Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed March 24, 2020. The complaint was substantiated (intake #NC00161684). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	DHSR-Mental Health APR 2 1 2020 Lic. & Cert. Section	
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110	V110 The QIDP in-serviced staff on the following: Client specifics for all clients, notifications for all incidents, when to call 911, complying with law enforcement requests, and RHA AWOL Policy. An Emergency Response Plan was implemented immediately which provides staff with names and contact information for identified team members who can respond to the home to assist within a 15 minute time frame. The team met to trend incidents, and additional staffing was added at shift exchange overlap to provide additional supervision. A Team Meeting will be held for all critical incidents and determine if additional staffing will be needed. The QIDP will notify the Administrator when an incident occurs to determine staffing patterns. The QIDP and Home Manager will discuss all community outings to determine	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 110	Continued From page 1	V 110		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure 2 of 5 current staff (Staff #2 and Staff #3) demonstrated the knowledge, skills and abilities required by the population served.
The findings are:

Review on 3/20/20 personnel records of Staff #2 and Staff #3 revealed:
-Staff #2's hire date was 11/15/19 and Staff #3's date of hire was on 12/2/13;
-A printed in-service training sheet titled "911 Decision-making," dated 12/17/19, and led by a Registered Nurse had Staff #2's signature on the training sheet that indicated his attendance in the training;
-There was a list of scenarios that provided staff instructions regarding when they needed to call 9-1-1 and when they were to notify the facility's administrative and nursing staff;
-Number 6 on the list was the statement, "When there is no additional staff for supervision during AWOL(Absence Without Leave) behavior, call 911 immediately once the person is out of sight;"
-Staff #3's signature was not on the 12/17/19 training sheet.

Review on 3/19/20 of a printed 11/26/19 facility staff meeting roster and agenda revealed:
-Staff #2 and Staff #3's signatures were on the roster, which indicated they reviewed facility procedures when calling the local 9-1-1 communication service;

V110 -Continued

appropriate staffing for the outing. The Regional Vice President and Administrator provided the police department with contact names, numbers, and locations for all group homes in the area to improve communication and reporting of incidents. The clinical team will complete assessments and observations to ensure staffing is adequate, and client specifics are being followed. The Regional Vice President and Adminstrator will montior all Nursing On Call Reports and critical incidents to ensure all incidents are addressed according to procedures and policies outlined above. In the future the QIDP and Administrator will ensure staff are trained and implement client specifics, when incidents occur treatment strategies are developed to meet client needs, and staffing is in place to meet client needs.

By: April 16, 2020

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 110	Continued From page 2	V 110		

-The meeting was conducted by the Qualified Professional (QP);
-There were individual client status notes included with the meeting agenda that revealed:
-Client #1 was showering and there were no "big issues to report;"
-Client #2's behaviors had decreased and there were no issues with setting fresh fruit out as requested by his care coordinator;
-Client #3's treatment plan was reviewed;
-The staff meeting notes included the QP's statement that the Home Manager (HM) or QP should be contacted if additional staffing was needed;
-This statement about additional staffing request was included in the 10/23/19 meeting notes;
-Staff #3 attended the 10/23/19 staff meeting as indicated by her signature on the attendance roster.

Review on 3/20/20 of the facility's written and undated emergency response plan revealed:
-In the event of an emergency such as a severe behavioral episode or "any situation that would result in serious injury or death of a resident," the staff person was to call 911 and notify a team member to aid them on-site.

Reviews from 3/10/20 to 3/23/20 of Client #1, Client #2 and Client #3's records revealed:
-These clients had their admission date on 12/21/13;
-Client #1's written behavior data sheets had approximately 6 undated entries prior to the 2/28/20 entries that were completed by Staff #1;
-These entries included his behaviors of verbal and physical aggressions (he threatened to punch a housemate, punched the van window and ripped pages from a program book) and he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 110	Continued From page 3	V 110		

placed the safety of himself and others at risk when he opened a van door on a local highway while being transported at 55 miles per hour with his housemates and he threw papers into ongoing traffic;
-They each needed "continuous" supervision due to behaviors that included elopement.

Review on 3/9/20 of written and printed facility incident reports from the period 10/1/19 to 3/9/20 for Client #1, Client #2 and Client #3 revealed:
-Client #1 had 1 elopement incident that occurred on 2/28/20;
-Client #2 had 3 elopement incidents with each incident having occurred on 10/16/19 at 2:30 pm, 11/1/19 at 8:30 am and 3/1/20 at 3:06 pm;
-Client #3 had 2 elopement incidents with each incident having occurred on 10/26/19 at 10:00 am while he was on a community outing and he walked away from Staff #3, and on 11/12/19 at 12:05 am when he ran out the front door of the facility with Staff #5 having called 9-1-1 for assistance to be returned to the facility.

Interview on 3/9/20 with Client #2 revealed:
-He walked off from the facility about 2 weeks ago and he went to a local hospital;
-Staff #2 was working at the facility in the afternoon when he walked away;
-Staff #2 did not know he had left out the kitchen door and from the garage;
-Client #1 broke the door alarm to the kitchen door.

