moves into passing lane, signals and returns to proper lane. Leaves (himself/herself) an out.
- 20. Keeps on schedule safely but does not jeopardize safety for schedule. Contacts the **office number** if concerned about timeline.
- 21. Only transports passengers on route schedule. No unauthorized passengers or stops. Any changes to the schedule needs to be cleared with the office. <u>Drivers are not allowed to renegotiate their passengers with other drivers</u>. All changes are to be cleared by contacting the office, <u>Call</u> the office number.
- 22. Maintains safe distance when following some one in all weather conditions.

Passenger Discharge:

The Driver...

- 1. Uses the parking brake when loading or unloading passenger.
- 2. Stops the vehicle six (6) inches or four (4) feet from curb to keep passengers from falling off the vehicle as they load and unload. (This depends on the stopping or parking situation.)
- 3. Assists all passengers as required.
- 4. Does not leave elderly and disabled passengers unattended. Makes sure they are in the hands of caretakers or inside their homes/destinations before leaving the property.

PRÉVIDENCE >>> TRANSPORTATION

Driver's Manual

"The one thing that unites all human beings, regardless of age, gender, religion, economic status, or ethnic background, is that, deep down inside, we all believe that we are above-average drivers." - Dave Barry

Driver's Manual

(Sixth Edition)

1. Reporting to Work

All employees are required to be punctual and report to work on time. If you have been given a specific start time you are to arrive and be punched in no later than that specified time. You are to allow yourself sufficient time to gather paperwork, pre-trip your vehicle, and arrive at your first scheduled stop at least 15 minutes early to allow for possible delays.

2. Appearance

We expect our drivers to be neat in appearance. A neat appearance greatly impacts the way our customers view us and how our employees interact on the job.

Our employees will wear a prescribed uniform as a distinct reflection of our company and our service.

Proper grooming and hygiene is essential for all employees while performing their prescribed duties.

Each full-time driver will be issued 5 shirts by the company and each part-time driver will be issued 3 shirts. Other items may be issued in the future as we expand our business.

Each driver is required to wear either khaki pants/shorts, or blue jeans in good condition. Please ensure that your pants are loose enough to allow for movement and modesty (no yoga pants or leggings). In addition each driver is responsible for ensuring they wear a belt and appropriate work type shoes in good condition. All drivers are required to wear the neon vest provided by the company.

Should an issued uniform article be lost, stolen, or damaged beyond normal wear the replacement cost will be the responsibility of the employee.

If you report to work without the proper uniform, grooming, or hygiene, management reserves the right to ask you to return home without pay and to return when the appropriate uniform, grooming, and/or hygiene has been corrected.

Layers are to be worn under your uniform shirt, not over it. If your layered clothing extends beyond your shirtsleeves it should be black, white, blue or green in color. No other colors are authorized. The only article that should be worn over the uniform shirt is a reflective vest or the company issued jacket.

3. Tobacco and vaping products

It is important to know that every company vehicle is a smoke free vehicle. Under no circumstances is anyone, driver or customer, to smoke or vape in our vehicles. Should a customer be belligerent or adamant an attempt to smoke or vape inside the vehicle you are to immediately pull the vehicle over and tell the customer that you cannot continue with the transport until they have discontinued use of their smoking device. In addition, no chewing tobacco or dip is to be used on the vehicle by the drivers or customers.

The use of tobacco and vaping products is also prohibited within view of minors. If you are transporting minor children, you may not use tobacco or vaping products within view of the minor children.

4. Drugs and alcohol

The use of drugs and alcohol is strictly prohibited on company premises to include company vehicles. Similarly, any driver recovering from an illness or medical procedure and is using any kind of medication that may impair judgment or the ability to perform their job in any way, must check with management before operating a company vehicle. Drivers must submit doctor prescribed medical instructions permitting you to work and to operate a motor vehicle before you are permitted back on the road.

Illegal drugs of any kind are strictly prohibited. All employees are subject to random and just cause drug testing. Should any employee be found to be using an illegal substance their employment will be terminated.

