STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 on 9/10/2020. The complaint was unsubstantiated (intake #NC168559). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 132	Continued From page 1 to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Department (Health Care Personnel Registry (HCPR))was notified of all allegations against health care personnel affecting 4 of 5 audited staff (#1, #2, #3, former staff (FS) #4 & the Program Manager (PM)). The findings are: Reviews on 9/1/2020 & 9/3/2020 of client #1's record revealed: - Admission date: 4/3/2017 - Diagnoses: Schizoaffective Disorder, bipolar type; Mild Intellectual Disabilities; and Obesity; - A Behavior Support Plan (BSP) originally developed on 1/10/2018, with the most recent update on 1/22/2020, that revealed target behaviors of physical aggression to others, lying/manipulating, aggression to property, verbal aggression, walking/running away, lack of boundaries, suicide attempt/gestures/ideation, self-injurious behaviors, and auditory hallucinations.	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 132	Continued From page 2 Review on 9/1/2020 of the Incident Response Improvement System (IRIS) revealed: - On 8/14/2020, an incident occurred in which client #1 became physically aggressive, threatened to kill individuals, throwing items, biting facility staff, and self-injurious behavior; - The incident report was submitted by the PM; - There were no allegations against the facility staff listed on the incident report; - There was no documentation that the HCPR had been notified of allegations of abuse by facility staff. Reviews on 9/3/2020, 9/8/2020 & 9/9/2020 of staff #1's employee file revealed: - Hire date:7/30/2018 as a Habilitation Technician; - Documentation of client-specific training on 7/20/2020 for client #1; - No documentation of investigation into allegations of client abuse. Reviews on 9/3/2020 9/7/2020 of staff #2's employee file revealed: - Hire date: 3/9/2020 as a Habilitation Technician; - Documentation of client-specific training on 8/6/2020 for client #1; - No documentation of investigation into allegations of client abuse. on 9/3/2020, 9/8/2020 & 9/9/2020 of staff #3's employee file revealed: - Hire date: 8/23/2018 as a Habilitation Technician; - Documentation of client-specific training on 12/13/2019 for client #1; - No documentation of investigation into allegations of client abuse. Reviews on 9/3/2020, 9/8/2020 & 9/9/2020 of FS	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 132	Continued From page 3 #4's employee file revealed: - Hire date: 1/2/2019 as a Habilitation Technician; - FS #4 was client #1's one-on-one worker; - Termination date: 8/21/2020; - Documentation of client-specific training on 6/3/2019 for client #1; - No documentation of investigation into allegations of client abuse. Interview on 9/1/2020 with client #1 revealed: - During an incident on 8/14/2020: - Staff #1 pulled client #1's hair and bragged about it; - Staff #2 grabbed client #1's feet and pulled her shoes off; - Staff #3 sat on client #1's right leg; - FS #4 pushed client #1 and put her arm across client #1's face; - The PM called client #1 a 'B***h" and punched client #1; - Client #1 sustained bruises and scratches due to the actions of staff #1, #2, #3, FS #4 and the PM. Interview on 9/2/2020 with client #1's Residential Provider revealed: - The Residential Provider had not been present during the incident on 8/14/2020; - When client #1 returned home on the evening of 8/14/2020, she had bruises and scratches as a result of the incident. Interview on 9/10/2010 with a local Law Enforcement Officer (LEO) revealed: - The LEO had been called to the facility on Monday, 8/17/2020 following a report that client #1 had been assaulted by facility staff; - Client #1 and client #1's Residential Provider had alleged that on 8/14/2020, the PM had told client #1 that the PM was going to "F you up," and	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 132	Continued From page 4	V 132		

started punching client #1 on the face;
- Client #1 also reported that various other staff had jumped on her and ripped her shirt;
- The LEO did not have the report in front of him at the time of the interview, and could not specify the other specific allegations against facility staff;
- The LEO had been told by facility staff that a team meeting was scheduled for the afternoon of 8/17/2020 to discuss concerns about client #1's behaviors;
- No legal charges were filed due to lack of evidence to support criminal proceedings.

Interview on 9/8/2020 with staff #1 revealed:
- Staff #1 did not touch client #1 during the incident on 8/14/2020;
- Staff #1 had not pulled client #1's hair.

Interview on 9/8/2020 with staff #2 revealed:
- During the incident on 8/14/2020, staff #2 did not touch client #1;
- Staff #2 had never grabbed client #1's feet;
- Staff #2 had heard that the facility management was investigating the incident but did not know anything else about an investigation.