Interview on 3/9/20 with Staff #2 revealed:
-He worked as direct care staff at the facility for 4 months;
-His duties included medication administration, meal preparation, ensuring Client #1, Client #2 and Client #3 ran their daily goals, and he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 110	Continued From page 4	V 110		

completed daily client behavior data sheets and client progress notes;
-His first week of employment included being trained on the company's policies and he reviewed Client #1, Client #2 and Client #3's treatment books and their medication administration records;
-He was still learning the 3 clients' treatment goals and their behavior support plans;
-"All the clients require staff supervision all the time;"
-He provided a detailed verbal account of Client #1's verbal and physical aggression at the facility which he believed occurred on 2/28/20 or 2/29/20;
-He stated he did not know whether Client #1's elopement to a local store occurred the same date of his verbal and physical aggressions;
-Client #2 walked away on his shift 1 to 2 weeks ago, walked to a local store below the facility, called 9-1-1 and was taken to a local hospital where he could be fed;
-Client #2 had a food obsession and his elopement was because he was "food-seeking;"
-He did not disclose information about his contact or communication with local law enforcement about Client #2's elopement;
-When a client walked off from the facility, the protocol for staff to follow was:
  -administration was called first, followed by the HM, and then the QP if the HM could not be reached;
  -staff was to follow the client who was walking away to keep them in sight and try to get the client returned to the facility;
-When Client #1 walked away from the facility the end of 2/2020, he called administration and the HM about Client #1's elopement;
-He followed Client #1 to a nearby store, where Client #1 was allowed to purchase coffee when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 110	Continued From page 5	V 110		

he did not have enough money to buy cigarettes;
-He had no problem getting Client #1 to return to the facility with him;
-He did not disclose that Client #1 continued to have escalated behaviors of property destruction and threatening his housemate after he was returned to the facility.

Interview on 3/10/20 with Staff #3 revealed:
-She worked as a direct care staff at the facility for about 7 years;
-Her duties varied to the 3 clients depending on the shift she worked;
-Client #1, Client #2 and Client #3 had "some" level of developmental disability as one of their diagnosis;
-Each of these clients had to be monitored by staff due to their behaviors of walking away and aggression;
-Client #3 had increased dementia and had become more forgetful;
-With regard to Client #1, her statements included:
-"We have to call [the HM] and she tells us to follow [Client #1] and make him come back;"
-"We get the other 2 guys in the vehicle and go follow him and make him come back;"
-On 10/26/19 at 10:00 am, Client #3 walked out of a store and away from her sight while Client #1 and Client #2 were looking at watches and Compact Discs (CDs);
-She "immediately" looked for him and notified the HM and local law enforcement;
-He was gone for about 30 minutes before he was returned to her by law enforcement.

Interview on 3/20/20 with local law enforcement revealed:
-Regarding the 1st incident (3/1/20) that involved Client #2, he asked Staff #2 for the name of a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 110	Continued From page 6	V 110		

person in charge of the facility and a contact telephone number to give to the hospital for when Client #2 was ready to be discharged;
-He asked for a telephone number 6 times before Staff #2 provided his cell phone number;
-He was concerned because Staff #2 was not aware Client #2 had been absent from the facility for about 30 minutes before he notified Staff #2, and Staff #2 did not want to provide him with the contact information of a person who was in charge of the facility;
-Regarding the 2nd incident (10/26/19) that involved Client #3, Staff #2 did not want her supervisor notified and she did not provide him with a telephone number when he requested this information;
-He was concerned that Client #3, who he understood had dementia, had been gone 1-2 hours before he was located;
-He was concerned about the elopements of Client #2 and Client #3 and that staff were not forthcoming with their information when he requested information;
-"They knew they weren't doing what they were supposed to (supervising the clients) and did not want anyone to know."

Interview on 3/20/20 with the QP revealed:
-Staff #2 and Staff #3 had been trained to call 9-1-1 when a client walked off and was out of their sight;
-She reviewed the emergency response procedures about calling 9-1-1 in house staff meetings in 11/2019;
-Staff on duty had the option to call the HM who lived within 5 minutes of the facility if additional staffing was needed when one of the clients had a behavior;
-Staff were informed of this option in monthly staff meetings;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 110	Continued From page 7 -Staff were to call 9-1-1 when a client went missing and to remain with the other clients in their care. This deficiency is cross-referenced into 10A NCAC 27G .0205 (V112) for a Type A1 and must be corrected within 23 days.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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 obtained.	V 112	V112 Cross Reference V110	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 8	V 112		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to develop and implement treatment strategies to address the client needs affecting 3 of 3 clients (Client #1, Client #2 and Client #3). The findings are:

CROSS-REFERENCE: 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110)
Based on record review and interview, the facility failed to ensure 2 of 5 current staff (Staff #2 and Staff #3) demonstrated the knowledge, skills and abilities required by the population served;

CROSS-REFERENCE: 10A NCAC 27G .5602-Staff (V290)
Based on record review, observation and interview, the facility failed to staff the facility to meet the individualized needs for 3 of 3 clients (Client #1, Client #2 and Client #3).

Reviews from 3/10/20 to 3/23/20 of Client #1's record revealed:
-Date of admission: 12/21/13;
-Diagnoses: Mild Intellectual Developmental Disability (IDD), Major Depressive Disorder-recurrent, moderate, History of Pedophilia, Nicotine Dependence, Chronic Obstructive Pulmonary Disease (COPD), Hyperlipidemia, Gastro-esophageal Reflux Disease, Constipation;
-History of behaviors included elopement as a "major concern," verbal and physical aggression toward staff and peers (cursing, threatening staff with a screwdriver, throwing objects, breaking facility property), inappropriate behaviors toward children and women (staring at children, touching females inappropriately and making inappropriate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 9	V 112		

sexual comments), defiance (refusal to take medication and/or take showers);
-His 2/1/20 treatment plan included:
-his need for "(staff) eyes on supervision at all times;"
-a statement that, "Elopement is a major concern for [Client #1];"
-his one-to-one (1:1) staff support service, which was provided at his vocational program but was not provided at the facility to help him process his coping skills if he became frustrated, aggressive and/or tried to destroy property;
-his list of approved rights restrictions included:
-a smoking schedule of 1 cigarette every 2 hours due to his worsening COPD symptoms;
-sharp objects (scissors and knives) were locked;
-locks were placed on the refrigerator and food pantry;
-alarms on the windows and doors;
-locked tools (screwdrivers);
-His short-term treatment goals and staff strategies included:
-supervision by staff while in the community;
-refraining from property destruction with staff-provided monitoring, verbal direction, and reminders he had to pay for damaged property;
-improving his personal hygiene by daily showering with staff-provided verbal prompts, supervision, monitoring, and to refer to his behavior support plan (BSP) if he refused to shower;
-His 1/8/20 BSP, which was completed by a Licensed Psychological Associate (LPA) included:
-his scheduled smoking schedule of 1 cigarette every 2 hours;
-loss of scheduled outings aimed at reducing his negative behaviors;
-his smoking opportunities were to be delayed 20-30 minutes if he had inappropriate smoking