5. Operating Company vehicles

When issued a company vehicle you are ultimately the sole responsible party for ensuring proper cleanliness and the general working conditions of the inside of the vehicle. Likewise, you are responsible for any equipment that has been issued to that vehicle. This includes, but is not limited to, wheelchairs, appropriate straps and locking systems, and any sensitive and non-sensitive pieces of company equipment.

You are responsible for insuring that the issued vehicle is clean both inside and, weather permitting, outside. The company is responsible for providing you with the necessary resources to clean your vehicle. You are, however, responsible for investing the necessary labor to ensure that the assigned vehicle is more than presentable to our customers.

Periodically, a member of management for proper cleanliness and general upkeep will inspect your vehicle.

a. Safe Operation

While operating any vehicle you will use your seatbelt at all times. This rule applies to company vehicles as well as personal vehicles so as to avoid traffic violations that could endanger your employment with the company. Under no circumstances are unauthorized persons to be in company vehicles. This includes friends and family. Additionally, under no circumstances is the company vehicle to be used for any purpose other than official business. Employees found violating the rules will face disciplinary action that may consist of, but is not limited to, fines, suspension, or employment termination.

You are to drive at a safe speed for the conditions of the road that are dictated by law. When embarking on a transport you're required to take the quickest, safest possible route to each destination and are encouraged to utilize the GPS provided for you on your tablet. You are not authorized to make any additional stops while traveling to/from and during your transport.

It is imperative that you communicate any current or potential problems with vehicles to management. Because you will be the primary operator of that vehicle you will have the first-hand knowledge of the operating condition of the vehicle. It is important that we know, as far in advance, of any problems so that we can work to prevent and correct these problems on or before the vehicles next regularly scheduled maintenance inspection.

At all times, on or off duty, you must ensure that you practice safe driving habits and that you are always compliant with the law. Any traffic citation or moving violation should be reported to management immediately. Any kind of citation or ticket can affect your employment with Providence Transportation. We reserve the right to terminate an employee's position as a result of excessive traffic violations.

The company reserves the right to terminate the employment of a driver based upon their motor vehicle report. Therefore, it behooves all employees to ensure that they practice defensive driving and avoid any traffic violations, citations, or tickets while on and off duty.

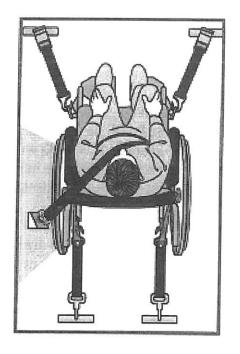
b. Defensive Driving

All Drivers are expected to drive defensively, following the **Five SeeingHabits:**

- **1. Aim High in Steering:** Look as far down the road as possible to uncover important traffic information to make appropriate decisions.
- **2. Get The Big Picture:** Maintain the proper following distance so you can comfortably determine the true hazards around your vehicle. Don't tailgate others.
- **3. Keep Your Eyes Moving:** Scan but don't stare. Constantly shift your eyes while driving. Active eyes keep up with changing traffic conditions.
- **4. Leave Yourself An Out:** Be prepared. Surround your vehicle with space in front and at least on one side to escape conflict.
- **5. Make Sure They See You:** Communicate in traffic with your horn, lights and signals to establish eye contact with motorists and pedestrians. Be reasonably sure of people's intentions.

c. Wheelchair and Passenger Securement

Wheelchairs are to be secured with four separate floor-mounted restraints at all times while the vehicle is moving. The restraints are to be secured to the corners of the chair, on the frame structure of the wheelchair, at an approximately 45 degree angle, not on the wheels or other parts of the chair. See diagrams below:



In addition to wheelchair securement, seat belts are to be used for securing wheelchair passengers at all times. A lap belt must be securely fastened around each passenger any time the vehicle is moving and a shoulder belt should be used as well, whenever possible.

