

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/02/2020
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NAME OF PROVIDER OR SUPPLIER THE STAMEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 162 GREENWOOD DRIVE MARION, NC 28752
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(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on April 2, 2020. The complaint was substantiated (#NC00161136). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups-Alternative Family Living.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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	<p style="text-align: center;">RECEIVED APR 27 2020 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shannon Durbin

TITLE
President

(X6) DATE
4/14/2020

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop a treatment plan which included specific strategies and interventions to address client treatment needs for 1 of 3 clients (#1). The findings are:</p> <p>Record review on 3/31/20 for Client #1 revealed: -Admitted on 2/7/17 with diagnoses of Attention Deficit Disorder, Bi Polar Disorder, Mild Intellectual Disability, Depression, obesity, Prader Willi Syndrome, Oppositional Defiance Disorder, menometrorrhagia, asthma, and Autism. -History of behaviors included verbal aggression, use of profanity, physical aggression, attention seeking behaviors, self-aggrandizing and manipulation. Historical information also indicated that Client #1 was prone to make advances toward men.</p> <p>Review on 3/30/20 of the incident report dated 11/12/19 that involved Client #1 revealed: -" ...[Client #1] told our 13 year old daughter that she could borrow her apple earbuds. When they went in [Client #1's] room [Client #1] said she wanted to play truth or dare and touched our daughters butt. Our daughter told her it made her feel uncomfortable and did not want to play. Our daughter tried to leave and [Client #1] pulled her down on the bed and was grabbing her crotch and breasts. Our daughter managed to escape ..."</p> <p>Review on 3/31/20 of the treatment plan dated 1/1/20 for Client #1 revealed: -One goal indicated " ...[Client #1] will have appropriate conversations and appropriate</p>	V 112	<p>The Provider Plan was updated to include the following in order to address issues identified in the incident.</p> <p>RSD-9 [REDACTED] will not go into anyone else's room with no more than 2 verbal prompts per session at 100 percent success rate.</p> <p>RSD-10 [REDACTED] will not invade personal space with no more than 3 verbal prompts per session at 100 percent success rate.</p> <p>RSD-11 [REDACTED] will practice appropriate touching with no more than 1 verbal prompt per session at 100 percent success rate.</p> <p>RSD-12 [REDACTED] will take prescribed medications with no more than 2 verbal prompts per session at 100 percent success rate.</p> <p>The AFL provider will collect data to document the success of the Program Plan.</p> <p>The Qualified Professional will review the data monthly to ensure the plan is effective, and will update if needed.</p> <p>The Qualified Professional will review the Program Plan with the AFL provider during supervisory visits to ensure the plan is adequately implemented and still appropriate.</p> <p>The updated Program Plan is included for review with the submission of this plan of correction.</p>	04/14/20