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 10	V 112		

behaviors such as attempts to smoke outside his scheduled smoking times;
-recommended staff strategies when he became upset included active listening, offer alternatives, state exactly what was expected, use of a "wait time," and respond in a way that did not maintain a problem behavior;
-a statement that "[Client #1]'s behavior has improved and that he rarely has behavioral issues at this time;"
-There were no goals or treatment strategies in his treatment plan or BSP that:
-addressed the "major concern" of his elopement from the facility;
-indicated his loss of smoking opportunities as a consequence of uncooperative behaviors.

Reviews from 3/10/20 to 3/20/20 of Client #1's written behavior data sheets revealed:
-There were approximately 6 undated written entries that were completed by Staff #1 of verbal and physical aggressions;
-These undated entries included an explanation that he was upset over the loss of an outing;
-He was verbally redirected by Staff #1 to cease his behaviors, which included being told his radio would be locked up "due to his plan saying he can only own 1 (radio) and he already has 1;"
-His rights restriction did not include a reference to how many radios or electronics he was allowed to own or have in his possession;
-There were written behavior data entries dated 2/28/20 and which were completed by Staff #1 and Staff #2 that showed Client #1's behaviors escalated through the day:
-6:00 AM, at the facility, he was not allowed to smoke a cigarette because he refused his 6/27/20 shower;
-10:00 AM at his day program, he had inappropriate behaviors toward a female;

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 11 -3:00 PM at the facility, he became irritable when he was redirected by Staff #2 from his request for coffee and a cigarette to get his laundry from downstairs; -He responded by having "slung" objects in the office onto the floor, tried to destroy the house telephone, cursed and punched Staff #2 twice with his 3rd punch blocked by Staff #2's forearm, broke a clock, and destroyed a kitchen pantry door and pantry shelves; -He was redirected by Staff #2 to "calm down and clean up his mess of broken glass and he could have his cigarette and coffee;" -At 3:50 PM, he left the facility, walked to a local store to buy cigarettes where he was returned to the facility by Staff #2 with Staff #2's note entry that there were "no problems after that." Review on 3/19/20 of printed progress notes for Client #1 on 2/28/20 and on 2/29/20 revealed: -The notes dated on 2/28/20 at 3:00 PM and on 2/29/20 from 1:00 PM to 7:00 PM were not initialed or signed by a staff; -The 2/28/20 note included additional information that upon Client #1's return to the facility from having eloped, he continued to have escalated behaviors that included property destruction (he broke bricks off the front of the facility), verbal aggressions (verbally threatened Client #3 with violence and continued to curse Staff #2) and defiant behaviors (he refused his evening medications and dinner meal); -The 2/29/20 note entry from 1:00 PM-7:00 PM included Client #1's mood to be "unstable" and he refused his medications until he was told he could have his coffee and cigarette; -At 6:00 PM, he refused his dinner meal and this refusal resulted in a loss of his 6:00 PM smoking time.	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 12 Review on 3/20/20 of the Qualified Professional (QP)'s written notes from Client #1's BSP meeting that occurred on 3/18/20 revealed: -The participants in this meeting were not identified; -His BSP and behavior data that had increased property destruction, increased sexual behavior, and increased aggression were reviewed; -There was a discussion of adding restraints to his BSP due to his hitting staff; -The QP planned to talk with Client #1's guardian about her thoughts on revising his BSP. Reviews from 3/10/20 to 3/23/20 of Client #2's record revealed: -Date of admission: 12/21/13; -Diagnoses: Mild IDD, Schizophrenia, Attention-Deficit Hyperactivity Disorder (ADHD), Compulsive Disorder, Tourette Syndrome, Tachycardia, Hyponatremia, Dysphagia, Severe Obstructive Sleep Apnea, and Obesity; -History of behaviors included kicking and punching property and animals, stealing food, inappropriate comments, gestures toward others and touching others without permission, elopement, and hearing voices that have told him to hurt himself or others; -His approved rights restrictions included: -sharp objects (scissors and knives) locked; -locks on the refrigerator and food pantry; -alarms on the windows and doors; -no concentrated sweets, no seconds, and snacks will be "free foods;" -His 8/1/19 treatment plan included: -a statement that "He needs support to avoid wandering away from the group home or hiding from staff;" -treatment goals and staff strategies that he would have decreased behavioral episodes with staff-provided monitoring and following his BSP;	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 13	V 112		

-a written crisis intervention plan that if he were to exhibit crisis behaviors related to his health and safety, anxiety and/or delusions about himself or family, staff were to contact their supervisor and call 9-1-1 with law enforcement used as a last resort;
-There was no documentation that he was capable of being unsupervised in the community for a period of time;
-His 1/7/19 BSP included:
-a loss of a scheduled outing and/or loss of one hour of watching television or listening to his Compact Disc (CD) Player for elopement and food-stealing behaviors.

Review on 3/20/20 of the Qualified Professional (QP)'s written notes from Client #2's BSP meeting that occurred on 3/18/20 revealed:
-His last elopement incident was reviewed with his legal guardian;
-The QP understood Client #2 was not upset when he walked to a local store and called 9-1-1 to be taken to a hospital;
-She understood he was asking for food when he made the 9-1-1 call from the store;
-There was discussion about Client #2 earning medals as a method of positive behavior reinforcement;
-A decision was made that the QP would have medals purchased for him to earn one medal per week;
-His BSP was not revised due to "issues with guardian not signing off."