d. Distracted driving

There are many things that can distract us while driving and cause us to operate our vehicles unsafely. Engaging in activities such as texting, emailing, playing games and using social media such as Facebook, Twitter and Pinterest are strictly prohibited while operating a company vehicle. In addition, cell phone use while driving should be kept to an absolute minimum. Cell phone use while operating a company vehicle is strictly prohibited unless you have a hands free device. However, even if you have a hands free device, you are prohibited from engaging in long, personal conversations while driving.

e. Moving Violations

At all times, on or off duty, you must ensure that you practice safe driving habits and that you are always compliant with the law. Any traffic citation or moving violation should be reported to management immediately. Any kind of citation or ticket can affect your employment with Providence Transportation. We reserve the right to terminate an employee's position as a result of excessive traffic violations.

The company reserves the right to terminate the employment of a driver based upon their motor vehicle report. Therefore, it behooves all

drivers to ensure that they practice defensive driving and avoid any traffic violations, citations, or tickets while on and off duty.

f. Fueling vehicles

Each employee is issued a company credit card for fueling purposes. Each time a vehicle is fueled it will be necessary for the driver to obtain a receipt. The odometer and vehicle # is to be written on the back of the receipt prior to turning it in. Fuel receipts are to be maintained in an envelope in your folder and turned in on a monthly basis. Label the envelope with the month, year and your name.

Your vehicle is to be fueled on a regular basis ensuring that you never run out of fuel. At the end of your shift you are to fuel the vehicle if it is at or below a half tank of fuel. You must ensure that you fuel your vehicle at the appropriate time such as downtime or after schedule transports. It is not appropriate to fuel your vehicle while transporting passengers. Drivers found violating any company fueling policies will face disciplinary action. Drivers found stealing fuel will be terminated and all necessary legal action will be taken.

g. Pre-trip/Post-trip

Pre-trip and post-trip Inspections are to be completed on your equipment daily. Prior to your first scheduled transportation you are to initiate a pre-trip inspection of the vehicle that you will be operating. This inspection is mandatory by the company and North Carolina DOT. This inspection must be performed daily to help ensure proper maintenance and the good working condition of the vehicle. As per North Carolina DOT inspection. These inspections must be conducted at the conclusion of each drivers shift. After completing your trips for the day the completed inspection sheets must be submitted for review.

h. Accident/Injury Reporting

The safety of our people, customers, and of the general public is of utmost importance to us. We train our employees to avoid injury to themselves and others in all phases of their work. We do not tolerate unsafe work practices.

Employees are required to immediately advise the company of any vehicle accident, injury, or situation presenting a danger or injury. This will assist us in preventing injuries or accidents and will ensure that appropriate medical attention and notification is provided.

Near misses are also to be reported when they occur. A near miss is defined as a situation where an accident or injury to an employee or a customer would have occurred without immediate intervention. By reviewing these situations we can assist others in avoiding future at risk situations.

Vehicle breakdowns are to be reported immediately to your manager. All vehicles are equipped with safety devices such as triangles and emergency flashers. If your vehicle breaks down, remove it a safe distance off the roadway, turn on your hazard flashers, and place your triangles behind your vehicle. Passengers should be left on your vehicle until another vehicle arrives, unless it is not safe to do so.

i. Backing

Backing your vehicle is the most dangerous maneuver you will make while driving, therefore we must approach backing with the highest degree of caution. Backing accidents are the most common motor vehicle accident and often the most deadly. The good news is that with planning and awareness, backing can be avoided and eliminated in most cases.

The following guidelines should be applied to every backing situation

- Do not back unless you have no other safe choice
- If you must back, you are to back first into the area when you first arrive before dropping off or picking up passengers so that once you have completed your assignment, you are pulling forward as the first action.
- We will continue with the GOAL, (get out and look) policy.
- Use an adult spotter when backing if available
- Passengers safe. Make sure all passengers are safely inside destination before backing
- Check Carefully Before backing check carefully in all directions including the rear
- Back no further than necessary
- Back slowly move eyes, don't fate on an object
- Look, think, and plan. Look high and low and scan for any potential hazards

j. Keeping company vehicles at home

In some cases, you may have the opportunity to keep a company vehicle at your home. Company vehicles are very important assets and must be taken care of. Being able to keep one at your home is a great convenience and carries with it a large responsibility as well as a few additional guidelines. The following items must be adhered to in order to keep a company vehicle at home.