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V 112	<p>Continued From page 2</p> <p>pictures on personal phone ..." Strategies included " ...prompt [Client #1] to have appropriate conversations and pictures when using the phone ...educate [Client #1] on the importance of having appropriate conversations and pictures ...praise [Client #1] when she is having appropriate conversations and pictures ..."</p> <p>-One goal indicated " ...[Client #1] will engage in positive appropriate relationships with others ..."</p> <p>Strategies included " ...monitor [Client #1's] interactions with others and inform her when she is being inappropriate ...educate [Client #1] on appropriate relationships ..."</p> <p>-No goals or strategies added to address the October 2019 incident. The treatment plan did not address added supervision, monitoring or distance strategies put in place to protect the minor in the home or around interaction with other clients in the home.</p> <p>-There were no goals or strategies added to the plan to address appropriate touching and appropriate boundaries.</p> <p>-There was no goal or strategies to address any behaviors that result from sexual exploration expressed by Client #1.</p> <p>Interview on 3/31/20 with the guardian for Client #1 revealed:</p> <p>-Client #1 liked to explore sexual things and would send sexual pictures by phone. There had been one incident of a sexual nature that involved another child that occurred when she was in middle school.</p> <p>-There had been no discussion with the AFL providers about specifics in Client #1's past. The only discussion with the providers was that she was "high maintenance".</p> <p>-She had been notified about the incident. The service to her phone had been removed for a period of time. Higher precautions were in place</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>around interactions between Client #1 and the minor in the home. Closer supervision was put in place. Client #1 was not allowed to be in a room with any other person.</p> <p>-She was very pleased with the care that Client #1 received.</p> <p>Interview on 3/31/20 with the AFL provider revealed:</p> <p>-There had always been rules in place forbidding clients from being in each other's rooms and in the bedrooms of family members and around her daughter being in client bedrooms.</p> <p>-She was aware that Client #1 had engaged in inappropriate behavior on her cell phone and on line before. She did not know of any other sexual history.</p> <p>-Following the incident increased supervision and monitoring was implemented.</p> <p>-A 3-foot rule was put in place whenever Client #1 was around her daughter. There was absolutely no physical contact between her daughter and Client #1.</p> <p>-Client #1 saw a behavior specialist who recommended behavioral strategies to address behaviors.</p> <p>-Her cell phone use was monitored and if a problem was indicated she would address it.</p> <p>Interviews on 3/30/20 and 4/1/20 with the Qualified Professional revealed:</p> <p>-She confirmed that rules were in place at the AFL about clients being in their own bedrooms and common areas only.</p> <p>-Following the incident closer supervision and monitoring was implemented but there were no revisions to the treatment plan. Goals and interventions were in place for cell phone use, but no additional goals were added to address Client #1's sexual exploration, appropriate touches or</p>	V 112		

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V 112	Continued From page 4 appropriate boundaries.	V 112		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or 	V 367		

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V 367	<p>Continued From page 5</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have</p>	V 367		

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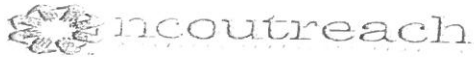
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V 367	<p>Continued From page 6</p> <p>been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Level III incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 3/30/20 of the incident report dated 11/12/19 that involved Client #1 revealed: -Incident occurred on 10/26/19. The documentation was completed as a level 1 incident. -" ...[Client #1] told our 13 year old daughter that she could borrow her apple earbuds. When they went in [Client #1's] room [Client #1] said she wanted to play truth or dare and touched our daughters butt. Our daughter told her it made her feel uncomfortable and did not want to play. Our daughter tried to leave and [Client #1] pulled her down on the bed and was grabbing her crotch and breasts. Our daughter managed to escape ..."</p> <p>Review on 3/26/20 of incident reports in IRIS (Incident Reporting Improvement System) revealed no level II report had been completed for the incident that occurred on 10/26/19.</p> <p>Interview on 4/1/20 with the Qualified Professional revealed:</p>	V 367	<p>The AFL provider Thomas Stamey completed training regarding reporting guidelines. The training documentation is submitted with this plan of correction.</p> <p>The Qualified Professional will be notified of any incidents, and will review to ensure all reporting guidelines are correctly followed.</p>	02/18/20

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V 367	Continued From page 7 -The incident should have been reported as a level II incident. -The AFL provider was responsible for completion of level 2 incident reports in their internal system which should have subsequently gone to her for review and completion of the IRIS report. The AFL provider did a level I report.	V 367		



Staff Training Record

Name: Thomas Stamey Date: 02/18/20
Training Location: Marion Work Location: Marion
Trainer: Terika Pearcy Length of Session: 20 mins

Topic(s) Covered

Incident Reporting

Information Learned

We went over what qualifies as a level 1 incident and what qualifies as a level 2 incident report. In the incident that occurred because of the touching and a minor involved it should have been documented as a level 2 incident report.

Employee Signature: Thomas Stamey
Trainer Signature: Terika Pearcy BAOP

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services
 VAYA Health, Managed Care Organization
 NC Outreach, Provider

NAME: [REDACTED] DOB: [REDACTED] REC: [REDACTED] MID: [REDACTED]

PROVIDER PLAN
 01/01/2020 - 12/31/2020

PROVIDER PLAN SIGNATURES

The following signatures confirm the presence of team members for the planning and development of this Provider Plan. All signatures, unless otherwise noted, indicate concurrence with the overall Plan.