Interview on 9/8/2020 with staff #3 revealed:
- During the 8/14/2020 incident, staff #3 had not touched client #1;
- Staff #3 had not sat on client #1's leg;
- The facility had a reporting system for when allegations of abuse were made;
- Facility staff were supposed to report allegations of abuse to the PM or Qualified Professional (QP).

Interview on 9/8/2020 with FS #4 revealed:
- FS #4 had been client #1's one-on-one worker;
- On 8/14/2020, client #1 had engaged in behaviors of yelling, cursing, threatening, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 132	Continued From page 5	V 132		

physical aggression requiring therapeutic holds be used;
- FS #4 was the only staff who used physical interventions with client #1;
- Other staff had tried to help verbally deescalate client #1;
- FS #4 had never pushed client #1 or placed her arm on client #1's face;
- No one from the facility had talked to FS #4 about allegations that had been made about client abuse.

Interview on /8/2020 with the PM revealed:
- During the incident on 8/14/2020, FS #4 was the only facility staff who used physical interventions with client #1;
- The PM had attempted to assist using verbal interventions;
- The PM had not punched or called client #1 a "B***h;"
- The PM had not witnessed any inappropriate or abusive actions by facility staff;
- The PM first learned of allegations against facility staff when the LEO went to the facility on 8/17/2020;
- Allegations were that the PM had snapped client #1's bra, staff # 3 had pulled client #1's hair, and that FS #4 had played a part in either pulling on client #1's bra or putting her (FS #4's) hands on client #1 in some manner;
- The LEO had reported that client #1 alleged that five facility staff had dragged her out of the building and threw her in a car;
- A team meeting was scheduled for the afternoon of 8/17/2020 to discuss the incident and client #1's treatment needs;
- The treatment team was waiting to find out what the LEO planned to do about the allegations before proceeding;
- The Executive Director (ED) had done an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 132	Continued From page 6 internal investigation into the incident. Interview on 9/8/2020 with the Program Coordinator (PC) revealed: - The PC had not been present at the time of the incident; - The PC had learned on 8/17/2020 that client #1 had alleged that the PC had grabbed client #1 causing her bra to be broken, that staff #3 had pulled her hair, and that FS #4 had thrown her into a car; - Client #1's Residential Provider had also alleged that facility staff had dragged client #1 out of the facility and thrown her into a car; - The PC had thought that all required reports about the incident and allegations had been made. Interviews from 9/1/2020 to 9/10/2020 with the QP revealed: - The QP had been present in the building at the time of the incident with client #1 on 8/14/2020, but was not directly involved in intervening with client #1; - The QP had not witnessed any inappropriate or abusive actions on the part of facility staff; - When the incident report was entered into IRIS, the facility was not aware that allegations of abuse had been made by client #1; - The QP had not been aware of any allegations against staff until 8/17/2020; - When the LEO went to the facility on 8/17/2020, client #1 made allegations that staff #3 had pulled her hair, and the PM had pulled her bra strap; - The LEO informed the QP that client #1 had alleged that facility staff had pushed her out of the facility and into a car; - Usually, when allegations were made against facility staff, facility management staff made reports to the Guardians and to HCPR via the	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 132	Continued From page 7 IRIS report form; - The ED was in charge of the investigation into the allegations against facility staff. Interviews on 9/1/2020 and 9/10/2020 with the ED revealed: - On Monday, 8/17/2020, LEO went to the facility due to client #1 and client #1's Residential Provider attempting to press charges against facility staff; - Client #1's Residential Provider, who had not been present during the incident on 8/14/2020, had possibly influenced client #1's pursuit of legal charges against facility staff; - Client #1's treatment team had discussed the incident that occurred on 8/14/2020, and concluded that the allegations were true; - The ED took responsibility for the allegations against facility staff having not been reported to HCPR as required; - The ED had not wanted to provide any validation to the allegations that he knew to be untrue.	V 132		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 500	Continued From page 8 instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 500	Continued From page 9 (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all instances of alleged abuse were reported to the local Department of Social Services (DSS). The findings are: (Refer to G.S. 131E-256(g) HCPR-Notification, Allegations & Protection (V132) for additional background information.) Reviews on 9/1/2020 & 9/3/2020 of client #1's record revealed: - Admission date: 4/3/2017 - Diagnoses: Schizoaffective Disorder, bipolar type; Mild Intellectual Disabilities; and Obesity; - A Behavior Support Plan (BSP) originally developed on 1/10/2018, with the most recent update on 1/22/2020, that revealed target behaviors of physical aggression to others, lying/manipulating, aggression to property, verbal aggression, walking/running away, lack of boundaries, suicide attempt/gestures/ideation, self-injurious behaviors, and auditory hallucinations; - No documentation that the local DSS had been notified of allegations that staff #1, #2, #3, former staff (FS) #4, or the Program Manager (PM) had abused client #1. Review on 9/1/2020 of the Incident Response Improvement System (IRIS) revealed:	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 500	Continued From page 10 - On 8/14/2020, an incident occurred in which client #1 became physically aggressive, threatened to kill individuals, throwing items, biting facility staff, and self-injurious behavior; - The incident report was submitted by the PM; - There were no allegations against the facility staff listed on the incident report; - There was no documentation that the local DSS had been notified of allegations of abuse by facility staff. Reviews on 9/3/2020, 9/8/2020 & 9/9/2020 of staff #1's employee file revealed: - Hire date:7/30/2018 as a Habilitation Technician. Reviews on 9/3/2020 9/7/2020 of staff #2's employee file revealed: - Hire date: 3/9/2020 as a Habilitation Technician. on 9/3/2020, 9/8/2020 & 9/9/2020 of staff #3's employee file revealed: - Hire date: 8/23/2018 as a Habilitation Technician. Reviews on 9/3/2020, 9/8/2020 & 9/9/2020 of FS #4's employee file revealed: - Hire date: 1/2/2019 as a Habilitation Technician; - FS #4 was client #1's one-on-one worker; - Termination date: 8/21/2020. Interview on 9/1/2020 with client #1 revealed: - During an incident on 8/14/2020: - Staff #1 pulled client #1's hair and bragged about it; - Staff #2 grabbed client #1's feet and pulled her shoes off; - Staff #3 sat on client #1's right leg; - FS #4 pushed client #1 and put her arm across client #1's face; - The PM called client #1 a 'B***h" and punched	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 500	Continued From page 11	V 500		