- The vehicle cleanliness, both inside and outside is the sole responsibility of the driver.
- The vehicle must be washed every week or more often when conditions require.
- The interior must be kept free from trash and excessive personal effects.
- The interior must be swept regularly, and the floors must be mopped weekly.
- The vehicle must be left in a secure location.
- The vehicle must not be used for personal use.

- No unauthorized passengers are to ride in a company vehicle.
- You must have access to a jump box or jumper cables capable of jumping vehicle

Since you will be starting the day and ending the day at your home it is important to have a policy that identifies when your hourly compensation starts and ends. In the interest of fairness and consistency to both the employee and the company, the following policy will be enacted for employees that take vehicles home.

Your hourly compensation begins at your start time, at your home. You will be paid for all time driving from your home, to your work area and first pick up. Your hourly compensation ends after you drop your last rider and complete a post trip inspection of your vehicle (maximum 5 minutes). You will not be compensated hourly for your drive home.

You should not come to the office at the end of your day unless requested to do so by management or dispatch, however, you will be required to come to the office once per week to drop off paperwork and have your vehicle inspected.

Your lunch period must be taken on location to minimize deadhead miles.

If you are unable to work on any given day due to vacation, sickness, or other reasons, you will be responsible for bringing the vehicle to the office for someone else to use in your absence. You will also be responsible for getting yourself home.

If the vehicle needs maintenance, notify management as soon as practicable and management will work with you to swap your vehicle out for a different vehicle. Keeping a company vehicle at home is a privilege and the determination is at the sole discretion of the company. This privilege can be taken away at any time without notice or reason.

k. Unauthorized stops

Providence drivers are not to make any unscheduled stops while transporting a passenger. This includes stopping for fuel or taking a break.

6. Customer Interaction

You are to be as accommodating as possible with your passengers without allowing them to take advantage of you or delay your appointments. You should be ready and willing to help passengers get into and out of the vehicle and should also be available to assist wheelchair passengers into and out of their homes.

As a representative of Providence Transportation you are responsible for maintaining good conduct at all times while in and out of area facilities and hospitals. When entering any facility you will be courteous, tactful and polite toward staff, residents, patients, and visitors. All employees are encouraged to be friendly

and promote friendships with the staff of each facility. A lighthearted nature is encouraged, however, it is important that each company representative maintains a high degree of professionalism at all times.

7. Foul, abusive or offensive language

The use of foul, abusive or offensive language is never acceptable while on duty as a Providence Transportation employee.

8. Client Emergencies

In the event of an emergency, immediately contact 911 and provide them with location, type of vehicle, number of passengers and immediate medical need. Then contact dispatch to notify them of the situation. The operations supervisor or the owner will respond to the location to provide support as needed. If needed an additional vehicle will be dispatched to provide transportation for other passengers.

9. Service Delays

Our customers appointments are usually time sensitive. It is important for our customers' peace of mind, as well as our reputation, for us to be prompt and get them to their appointments on time. Sometimes you will have unforeseen delays in your schedule. When this happens it is important that you notify your manager as soon as possible so that we can respond and provide the necessary assistance to get you back on track.

10. Confidentiality

It is important that you are mindful of your conduct and your surroundings. You must be conscious of who can see and hear you and that you are careful with your conversations. To avoid any apprehension on the part of the patient it is necessary to always ensure that you keep patient information in strict confidence.

All company employees are responsible for maintaining the patient's right of confidentiality. The condition or information of any patient is not to be discussed in public. Furthermore, patients and/or family members are not to hold onto any charts or medical records. Should a patient wish to review their records it is necessary for them to consult with their physician or nurse prior to obtaining the records.