Individual Signature/Legally Responsible Person/Team Members	Title/Relationship	Date Signed
[REDACTED]	Mother / Guardian	4-13-2020
[Signature]	BXOP	01-14-2020

SERVICE – COMMUNITY NETWORKING

Long Range Outcome:

Community Networking: This service will allow [REDACTED] to explore her community in a safe manner [REDACTED] will have opportunities to form relationships while someone is ensuring that her safety is maintained. (From Care Plan).

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
CN-1: [REDACTED] will engage in positive interactions in the community with no more than 3 verbal prompts per session at 100 percent success rate.	[REDACTED] DSP Provider QP Provider	H2015 – Community Networking 30 hours a week	
HOW (Support/Intervention): Staff will educate [REDACTED] on positive interactions in the community. Staff will prompt [REDACTED] if she is not having positive interactions. Staff will praise [REDACTED] when she is having positive interactions. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
/ /	/ /		
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services
 VAYA Health, Managed Care Organization
 NC Outreach, Provider

NAME: [REDACTED] DOB: [REDACTED] REC: [REDACTED] MID: [REDACTED]

PROVIDER PLAN
 01/01/2020 - 12/31/2020

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
CN-2: [REDACTED] will engage in one 30 minute exercise activity with no more than 4 verbal prompts per session at 100 percent success rate.		[REDACTED] AFL Provider QP Provider	H2015 Community Networking 30 hours a week
HOW (Support/Intervention): Staff will encourage [REDACTED] to pick an exercise activity for the day. Staff will motivate [REDACTED] to complete goal. Staff will not force but prompt [REDACTED] to complete exercise goal. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/20	/ /		
/ /	/ /		
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
CN-3: [REDACTED] will participate in volunteer site with no more than 3 verbal prompts per session at 100 percent success rate.		[REDACTED] DSP Provider QP Provider	H2015 Community Networking 30 hours a week
HOW (Support/Intervention): Staff will motivate [REDACTED] to participate at the volunteer site. Staff will prompt [REDACTED] to stay on task when needed. Staff will encourage [REDACTED] when participating at volunteer site. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
/ /	/ /		
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

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 VAYA Health, Managed Care Organization
 NC Outreach, Provider

NAME: [REDACTED] DOB: [REDACTED] REC: [REDACTED] MID: [REDACTED]

PROVIDER PLAN
 01/01/2020 - 12/31/2020

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
CN-4: [REDACTED] will engage in a class at the YMCA with no more than 4 verbal prompts per session at 100 percent success rate.		[REDACTED] DSP Provider QP Provider	H2015 Community Networking 30 hours a week
HOW (Support/Intervention) : Staff will motivate [REDACTED] to attend a class at the YMCA. Staff will go over the YMCA schedule for the week with [REDACTED] to decide what class to take. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/20	/ /		
/ /	/ /		
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
CN-5: [REDACTED] will use self-calming techniques out in the community with no more than 3 verbal prompts per session at 100 percent success rate.		[REDACTED] DSP Provider QP Provider	H2015 - Community Networking 30 hours a week
HOW (Support/Intervention) : Staff will motivate [REDACTED] to use calming techniques when needed. Staff will educate [REDACTED] on the importance of using calming techniques when needed. Staff will remove [REDACTED] from a situation that is causing her to use the calming techniques. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
/ /	/ /		
/ /	/ /		
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North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services
 VAYA Health, Managed Care Organization
 NC Outreach, Provider

NAME [REDACTED] DOB [REDACTED] REC: [REDACTED] MID: [REDACTED]