client #1;
- Client #1 sustained bruises and scratches due to the actions of staff #1, #2, #3, FS #4 and the PM.

Interview on 9/10/2010 with a local Law Enforcement Officer (LEO) revealed:
- The LEO had been called to the facility on Monday, 8/17/2020 following a report that client #1 had been assaulted by facility staff;
- Client #1 and client #1's Residential Provider had alleged that on 8/14/2020, the PM had told client #1 that the PM was going to "F you up," and started punching client #1 on the face;
- Client #1 also reported that various other staff had jumped on her and ripped her shirt;
- No legal charges were filed due to lack of evidence to support criminal proceedings.

Interview on /8/2020 with the PM revealed:
- A team meeting was scheduled for the afternoon of 8/17/2020 to discuss the 8/14/2020 incident and client #1's treatment needs;
- The treatment team was waiting to find out what the LEO planned to do about the allegations before proceeding;
- The Executive Director (ED) had done an internal investigation into the incident.

Interview on 9/8/2020 with the Program Coordinator (PC) revealed:
- The PC had not been present at the time of the incident;
- The PC had learned on 8/17/2020 that client #1 had alleged that the PC had grabbed client #1 causing her bra to be broken, that staff #3 had pulled her hair, and that FS #4 had thrown her into a car;
- Client #1's Residential Provider had also alleged that facility staff had dragged client #1 out of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 500	Continued From page 12	V 500		

facility and thrown her into a car;
- The PC had thought that all required reports about the incident and allegations had been made.

Interviews from 9/1/2020 to 9/10/2020 with the QP revealed:
- The QP had been present in the building at the time of the incident with client #1 on 8/14/2020, but was not directly involved in intervening with client #1;
- When the incident report was entered into IRIS, the facility was not aware that allegations of abuse had been made by client #1;
- The QP had not been aware of any allegations against staff until 8/17/2020;
- When the LEO went to the facility on 8/17/2020, client #1 made allegations that staff #3 had pulled her hair, and the PM had pulled her bra strap, and that unidentified facility staff had pushed her out of the facility and into a car;
- Usually, when allegations were made against facility staff, facility management staff made reports to the Guardians and to the local Adult Protective Services (APS) staff at the local DSS;
- The ED was in charge of the investigation into the allegations against facility staff.

Interviews on 9/1/2020 and 9/10/2020 with the ED revealed:
- On Monday, 8/17/2020, LEO went to the facility due to client #1 and client #1's Residential Provider attempting to press charges against facility staff;
- Client #1's Residential Provider, who had not been present during the incident on 8/14/2020, had possibly influenced client #1's pursuit of legal charges against facility staff;
- Client #1's treatment team had discussed the incident that occurred on 8/14/2020, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-842	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHOPPE BY MSS	500 SPRING GARDEN STREET GREENSBORO, NC 27401

(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 500	Continued From page 13 concluded that the allegations were true; - The ED took responsibility for the allegations against facility staff having not been reported to DSS as required; - The ED had not wanted to provide any validation to the allegations that he knew to be untrue.	V 500		