As previously mentioned, as an employee of Providence Transportation, it is of the utmost importance that you extend a high level of courtesy and respect to all customers and passengers. Because there is a high probability that we will be transporting many of our customers again we encourage you to introduce yourself to each customer. When addressing a customer it is professional to address him or her as Mr. or Mrs. Rather than by their first name. Also, feel free to converse with the customers when appropriate as most passengers are friendly and will be interested in speaking with you. However, while driving it is important to ensure that you're not distracted from your driving priorities. As a driver, you must be alert to all road conditions and maintain control of the vehicle at all times. Therefore your conversation inside of the vehicle should be limited.

11. Break and down times

Break period: Drivers are required to take a 30 minute unpaid break daily. This break may be taken all at once or it may be split up at different periods throughout the day. 30 minutes may be exceeded if schedule allows. Due to the unpredictable nature of this industry break times will vary daily. The first 30 minutes of the workday with no scheduled work should be taken as the daily unpaid break period. Breaks are not to be taken while a customer is on board.

Down time: Down time is unpaid time and is incurred for any extended period of time without scheduled work. When down time of 1 hour or more is anticipated, drivers are to contact the office for instruction.

Split Time: Split time is intended to help offset the "down time" incurred when a driver has nothing scheduled for one hour or less between transports. When a driver is on split time he or she will be paid for half of the time they are waiting for their next trip. When a driver drops off a client and there is no additional work for the driver to do for up to 1 hour, the driver should go to split time for the waiting period.

12. Working hours

Employees are expected to be available to work a full day's shift each day. They are to work as directed by management until the completion of their duties. All employees are expected to work in the best interest of the company at all times.

Work schedules are based on the requirements of the operation. The normal work schedule for hourly paid employees will be eight (8) hours with 1/2 hour minimum (unpaid) lunch. However, some days may be longer or shorter depending on customer demands.

There may be times when schedule changes are necessary due to absenteeism, operational concerns, and changes in service or other business needs. Management will advise you of any necessary scheduling changes.

Accurate time records are important. If you are compensated on an hourly basis, this time card is the record from which your pay will be calculated. It is important that the information submitted is accurate.

13. Overtime

Management reserves the right to schedule overtime as necessary to meet the operational needs of the business. Overtime hours will be limited to no greater than 45 hours in a workweek, with the exception of unusual circumstances. Overtime will be paid to non-exempt employees for all hours worked in accordance with state and federal law. Only actual hours worked are considered for the calculation of overtime pay. If an employee is found to be exempt from overtime by state or federal labor law, all hours worked will be paid at straight time.

14. Attendance

Prompt and regular attendance is an important part of an employee's responsibility. Faithful attendance is essential to the efficient operation of the company. When employees are absent from work, it hampers our ability to service our customers and places an extra workload on coworkers.

The company realizes that absences due to illnesses or other important events are inevitable. This attendance policy is intended to control unnecessary absenteeism and tardiness, and to ensure the fair treatment of all employees. It is imperative when an employee is absent from work for consecutive days they call daily and speak with a member of management to update him/her on the amount of time they will be out of work.

- Requested Time Off: If an employee needs time off from work on a regularly scheduled work day, then he/she needs to submit a Time Off Request Form two weeks prior to the requested date and time.
 Submission of a Time Off Request Form does not guarantee approval for the day(s) requested. Each request will be handled in a "First-come, first-serve" basis and the final approval or denial will be at management's discretion.
- Absence: When an employee is not at work on a scheduled workday. A
 scheduled workday includes days that are not part of the normal
 scheduled workweek but are deemed by the appropriate manager as
 necessary in order to accomplish necessary tasks.
- Tardy: Reporting to work any time after your scheduled start time
- Leaving Early: Leaving work before the end of your scheduled work shift or completion of your work assignment.

Occurrence:

- **a)** Each scheduled workday or consecutive workdays you are absent will be counted as a separate occurrence.
- b) Each time you are tardy will be a separate occurrence
- c) Each day you leave work prior to the end of your regularly scheduled shift or completion of your work assignment will be counted as a separate occurrence
- d) A doctor's note is required for any absence greater than 2 days.