PROVIDER PLAN
 01/01/2020 - 12/31/2020

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
CN-6: [REDACTED] will learn how to manage her money with no more than 2 verbal prompts per session at 100 percent success rate.	[REDACTED] DSP Provider QP Provider	H2015 - Community Networking 30 hours a week	
HOW (Support/Intervention): Staff will educate [REDACTED] on the importance of managing her money. Staff will prompt [REDACTED] to keep up with her receipts for the AFL. Staff will praise [REDACTED] when she is managing her money. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
/ /	/ /		
/ /	/ /		
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WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
CN-7: [REDACTED] will follow all health and safety guidelines out in the community with no more than 3 verbal prompts per session at 100 percent success rate.	[REDACTED] DSP Provider QP Provider	H2015 – Community Networking 30 hours a week	
HOW (Support/Intervention): Staff will go over the safety guidelines before going out in the community. Staff will redirect [REDACTED] if she is not following the goals. Staff will educate [REDACTED] on the importance of following health and safety guidelines when going out in the community. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
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NAME: [REDACTED] DOB: [REDACTED] REC: [REDACTED] MID: [REDACTED]

PROVIDER PLAN
 01/01/2020 - 12/31/2020

SERVICE – LEVEL 4 AFL – RESIDENTIAL SUPPORTS

Long Range Outcome:

Residential Supports: [REDACTED] needs some assistance in properly completing her ADLs. The level of support that [REDACTED] has received has helped her to become more stable and remain in her current AFL Placement. (From Care Plan).

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
RSD-1: [REDACTED] will refrain from using inappropriate language with no more than 1 verbal prompt per session at 100 percent success rate.	[REDACTED] AFL Provider QP Provider	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week	
HOW (Support/Intervention): Staff will educate [REDACTED] on what is considered inappropriate language. Staff will inform and redirect [REDACTED] when she is using inappropriate language. Staff will praise [REDACTED] when she is using appropriate language. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
/ /	/ /		
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WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
RSD-2: [REDACTED] will complete one daily chore with no more than 4 verbal prompts per session at 100 percent success rate.	[REDACTED] AFL Provider QP Provider	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week	
HOW (Support/Intervention): Staff and [REDACTED] will decide the daily chore that is to be completed. Staff will educate [REDACTED] on the appropriate way to complete the chore. Staff will encourage [REDACTED] to complete the chore. Staff will praise [REDACTED] when the chore is completed. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
/ /	/ /		
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services
 VAYA Health, Managed Care Organization
 NC Outreach, Provider

NAME: [REDACTED] DOB: [REDACTED] REC: [REDACTED] MID: [REDACTED]

PROVIDER PLAN
 01/01/2020 - 12/31/2020

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
RSD-3: [REDACTED] will hang up and put away clean clothes and place dirty clothes in the appropriate place with no more than 3 verbal prompts per session at 100 percent success rate.		[REDACTED] AFL Provider QP Provider	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week
HOW (Support/Intervention): Staff will encourage [REDACTED] to put away clothes and place clothes in the appropriate spot. Staff will prompt [REDACTED] to place clothes in the appropriate spots when needed. Staff will observe her room to see if the goal is being followed. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
/ /	/ /		
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
RSD-4: [REDACTED] will have appropriate conversations and appropriate pictures on personal phone with no more 4 verbal prompts per session at 100 percent success rate.		[REDACTED] AFL Provider QP Provider	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week
HOW (Support/Intervention) : Staff will prompt [REDACTED] to have appropriate conversations and pictures when using the phone. Staff will educate [REDACTED] on the importance of having appropriate conversations and pictures. Staff will praise [REDACTED] when she is having appropriate conversations and pictures. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
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Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services
 VAYA Health, Managed Care Organization
 NC Outreach, Provider

NAME: [REDACTED] DOB: [REDACTED] REC: [REDACTED] MID: [REDACTED]

