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V 000	INITIAL COMMENTS A complaint survey was completed September 24, 2020. The complaint was substantiated (NC#00168909). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 1	V 111		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to have an admissions assessment which included the client's presenting problems, the client's needs or a pertinent social, family and medical history for 1 of 2 audited clients (#2).
The findings are:

Review on 9/8/20 of client #2's record revealed:
- admission date 7/1/20
- diagnoses including: Borderline Intellectual Functioning, Impulse Control Disorder (DO), Schizoaffective DO, Traumatic Brain Injury and hearing loss
- an admission assessment dated 7/1/20 with:
- no presenting problems (only the client's diagnoses were listed)
- no listing of the client's needs and strengths
- Suicide and homicide risk were checked no
- history of impulsive behaviors/danger to others checked yes - no details provided
- other risk factors included: "May leave but will return, sexual urges"

During an interview on 9/3/20, client #2 reported:
- he only came to the group home so he could become his own guardian again
- not working on any goals

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V 111	Continued From page 2 During an interview on 9/24/20, the Qualified Professional reported: - the admission assessment was completed on his day of arrival and all his needs/issues and goals are listed in the treatment plan	V 111		
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		

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V 112	Continued From page 3	V 112		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to have an updated treatment plan with goals to address the client's specific needs for 2 of 2 audited clients (#1 and #2). The findings are:

a. Review on 9/8/20 of client #1's record revealed:
- admission date 3/17/20
- diagnoses including: Borderline Intellectual Functioning, Impulse Control Disorder (DO), Major Depressive DO - Recurrent Moderate and Gastro Esophageal Reflux Disease
- a treatment plan dated 3/17/20 with goals to: "take care of my body and to be independent soon"; follow the rules of the group home to maintain placement; increase social skills and productivity by actively participating in day program 5 days a week; complete all personal care needs and household chores; utilize and maintain unsupervised time (up to 10 hours).
- an updated version 6/18/20 with no changes in any goals or strategies

Review on 9/8/20, 9/9/20 and 9/10/20 of Level I incident reports revealed:
- client #1 called 911 at least 22 times between 3/18/20 and 8/24/20 (approximately 5 months). Some of her reasons included wanting to go to the hospital, being mad at staff, property destruction, running away, accusing another client of sexual misconduct (unsubstantiated) and to get the police to stop someone who lives in another town to "stop being mean to her"

Review on 9/9/20 of IRIS (Incident Report Improvement System) reports revealed:
- on 7/4/2020: "...Client (#1) called 911 and

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reported that she was raped by another client (#2)...At about 5pm on Thursday July 2, 2020, [Client #1] called 911 and reported that a male resident raped her in the middle of the night. Officers and EMS (Emergency Medical Services) crew came to the facility immediately to address the situation. Client was transported to the hospital after officers and EMS team spoke with her. She was discharged same day...In the morning of Friday July 3, [Client #1] stated that she made up the story and that it did not happen, She then apologized to staff and other resident for her behavior...Shortly after client apologized for her behavior, she became upset and verbally aggressive towards staff and other resident. [Client #1] threatened to beat up staff, hurt her, hurt other resident and then hurt herself. For the safety of [Client #1] and others, a petition for Involuntary commitment was filed with the magistrate. Client was taken to [Local Hospital] for evaluation and treatment.

- on 8/26/20: "...After dinner on Wednesday August 26, 2020, client (#1) and a male house mate sat and watched television programs in the living room while staff monitored them. As staff (#1) stepped into medication room to prepare the night medications, client and the male housemate (client #2) went into the bathroom and had sex. When staff returned to the living room, client informed staff that the male housemate raped her.

Staff called local Police for assistance. After speaking with both clients, officers called EMS. Client was transported to [local] hospital by EMS. She was discharged after evaluation with no Symptoms. QP (Qualified Professional) met with both clients at the group home. [Client #1] admitted that she did not call the attention of staff when the male client took her to the bathroom because they both agreed to perform the act. '

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He held my hand and took me into the bathroom. I did not call staff. I reported to staff after.' The male client stated to QP that when staff stepped out of the living room, they both held hands and went into the bathroom and [Client #1] voluntarily pulled her pants down. That he did not rape her. This is the second time [Client #1] alleged that the same housemate raped her. The first time, she stated that she made up the story because the male housemate was her boyfriend and 'dumped' her. Also, it is a new development coming from [Client #1] because she has always presented as a lesbian and has indicated her desire to have a female partner.