Application of attendance policy

An employee's attendance record will be reviewed on a continuous basis. Each employee will be monitored over a rolling 12 month period. Four (4) occurrences will result in a verbal counseling session, (5) occurrences within a rolling 12 month period will result in a written counseling session. Six (6) occurrences could result in termination.

Exceptions

Absences for the following reasons will not be counted as occurrences:

- Jury duty
- o Subpoena-mandated court appearance
- Approved funeral leave
- Military leave

Other <u>approved</u> absences

An employee will be assumed to have resigned should he/she fail to personally notify management of an absence for three (3) consecutive workdays, or if an employee walks off the job without authorization.

15. Theft and dishonesty

Due to the nature of our business employees may be required to handle money on behalf of the company and to carry a company credit card. All payments entrusted to an employee are to be turned in at the conclusion of their shift. Company credit cards are to be used for purchasing fuel for the company vehicle or other authorized items only. In addition, all employees are required to record their time accurately on their time card each day. If any employee is found to be dishonest in the handling of company payments, resources, or reporting, appropriate discipline will be issued, up to and including discharge.

16. Employee conduct and discipline

Providence Transportation has set reasonable conduct guidelines. These guidelines allow us to coordinate a variety of activities within our organization and to provide a safe working environment for our employees and customers.

All Providence Transportation employees are expected to meet and maintain an acceptable level of job performance and adhere to all company policies. In the event an employee exhibits poor job performance, does not meet an acceptable level of performance, or demonstrates inappropriate behavior or conduct, the company may use any or all of the following:

- Verbal coaching and counseling
- Documented verbal warnings
- Formal written warnings
- o Suspension
- Termination

It is our policy to treat all employee performance and discipline issues in a fair and consistent manner. In most cases, each employee will be advised of the incorrect behavior and given the opportunity to correct the problem. It is generally our practice to offer counseling and coaching to an employee, however, this is left to the discretion of the manager.

The following violations are considered serious violations and could result in immediate termination:

- o Failure to submit to a drug test
- o Failure to pass a drug test
- o OMVI or DWI conviction
- Negligence resulting in a passenger injury or serious auto accident
- o Insubordination
- Workplace violence
- Dishonesty
- Sexual Harassment

- Felony conviction
- Theft of company or customer property
- Failure to report to work for 3 consecutive days without acceptable written documentation

17. Integrity

We insist upon integrity in our people. Integrity is fundamental to how we run our business and essential to maintain compliance with our policies and legal requirements.

Operating with integrity means that we provide an atmosphere in which our people can perform their jobs in an ethical manner. We present our company honestly to our employees and expect them to be honest with us.

We require our employees to be of high moral character. However, when we discover a dishonest person in our organization, we deal with that individual quickly and firmly. For our company to be known for its integrity, each one of us must meet high standards.

18. Workplace Violence

We prohibit violent behavior including but not limited, physical assaults, fighting, threatening comments, intimidation, and the intentional or reckless destruction of company, employee, or customer property. Any comments or behavior that reasonably could be interpreted as intent to do harm to people or property will be considered a threat.

19. Pay procedures

Employees are normally paid weekly. Direct deposit is mandatory for all employees. Any disputes over paychecks should be brought to the attention of management immediately.

20. Employment

Your employment at Providence Transportation is considered to be "employment-at-will." In the event that you decide to resign your position please seek out your supervisor and provide a minimum two (2) week notice so the company can make arrangements to find a replacement. Employees who leave in good standing will be given consideration if they wish to return to work at a later date. All company property in an employee's possession, including uniforms, credit cards and keys, must be returned upon separation.

21. Performance Reviews

We conduct regular reviews of our people to evaluate their performance. We provide frequent feedback in regards to performance towards company objectives.