PROVIDER PLAN
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WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
RSD-5: [REDACTED] will make sure room is clean with no more than 5 verbal prompts per session at 100 percent success rate.		[REDACTED] AFL Provider QP Provider	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week
HOW (Support/Intervention): Staff will prompt [REDACTED] to clean up room when needed. Staff will encourage [REDACTED] to maintain keeping her room clean. Staff will praise [REDACTED] when her room is kept clean. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
/ /	/ /		
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
RSD-6: [REDACTED] will use appropriate self-calming techniques when no more than 1 verbal prompt per session at 100 percent success rate.		[REDACTED] AFL Provider QP Provider	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week
HOW (Support/Intervention): Staff will motivate [REDACTED] to use calming techniques when needed. Staff will praise [REDACTED] when using calming techniques. Staff will redirect [REDACTED] out of a place or from a person that is causing her to use calming techniques. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
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Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

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NAME [REDACTED] DOB [REDACTED] REC [REDACTED] MID: [REDACTED]

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WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
RSD-7: [REDACTED] will practice healthy oral and personal hygiene with no more than 2 verbal prompts per session at 100 percent success rate.	[REDACTED] AFL Provider QP Provider	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week	
HOW (Support/Intervention): Staff will educate [REDACTED] on the importance of having good oral and personal hygiene. Staff will prompt [REDACTED] will need to follow goal. Staff will praise [REDACTED] when the goal is being followed. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
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Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
RSD-8: [REDACTED] will engage in positive appropriate relationships with others with no more than 1 verbal prompt per session at 100 percent success rate.	[REDACTED] AFL Provider QP Provider	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week	
HOW (Support/Intervention): Staff will monitor [REDACTED] interactions with others and inform her when she is being inappropriate. Staff will educate [REDACTED] on appropriate relationships. Staff will praise [REDACTED] when she is following the goal. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
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Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

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 NC Outreach, Provider

NAME: [REDACTED] DOB: [REDACTED] REC: [REDACTED] MID: [REDACTED]

PROVIDER PLAN
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WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
RSD-9: [REDACTED] will not go into anyone else's room with no more than 2 verbal prompts per session at 100 percent success rate.		[REDACTED] AFL QP	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week
HOW (Support/Intervention): Staff will monitor [REDACTED] to make sure that she is not going into anyone else's room. Staff will educate [REDACTED] on the importance of not going into anyone else's room. Staff will praise [REDACTED] for respecting everyone's private space. Staff will prompt [REDACTED] when needed if she attempts to go in someone else's room. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
/ /	/ /		
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Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
RSD-10: [REDACTED] will not invade personal space with no more than 3 verbal prompts per session at 100 percent success rate.		[REDACTED] AFL QP	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week
HOW (Support/Intervention): [REDACTED] will keep a 6 feet distance between individuals in the home; staff will monitor this goal to make sure it is being followed. Staff will prompt [REDACTED] if she is invading someone's personal space. Staff will educate [REDACTED] on the importance of giving someone their personal space. Staff will praise [REDACTED] when she is maintaining a safe distance to not invade a personal space. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
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Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services
 VAYA Health, Managed Care Organization
 NC Outreach, Provider

NAME: [REDACTED] DOB: [REDACTED] REC: [REDACTED] MID: [REDACTED]

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 01/01/2020 - 12/31/2020

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
RSD-11 [REDACTED] will practice appropriate touching with no more than 1 verbal prompt per session at 100 percent success rate.		[REDACTED] AFL QP	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week
HOW (Support/Intervention): Staff will monitor [REDACTED] interactions with others in the home at all times. Staff will redirect and follow protocol if any inappropriate touching has occurred. Staff will educate [REDACTED] on inappropriate and appropriate touches when needed. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
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Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
RSD-12 [REDACTED] will take prescribed medication with no more than 2 verbal prompts per session at 100 percent success rate.		[REDACTED] AFL QP	H2016HIU2-Level 4 AFL- Residential Supports 24 hours a day; 7 days a week
HOW (Support/Intervention): Staff will educate [REDACTED] on what medications she is on and why. Staff will assist [REDACTED] when taking her medication. Staff will motivate [REDACTED] to take her medication at the prescribed times. Staff will praise [REDACTED] when she has taken her medication for the day. Staff will record data using Key 1.			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
12/31/2020	/ /		
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Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

- END OF PROVIDER PLAN FOR [REDACTED]