Reviews from 3/10/20 to 3/23/20 of Client #3's record revealed:
-Date of admission: 12/21/13;
-Diagnoses: Severe IDD, Paranoid Schizophrenia, Traumatic Brain Injury, Cirrhosis of the Liver, Seizure Disorder, Heart Problems;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 14	V 112		

-History of behaviors include elopement and property destruction;
-His approved rights restriction included:
  -having his smokeless tobacco locked up by staff to prevent his indoor use;
  -a tobacco use schedule of 1 dip every 2 hours;
  -no sharp objects;
  -alarms on windows and doors;
  -locks on facility refrigerator and food pantry;
-His 12/1/19 treatment plan included the following statements:
  -" ...he should be monitored to ensure he hasn't left without staff supervision;"
  -"He continues to require 24 a day monitoring;"
-There was no documentation that he was capable of being unsupervised in the community for a period of time;
-There were no treatment goals and strategies included in his treatment plan that addressed his elopement behavior.

Review on 3/9/20 of written and printed facility incident reports from the period 10/1/19 to 3/9/20 for Client #1, Client #2 and Client #3 revealed:
-Client #1 had 1 elopement incident that occurred on 2/28/20;
-Client #2 eloped from the facility 3 times on 10/16/19 at 2:30 pm, 11/1/19 at 8:30 am and 3/1/20 at 3:06 pm;
-Client #3 had 2 elopement incidents that occurred:
  -10/26/19 at 10:00 am, while on an outing at a store, he walked out of the store while Staff #3 assisted another client;
  -11/12/19 at 12:05 am, he came out of his bedroom, ran out the front door with staff having followed him and called 9-1-1 for assistance to return him back to the facility;
-The incident prevention responses in the North Carolina Incident Response Improvement System

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 15	V 112		

(IRIS) reports for Client #1, Client #2, and Client #3's elopements indicated the following staff interventions to prevent a reoccurrence of elopement:
-the BSPs for Client #1 and Client #2 and the Crisis Intervention Plan for Client #3 would be followed by staff;
-staff would be in-serviced on the instructions to prevent a reoccurrence of elopement;
-Client #1 and Client #2's psychologist and care coordinators would be debriefed to determine any needed changes their BSPs while the home manager and staff would be debriefed on Client #3's Crisis Intervention Plan for any needed changes.

Interview on 3/9/20 with Client #1 revealed:
-He did not know how long he had lived at the facility;
-He did not like it "too good" where he lived because he could not do what he wanted;
-He liked to smoke cigarettes, drink coffee and look after his cat;
-He was told by staff and the QP when he could smoke and when he could not smoke and drink his coffee;
-His restrictions on his smoking and coffee had to do with him smoking cigarettes and drinking coffee a lot;
-He had been involved with the police one time after he walked down to a local store without staff permission;
-He was not allowed at the store anymore;
-"They (the store) banned me from the store;"
-"I'm mad about that and because I can't go anywhere."

Interview on 3/9/20 with Client #2 revealed:
-He moved into the facility in 2013 after he was hospitalized;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ___ B. WING ___	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 16 -He wanted to learn how to be independent and live on his own one day; -He showered and dressed himself, but staff continued to give his medications to him and prepared his meals; -He was not allowed to help prepare meals because staff believed he had a "food-snatching thing;" -He denied he stole food; -He wanted the locks removed from the food pantry and refrigerator so that he could get to his snacks when he wanted; -His restricted access to the refrigerator and food pantry violated his civil rights; -He walked off from the facility about 2 weeks ago, went to a nearby store, and called 9-1-1 to go to a local hospital; -"I don't get options here to eat and drink what I want;" -When he walked out of the facility 2 weeks ago, he went out the kitchen door because he knew the door alarm was broken; -" [Client #1] had broken it (the alarm)." Observation and interview on 3/9/20 at approximately 5:53 PM with Client #3 revealed: -He had lived at the facility "a long time" and liked it there; -Per observation, he had difficulty recalling information when asked questions about himself and his daily routine; -He denied he had ever walked away from staff; -He talked about being hungry and not getting a lot of food to eat; -He did not recall what he had for breakfast or for his afternoon snack on 3/9/20. Interview on 3/19/20 with Client #1's guardian revealed: -Client #1's aggressive behaviors were not new	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 17	V 112		

behaviors;
-His COPD was getting worse and this was the reason for his smoking schedule;
-His prior smoking cessation efforts were unsuccessful;
-He had 2-3 recent family losses due to cancer and he was not well-received at family funerals due to his history of pedophilia;
-There were no longer home visits with a brother due to safety concerns about the brother's having a gun which Client #1 could access;
-His brother had not accepted alternative visit arrangements for continued family support;
-His increased agitation and behaviors might be related to him not feeling well physically and how he cognitively processed information with his mental health diagnoses;
-The QP made her aware of his physical and verbal aggressions on 2/28/20 as well as his walking away from the facility;
-She did not participate in his 3/18/20 BSP meeting but his Care Coordinator had participated in this meeting;
-She was not in favor of restraints being used on him by staff unless the restraints were used as a last resort and an IRIS report was completed;
-He had not received individual grief counseling from an outpatient therapist or had ongoing one-to-one support services in the facility as possible examples of least restrictive ways to address his increased behaviors.

Interview on 3/18/20 with Client #1's Care Coordinator revealed:
-She participated in his scheduled BSP meeting on this date, 3/18/20;
-Restraints were discussed as a possible addition to his plan due to his increased incidents of aggression;
-She was aware this was the 2nd incident he has

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ____ B. WING ____	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 18	V 112		

had with aggression toward Staff #2;
-The 1st incident was in 12/2019 when he opened a kitchen food cabinet with a screwdriver and then held the screwdriver up to Staff #2's neck;
-The second incident was 2/28/20 when he had a physical altercation with Staff #2, he destroyed the kitchen pantry and walked away from the facility;
-She believed Client #1 had a conflict issue with Staff #2;
-She discussed this with Client #1's guardian who planned to discuss it with the QP;
-Restraints should be used only as a last resort and only in an emergency.