22. Non-dissemination of proprietary information and confidentiality

Employees of Providence Transportation shall not share any proprietary information with any party not affiliated with Providence Transportation except in

the regular course of business with the employer's approval. Proprietary information shall include, but not be limited to, customer lists, client lists, patient lists, fees, rates, client information, patient information, income related information, and all other information protected by the employer and shared with the public. This provision shall be enforceable at law or in equity, including but not limited to, the imposition of injunctive relief against employee. Employer shall be entitled to compensation for any and all costs and expenses incurred in enforcing this provision, including reasonable attorney fees. This restriction shall be enforceable for a period of two (2) years from the date of termination.

23. Driver Job Description

Role and Responsibilities

 Role: Providence Transportation provides non-emergency medical transportation to people who go to medical appointments and other destinations. Our drivers are compassionate, caring, reliable and responsible individuals charged with getting clients with mobility challenges to their destinations safely and on time.

o Job Responsibilities:

- Show up to work in a timely manner
- Receive client trip information from a manifest and from an Android based Tablet.
- Drive clients to their destinations on time using the vehicle provided by the company
 - Company fleet includes: minivans, vans and small buses (no CDL required).
- Assist ambulatory and non-ambulatory clients as they get into and out of the vehicle
- Safely and correctly secure wheelchairs using the wheelchair securement system.
- Report back to the dispatcher when clients have been dropped off at their destination
- Report traffic delays en route back to dispatcher
- Report any incidents or accidents to the dispatcher or supervisor
- Able to maneuver both standard and electric wheelchairs
- Operate wheelchair lifts
- Capable of doing routine pre-trip and post-trip maintenance inspections
- Maintain the cleanliness of their assigned vehicle
- Adhere to company policies, protocols and driver's manual

Physical Demands:

- Work is performed while standing, sitting and/or walking
- Requires the ability to communicate effectively using speech, vision and hearing
- o Requires the use of hands for simple grasping and fine manipulations
- o Requires bending, squatting, crawling, climbing, reaching
- Requires the ability to lift, carry, push or pull medium weights, up to 50 pounds and maneuver wheel chair clients up to 400 pounds
- Requires the ability to manually operate the Wheelchair lift if necessary

Qualifications and Education Requirements

- Must have previous customer service experience with a good track record of assisting customers in a thoughtful, caring and timely manner
- Must have a great work history with a track record of being a reliable responsible individual (must provide references from previous employer (s))
- o Must possess a valid North Carolina Drivers License
- Must have a clean driving record with no more than 2 points in the last 5 years
- Must pass a criminal background check with no felonies or serious misdemeanors
- Must pass a pre-employment drug test and must be pre-subjected to just cause and random testing annually
- Must have a high school diploma or GED

Preferred Skills

- o Know how to keep a level head in a busy environment
- Must be flexible with an ever changing schedule
- Must be passionate about helping people
- Great communication skills
- o A good working knowledge of the Piedmont Triad area is a plus
- Able to drive in inclement weather conditions
- First Aid/CPR certification a plus but not required (we will train and certify you if needed)

Additional Notes

The candidate for this position will be a great communicator, enthusiastic about the opportunity and have experience in customer service. Training will be provided and regular performance reviews conducted.

If at any time an applicant fails in any of the listed qualifications, the applicant is subject to immediate dismissal at the employer's discretion. It is the applicant's responsibility to inform the employer, Providence Transportation Inc, if any event has occurred that may jeopardize the employee's standing in regard to his/her employment with Providence Transportation Inc.

By signing below, the applicant acknowledges having read and understood the job description provided for the position of driver with Providence Transportation Inc., and knows of no medical condition that would prevent them from being capable to perform the expected job responsibilities and agrees to adhere to the responsibilities, qualifications and preferred skills needed for the position of driver with Providence Transportation Inc.

Statement of receipt of Driver's Manual

I hereby acknowledge receipt of the Driver's Manual. I certify that I have read and fully understand the rules and procedures contained in it. I acknowledge my full responsibility to follow them faithfully in all respects.

Name:	
Signature:	
Date:	

This Driver's Manual was updated 02/26/2020. This is the sixth edition and supersedes any previous manuals and procedures of the Providence Transportation Driver's Manual.