Interview on 3/19/20 with Client #2's guardian revealed:
-He was working to transition guardianship of Client #2 over to another family member;
-Client #2 walked away from the facility when he was agitated or frustrated over something;
-Client #2 did not understand there were the rules in place to help him and not hurt him.

Interview on 3/20/20 with the QP revealed:
-There had been no revisions made to the treatment plans of Client #1, Client #2 or Client #3;
-All three of these clients needed 24-hour staff supervision, which included 3rd shift awake staff;
-Although Client #1's BSP had been updated by the Licensed Professional Associate (LPA) to add the use of restraints in his plan, his guardian and the human rights committee had not approved the revised BSP;
-The reasons the restraints were added to the plan were:
-Client #1's increased aggression toward others and property damage;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ___ B. WING ___	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 19	V 112		

-He would know that restraints were in the plan and could be used by staff;
-Restraints were allowed to be used with clients in emergency situations if their safety or the safety of others was in danger;
-Client #2's legal guardian had not signed his BSP due to a change being made in his guardianship;
-She thought Client #3's treatment plan included goals and strategies that addressed his elopement behaviors.

Interview on 3/20/20 with the Regional Vice President revealed:
-The 2:1 staffing ratio for Client #1's behaviors were only in the event he had "severe" behaviors;
-Client #1 had a BSP that addressed his targeted behaviors;
-When a client walked away from the facility, 9-1-1 was to be called first and then the HM was to be alerted by the staff on duty.

Review on 3/20/20 of a Plan of Protection completed, signed and dated by the Qualified Professional (QP) on 3/20/20 revealed:

What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? " Staff #2 will be suspended immediately until further investigation. Additional staffing will be put into place to overlap one hour following shift exchange. Emergency Response System will be implemented immediately. Staff will be in-serviced on the following: (1) Client specifics for all clients, (2) notification for all incidents, (3) When to call 911, (4) Complying with law enforcement requests, (5) Policy on AWOL (Absence Without Leave) from client service manual. The team will meet to review for any critical times behavior occurs to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ________ B. WING ________	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 20 see if additional staffing is needed. If an increase in behavior occurs, admin (administration) will be notified to implement additional staffing. Clinical assessments will be done 3 x (times) a week to ensure client specifics are followed and appropriate. HR (Human Resources) and criminal background checks will continue. New background will be checked for Staff #2." Describe your plans to make sure the above happens. " QP will ensure additional staffing is provided during shift exchange overlap. All staff will be in-serviced on above 1-5 prior to starting their next shift by the QP. (The) QP will ensure the team meets to review data for all critical behaviors and will ensure additional staffing is provided. (The) QP will notify admin when an increase in behaviors occur. Clinical team will complete assessments three times weekly. HR will run criminal background checks and rerun Staff #2 background." Review on 3/23/20 of an amended Plan of Protection completed, signed and dated by the Qualified Professional (QP) on 3/23/20 revealed: -" Staff #2 will be suspended immediately until further investigation. Additional staffing will be put into place to overlap one hour following shift exchange. Emergency Response System will be implemented immediately. Staff will be in-serviced on the following: (1) Client specifics for all clients, (2) notification for all incidents, (3) When to call 911, (4) Complying with law enforcement requests, (5) Policy on AWOL from client service manual. The team will meet to review for any critical times behavior occurs to see if additional staffing is needed. If an increase in behavior occurs, admin (administration) will be notified to implement additional staffing. Clinical assessments will be done 3 x (times) a week to	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 21	V 112		

ensure client specifics are followed and appropriate. HR (Human Resources) and criminal background checks will continue. New background will be checked for Staff #2. -Modification-(1) Additional staffing will be provided at shift exchange for one hour. This will allow one staff to pass meds/count controlled medications, review and clarify notes on how the day has went. The other staff will help provide supervision once meds are counted. Following shift exchange, there will be 2 staff present for 1 hour and (2) staff will be respectful to answer all questions that law enforcement ask immediately."

Describe your plans to make sure the above happens. " QP will ensure additional staffing is provided during shift exchange overlap. All staff will be in-serviced on above 1-5 prior to starting their next shift by the QP. (The) QP will ensure the team meets to review data for all critical behaviors and will ensure additional staffing is provided. (The) QP will notify admin when an increase in behaviors occur. Clinical team will complete assessments three times weekly. HR will run criminal background checks and rerun Staff #2 background."

Client #1, Client #2 and Client #3 were admitted 12/21/13 and each of these clients had a primary diagnosis of IDD. Client #1 had additional diagnoses of Depressive Disorder and a history of Pedophilia. Client #2's additional diagnoses included Schizophrenia, ADHD, Compulsive Disorder and Dysphagia. Client #3's diagnoses included Paranoid Schizophrenia and TBI with staff-reported signs of increased dementia. These 3 clients had behavior histories which included elopement, verbal and physical aggressions and property destruction. Although Client #1, Client #2 and Client #3 were to be provided with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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	Continued From page 22 continuous, 24-hour staff supervision, staff failed to provide each of these clients with the supervision necessary to prevent reoccurrences of their behaviors. Client #1's behaviors escalated on 2/28/20 and resulted in him eloping from the facility after a verbal and physical altercation with Staff #2 and property destruction. His behaviors of verbal aggression, property destruction, and defiance continued upon his return to the facility. Client #2's eloped from the facility 3 times within a 6-month period, which occurred on 10/16/19, 11/1/19 and 3/1/20. Client #3 walked away from staff supervision on 10/26/19 and eloped from the facility on 11/12/19. The facility did not address Client #1, Client #2 and Client #3's behaviors with updated and implemented treatment plan goals and strategies to prevent reoccurrences of their behaviors and the facility did not ensure adequate staffing to meet each client's individual needs. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 112		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the	V 290	V290 Cross Reference V110	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 23 premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 24	V 290		

This Rule is not met as evidenced by:
Based on record review, observation and interview, the facility failed to staff the facility to meet the individualized needs for 3 of 3 clients (Client #1, Client #2 and Client #3). The findings are:

Reviews from 3/10/20 to 3/23/20 of Client #1's record revealed:
-Date of admission: 12/21/13;
-Diagnoses: Mild Intellectual Developmental Disability (IDD), Major Depressive Disorder-History of Pedophilia, Nicotine Dependence, Chronic Obstructive Pulmonary Disease (COPD), Hyperlipidemia, Gastro-esophageal Reflux Disease, Constipation;
-History of behaviors included elopement, property destruction, verbal and physical aggression toward others, watching neighborhood children get off their school bus, making inappropriate comments toward females;
-He was court-ordered to live in a 24-hour facility with awake staff where he could receive "continuous" supervision due to his history of Pedophilia;
-His 2/1/20 treatment plan included the following statements:
-"he has a history of repeated sexual offenses toward minors and must have 'eyes on' supervision at all times;"
-"It is imperative that [Client #1] have direct one-on-one supervision at all times to keep him and others in the community safe;"-"He also requires 2:1 supervision to intervene regarding his behaviors;"
-He had a one-on-one (1:1) staff with him at his vocational program to help him process his coping skills;
-Except for his Tuesday "Community Networking"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ____ B. WING ____	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	See below	V 290		

Continued From page 25

day and after the onset of a behavior, there was no documentation that indicated he had 1:1 support staff at the facility to help him process his coping skills to prevent his escalated behaviors .

Reviews from 3/10/20 to 3/20/20 of Client #1's written behavior data sheets revealed:
-2/28/20 at 3:00 PM, he became verbally and physically aggressive toward Staff #2 (cursed and hit Staff #2 twice) during a shift change when he was redirected to his laundry in the basement instead of getting his coffee and a cigarette at that time;
-Staff #1 was present at the facility during this shift change;
-At 3:50 PM, he eloped from the facility and Staff #2 followed him to a nearby store;
-Staff #2 notified the Home Manager (HM) to approve Client #1's coffee purchase at the store before he returned him to the facility;
-There was no documentation of the supervision arrangements for Client #2 and Client #3 during Client #1's elopement.

Review on 3/19/20 of printed progress notes for Client #1 on 2/28/20 and on 2/29/20 revealed:
-The notes dated 2/28/20 at 3:00 PM and 2/29/20 from 1:00 PM to 7:00 PM were not initialed or signed by a staff;
-He had continued escalating behaviors after he returned to the facility;
-He became compliant with taking his medications and his dinner meal after an unidentified 2nd staff came to the facility and provided him with additional assistance.

Reviews from 3/10/20 to 3/23/20 of Client #2's record revealed:
-Date of admission: 12/21/13
-Diagnoses: Mild IDD, Schizophrenia,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 26	V 290		

Attention-Deficit Hyperactivity Disorder (ADHD), Compulsive Disorder, Tourette Syndrome, Tachycardia, Hyponatremia, Dysphagia, Severe Obstructive Sleep Apnea, and Obesity;
-His 8-1-19 treatment plan included the following statements:
-"It is imperative that [Client #2] have continuous supervision in monitoring his behaviors;"
-"[Client #2] requires monitoring for safety measures, at all times, due to: risk of wandering away, walking in the road, and/or locking himself in the bathroom."

Reviews from 3/10/20 to 3/23/20 of Client #3's record revealed:
-Date of admission: 12/21/13
-Diagnoses: Severe IDD, Paranoid Schizophrenia, Traumatic Brain Injury, Cirrhosis of the Liver, Seizure Disorder, Heart Problems;
-His 12-1-19 treatment plan included the following statements:
-"On occasion he will walk away to the store to by items and he should be monitored to ensure he hasn't left without staff supervision;"
-" [Client #3] requires 24-hour awake staff supervision."

Review on 3/9/20 of written and printed facility incident reports from the period 10/1/19 to 3/9/20 for Client #2 and Client #3 revealed:
-Client #2 eloped from the facility 3 times on 10/16/19 at 2:30 pm, 11/1/19 at 8:30 am and 3/1/20 at 3:06 pm;
-He went to a nearby convenience store each time he eloped;
-On 10/16/19 and 3/1/20, he called 9-1-1 from the store and was transported to a local hospital emergency department for an evaluation before he was discharged back to the facility;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 27	V 290		

-His 3/1/20 incident report had a statement that "The AWOL (Absent Without Leave) incident was to obtain food;"
-Client #3 had 2 elopement incidents that occurred:
-10/26/19 at 10:00 am, while on an outing at a store, he left the store while Staff #3 assisted another client;
-He was reported gone for about 30 minutes;
-11/12/19 at 12:05 am, he came out of his bedroom, ran out the front door with staff having followed him and called 9-1-1 for assistance to return him back to the facility.

Interview on 3/9/20 with Client #1 revealed:
-Staff #1 or Staff #3 transported him and his housemates around 8:00 am to their day program during the week;
-He indicated there was 1 staff who worked at the facility in the mornings, 1 staff in the afternoons when he returned from his vocational program, and 1 staff at nighttime except for one day a week;
-There would be 2 staff at the facility tomorrow as he, Client #2 and Client #3 planned to go to different stores and he had to take his coat to the cleaners to have the zipper repaired;
-Every Tuesday until around 3:00 PM, he and his housemates had 2 staff which were usually Staff #1 and Staff #3 for their "community-networking day," that had them in the community doing different activities instead of at the vocational program;
-He gave a verbal account of his behaviors of his recent verbal and physical aggressions at the facility with Staff #1 getting ready to leave and Staff #2 coming onto duty;
-Staff #2 told him he was not supposed to be in the kitchen, which was where he was to fix his coffee;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 28	V 290		

-When he was called a "son-of-a-b***h" by Staff #2, he yelled back at him because he was mad;
-He tore up the kitchen food cabinet and food pantry door;
-Client #2 and Client #3 were in the front room, saw what happened, and ran to their bedrooms;
-Staff #1 was present in the front room during the time of his behaviors and told him to "stop that," which meant for Staff #2 to stop grabbing him;
-He did not disclose he had walked away from the facility after his aggressions or that he continued to be angry and continued to destroy facility property.