Re: After Action Approach

No Backing Certification.pdf (1.5 MB)

Kara,

After reviewing everything that we know about this tragic accident we believe the driver could have avoided this entirely had he followed the policies in which he was trained. However, we are going to amend our current policies to make them even stronger and ensure compliance by retraining our workforce and performing on-area observations throughout the year.

Our training

Client drop offs: Current training states "Make sure passengers are safely inside destination before leaving property

I think this is very clear and does not need to be changed. Although we are going to add this to our backing certification that will be explained below.(See attached)

Backing: Our current backing training reads as follows:

Backing the vehicle can be very dangerous and should only be done when absolutely necessary. If you must back the vehicle, you should do the following:

- If possible, get out of the vehicle to assess any hazards/obstacles "GOAL" = Get Out And Look!
- 2. Use an adult 'spotter' to alert you to possible hazards
- 3. Before backing, check carefully in all directions, including the rear

As you can see we have a backing policy that discourages backing but we will add to our current policy on backing and put more emphasis on NOT backing.

- Do not back unless you have no other safe choice
- If you must back, you are to back first into the area when you first arrive before dropping off or picking up passengers so that once you
 have completed your assignment, you are pulling forward as the first action.
- We will continue with the GOAL, (get out and look) policy.
- Use an adult spotter when backing if available
- Passengers safe. Make sure all passengers are safely inside destination before backing
- Check Carefully Before backing check carefully in all directions including the rear
- Back no further than necessary
- Back slowly move eyes, don't fate on an object
- Look, think, and plan. Look high and low and scan for any potential hazards
- A backing certification will be created and implemented into our initial and annual training. I have attached a copy of this certification for your review.
- This certification will be administered through verbal training and through observation by a supervisor.
 The certification will be signed off and placed in the drivers file.

These policy enhancements should eliminate a very high amount of backing conditions and make the conditions safer when we do still have to back.

I will also be looking into the feasibility of installing backup cameras into our vehicles. This may take some time to find a system that is compatible with all of our vehicles that doesn't pose any other safety concern with how it is installed and monitored.

I believe that if we heighten our awareness around these policies by retraining and certifying every driver, we will eliminate this from ever happening again. We began the retraining process with our driver "safety stand down" meeting last night.

We continue to pray for everyone involved. Our hearts are truly broken over this tragic event.

Dave Stevens
Providence Transportation
Office 336-472-RIDE(7433)
Mobile 336-508-6322
Fax 336-472-5668
Dave@providencetransport.com
http://www.providencetransport.com

No Backing Certification



Employee Name (Print):

This document serves as an initial, refresher, or annual certification for the Providence Transportation Driver in the area of backing up a company vehicle. The employee fully understands and is capable of applying all practices and polices to avoid backing in all circumstance unless absolutely necessary.

No Backing	YES	NO	N/A
Do not back - unless you have no other safe choice			
Back First - If you must back, you are to back first before dropping off or picking up passengers so that once you have completed your assignment, you are pulling forward as the first action.			
GOAL (get out and look) - If possible, get out of the vehicle to assess any hazards/obstacles. Do a complete walk around your vehicle			
Spotter – if available use an adult 'spotter' to alert you to possible hazards			
Passengers Safe - Make sure all passengers are safely inside destination before leaving property			
Check Carefully - Before backing, check carefully in all directions, including the rear			
Back no further than necessary			
Back Slowly – move eyes, don't fixate on an object			
Look, think and plan. – Look high and low. Scan area for any potential dangers			

Comments:		
Employee Signature:	Date:	
The certifying official acknowledges that the Driver has completed all required training contained within this form and is fully capable of complying with the No Backing policy.		
Print Name:	Title:	
Signature:	Date:	







March 25, 2020

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

Dear Ms. Rodriguez:

Please find enclosed the plan of correction required per your complaint survey completed March 5, 2020 at The Workshop of Davidson. Thank you for your assistance during this review.

Sincerely,

Executive Director

DHSR-Mental Health

MAR 2 6 2020

Lic. & Cert. Section

Mailing Address P.O. Box 906 Lexington, NC 27293-0906

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