Observation on 3/10/20 between 3:00 PM and 3:35 PM of client and staff interactions at the facility revealed:
-There was increased activity between Staff #1 and Staff #3 to complete their shift exchange duties with decreased individual staff attention available to Client #1, Client #2 and Client #3;
-These 3 clients also competed for Staff #3's individual attention after the shift exchange was completed;
-From 3:00 PM to 3:15 PM, while Staff #1 and Staff #3 were engaged in client medication counts:
-Client #1 walked into the office twice and asked if it was snack time;
-Staff #3 asked him to wait until after the shift exchange was completed;
-Client #2 continued attempts to engage the 2 staff in conversation and he requested more than twice to use the telephone to call his guardian;
-He called his guardian as Staff #3 worked on writing notes;
-Client #3 repeatedly paced into and out of the office;
-At 3:19 PM, Staff #1 had left from the facility;
-Client #2 engaged in a conversation with Staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290		V 290		

Continued From page 29

#3 in the hallway while Client #1 asked for his snack;
-Client #3 continued to pace in the hallway and in the office areas;
-At 3:30 PM, Staff #3 made sandwiches for Client #1, Client #2 and Client #3 as the three clients sat at the kitchen counter and watched her.

Interview on 3/9/20 with Client #2 revealed:
-There was 1 staff on duty on each 3 shifts during the week;
-When there were 2 staff present in the mornings when he woke up, it was because 1st shift was taking over for 3rd shift;
-Staff #1 or Staff #3 usually worked 1st shift;
-After the workshop in the afternoons, Staff #1 left around 3:00 PM and Staff #3 came into work if Staff #2 was out sick;
-At nighttime, there was 1 staff and that staff was usually Staff #5;
-He confirmed Tuesdays as "community networking day" with 2 staff present at the facility until 1 of the 2 staff around 3:00 PM or 4:00 PM;
-He did not disclose his involvement with local law enforcement or that he had made a visit to a local emergency department (ED) when he walked away from the facility about 2 weeks ago.

Interview on 3/10/20 with Staff #1 revealed:
-She was a direct care staff at the facility;
-She was a former Home Manager at the facility and stepped down in her position in 11/2019;
-Her usual work schedule was 7:00 AM to 3:00 PM, Monday through Friday and from 7:00 AM to 1:00 PM every other Saturday;
-She was Client #1 and Client #2's one-on-one (1:1) staff at their vocational program during the weekday and on alternate days;
-On Tuesdays, she worked with Client #2 with his community networking goals while Staff #3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 30 worked with Client #1 and Client #3 on their community networking goals. -Client #1 seemed defiant in his behaviors over the last couple of months but she did not know why; -The incident between Client #1 and Staff #2 occurred the end of 2/2020 and started around 3:00 PM; -She was in the facility office and she was getting ready to leave her shift; -Staff #2 was in the office with her initially; -They had completed their medication count when Client #1 walked into the office and said he wanted his coffee and cigarette; -She guessed Staff #2 was not getting his coffee and cigarette fast enough because Client #1 started knocking over items on the office desk and hit the walls as he left the office; -Staff #2 left the office a few seconds later; -She heard "a commotion" a few seconds later and went into the front room where she saw a clock broken, glass laying on the floor, Client #1's hands grabbing the kitchen cabinet, and Staff #2 with his hands above his head to protect himself; -Client #1 punched Staff #2 but she did not see Staff #2 hit Client #1 at any time; -She saw Staff #2 with his hands above his head to protect himself; -Client #2 and Client #3 left from the front room (the front room is the client living room area and separated from the kitchen by the eating countertop) and went to their bedrooms; -She told Client #1, "We are not doing this today," and redirected him to help Staff #2 clean up; -"[Client #1] had already ripped up 2 cabinet doors by the time I got into the kitchen;" -She notified the HM and left the facility around 4:00 PM.	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 31 Interview on 3/9/20 with Staff #2 revealed: -He was a direct care staff; -His usual work schedule was 1st and 2nd shifts; -1st shift was 7:00 AM to 3:00 PM and 2nd shift was 3:00 PM to 11:00 PM; -He worked the last 6 to 7 weeks over 53 hours a week; -Unless there was a shift exchange where he came on duty or went off duty , he worked with Client #1, Client #2 and Client #3 by himself; -"All the clients require staff supervision all the time;" -He and Client #1 had an altercation on 2/28/20 or 2/29/20 around 3:00 PM in which Client #1 became verbally and physically aggressive and engaged in property destruction; -Staff #1 was initially in the office and came out into the front room when Client #1 was tearing up the pantry; -Client #1 was told by Staff #1 that his behaviors had to stop; -He thought Client #2 and Client #3 were in the front room when Client #1's aggressions started but thought they ran to their bedrooms. Interview on 3/13/20 with Former Staff (FS #6) revealed: -She worked at the facility from 6/2018 to 1/2020; -She worked as a direct care staff on 1st and 2nd shifts; -There were "occasional" client elopements during the period she worked at the facility; -Client #1, Client #2 and Client #3's elopement destination was usually to a local convenience store located close to the facility; -All 3 of these clients had histories of explosive episodes that included cursing and yelling to throwing chairs and walking off when they got mad or upset; -There were 3 staff shifts at the facility during the	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 32	V 290		

weekday and 2-12 hour shifts on the weekends;
-"It was an overwhelming home for 1 staff because of the challenging behaviors of all 3 guys;"
-She found it more stressful for her when one of the clients walked off due to trying to keep the one who walked away in sight and loading up the other 2 clients in the vehicle to follow the client who eloped.

Interview on 3/20/20 with local law enforcement revealed:
-He provided additional information about his involvement with Client #2 and Client #3;
-He did not have specific dates of his involvement with these 2 clients;
-There were not written incident reports of his involvement, but he remembered the specific incidents with these two clients;
-The 1st incident was where he responded to a 9-1-1 call from a local convenience store that came in from Client #2;
  -Client #2 told him he was in trouble for having taken snacks from his home, the supervisor at the home cursed him, it scared him, and he walked off to get some help;
  -"He appeared to have a legitimate fear;"
  -He (the law enforcement officer) went to the facility and he waited 5 to 10 minutes for Staff #2 to come to the door;
  -When he told Staff #2 that Client #2 had walked to the store, called 9-1-1 for help and wanted to go to the hospital, Staff #2's response was "I didn't know he was gone;"
  -He estimated by the time Staff #2 came to the door, Client #2 had been away from the facility 30 minutes;
  -Staff #2 told him that Client #2 was supposed to ask him for help if he needed it.
-The 2nd incident involved Client #3 whose

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 33	V 290		

"caretaker" (Staff #3) called 9-1-1 and reported he had walked out of a store and was gone for 5 minutes;
-He estimated that it would have taken 1 to 2 hours for Client #3 to have arrived at the location he found him;
-Client #3 looked "fragile;"
-He understood from Staff #3 that Client #3 had dementia.

Interview on 3/10/20 with Staff #3 revealed:
-She worked as a direct care staff and worked varied shifts at the facility as needed;
-There was one staff who worked on each shift;
-Each Tuesday was "Community Networking Day" for Client #1, Client #2 and Client #3, which meant there were 2 staff at the facility and each staff had 1 or 2 of these clients to take to their scheduled doctor appointments and go shopping;
-She had Clients #1 and #3 and Staff #1 had Client #2 to help them with their community networking goals and activities;
-On 10/26/19, she had taken Client #1, Client #2 and Client #3 shopping at a local thrift store;
-There was no additional staff with her on this client outing;
-Client #3 sat down upstairs in the store while Client #1 and Client #2 were looking at watches and CDs;
-When she turned around, Client #3 was gone from his location;
-She looked for him about 5 minutes and then called the HM and local law enforcement;
-Client #3 had been gone approximately 30 minutes.

Interview on 3/20/20 with the Qualified Professional (QP) revealed:
-The facility's emergency response procedure was for staff to call 9-1-1 when a client walked

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-068	A. BUILDING: ______ B. WING ______	C 03/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD 60 HOME	258 OLD HIGHWAY 60 WILKESBORO, NC 28697

(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 290	Continued From page 34 away from the facility in order for the staff person on duty to maintain supervision of the other 2 clients. This deficiency is cross-referenced into 10A NCAC 27G .0205 (V112) for a Type A1 and must be corrected within 23 days.	V 290		

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

DHSR-Mental Health
APR 2 1 2020
Lic. & Cert. Section

VIA CERTIFIED MAIL

April 9, 2020

Luray Rominger, Facility Administrator
RHA Health Services NC, LLC
176 Wildcat Road
Deep Gap, North Carolina 28618

RE: Type A1 Administrative Penalty
Old 60 Home, 258 Old Highway 60, Wilkesboro, NC 28697
MHL # 097-068
E-mail Address: lrominger@rhanet.org

Dear Ms. Rominger:

Based on the findings of this agency from a survey completed on March 24, 2020, we find that RHA Health Services NC, LLC has operated Old 60 Home in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of $2,000.00 against RHA Health Services NC, LLC for violation of 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Payment of the penalty is to be made to the Division of Health Service Regulation, and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings

6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager, at 336-861-7342.

Sincerely,

Michiele Elliott

Michiele Elliott, Acting Chief
Mental Health Licensure & Certification Section

Cc: dhsrreports@dhhs.nc.gov
ncdma.dhsrnotice@lists.ncmail.net
dhhs@vayahealth.com
J. Glenn Osborne, Director, Wilkes County DSS
Pam Pridgen, Administrative Supervisor

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

DHSR-Mental Health

APR 2 1 2020

Lic. & Cert. Section

April 9, 2020

Luray Rominger, Facility Administrator
RHA Health Services NC, LLC
176 Wildcat Road
Deep Gap, North Carolina 28618

Re: Complaint Survey completed March 24, 2020
Old 60 Home, 258 Old Highway 60, Wilkesboro, NC 28697
MHL # 097-068
E-mail Address: lrominger@rhanet.org
Complaint Intake # NC00161684

Dear Ms. Rominger:

Thank you for the cooperation and courtesy extended during the complaint survey completed March 24, 2020. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

A Type A1 rule violation is cited for serious neglect in 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) along with the following cross-referenced rule citations:

- 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110);
- 10A NCAC 27G .5602-Staff (V290).

Time Frames for Compliance

Type A1 violations and all cross-referenced citations must be ***corrected*** within 23 days from the exit date of the survey, which is April 16, 2020. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation(s) by the 23rd day from the date of the survey may result in the assessment of an administrative

penalty of $500.00 (Five Hundred) against RHA Health Services NC, LLC for each day the deficiency remains out of compliance.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

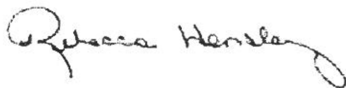
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge, Mountains Team Leader, at (828) 665-9911.

Sincerely,



Rebecca Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:dhhs@vayahealth.com
File