- 8/29/2020; A Notice of discharge for other reasons has been sent to client's Legal Guardian who is searching for another placement for her. Staff continues to monitor clients closely."

- On "9/4/2020 "During a visit to the house by a State Surveyor on Thursday September 3, 2020, [Client #1] reported to her that a male house mate (client #2) had sex with her earlier in the day. She referred to the same male house mate (client #2) that she called her boyfriend. Staff had intensified close monitoring of these two clients since the first report. On this particular morning, both clients were within the line of sight of staff before the male client was transported to the day program along with other male clients, while [Client #1] was at the house. By the time the male client returned to the house, the state surveyor was there and QP came to the house shortly after. QP interviewed the male client and he said, 'We were just talking in the living room and I was telling her what happened at the program. I asked her if she wanted to do something and she said NO.' [Client #1] maintained that they had sex earlier in the day but did not remember time. Other male residents said they did not witness it happen. [Client #1] did not

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report to staff before the arrival of the Surveyor. [Client #1] has been served with a notice of discharge for other reasons through her Legal Guardian and has till September 8, 2020 to move out of the house."

b. Review on 9/8/20 of client #2's record revealed:
- admission date 7/1/20
- diagnoses including: Borderline Intellectual Functioning, Impulse Control Disorder (DO), Schizoaffective DO, Traumatic Brain Injury and hearing loss
- a treatment plan dated 7/1/20 with goals to follow the rules of the group home, attend a day program 5 days per week and to use unsupervised time in the community appropriately
- no goals addressing adult daily living skills, sexual urges or leaving the home
- see incident reports dated 7/4/20, 8/26/20 and 9/4/20 regarding client #2
- no changes made to the treatment plan or interventions uses
- a progress note dated 7/31/20 with "...needs...and a structured environment where he can be assisted with cooking, cleaning, medication administration and transportation,,,He also has a history of sexual urges but has verbalized that he wants to start a new page in his life..."
- a progress note dated 8/31/20 with: After rape allegation on 8/24/20; "...QP met with both clients...[Client #2] stated...he did not rape her...that she made up the story..Staff continues to monitor residents closely
- a note on the client's current treatment plan with:
  - "8/1/20 [client #2] has been leaving the facility without informing supervising staff...unable to explain where he went or why he doesn't stay

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V 112	Continued From page 7 at the house as agreed...8/6/20...will arrange meeting with his Legal Guardian to discuss and develop possible plan of action..." - no updates to treatment plan to address ongoing issues of safety and leaving the program During an interview on 9/9/20, the Qualified Professional reported: - client #2's bedroom was changed after the first accusation to provide more safety for client #1 - he spoke with both clients regularly about their issues and consequences - both clients were currently being referred to other programs and had been given 60 day notices - direct care staff were always present and supervised the clients. Client #1 was known to make false accusation - he had written up a progress note directly on the treatment plans about these issues. - no changes had been made to goals and interventions on the treatment plan. - "	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 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	V 290		

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V 290	Continued From page 8 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have staff-client ratios above the minimum numbers to enable staff to respond to	V 290		

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individualized client needs effecting 2 of 2 audited clients (#1 and #2). The findings are:

a. Review on 9/8/20 of client #1's record revealed:
- admission date 3/17/20
- diagnoses including: Borderline Intellectual Functioning, Impulse Control Disorder (DO), Major Depressive DO - Recurrent Moderate and Gastro Esophageal Reflux Disease

Review on 9/8/20, 9/9/20 and 9/10/20 of Level I incident reports revealed:
- client #1 called 911 at least 22 times between 3/18/20 and 8/24/20 (approximately 5 months). Some of her reasons included wanting to go to the hospital, being mad at staff, property destruction, running away, accusing another client of sexual misconduct (unsubstantiated) and to get the police to stop someone who lives in another town to "stop being mean to her"

Review on 9/9/20 of IRIS (Incident Report Improvement System) reports revealed:
- on 7/4/2020: "...Client (#1) called 911 and reported that she was raped by another client (#2)...At about 5pm on Thursday July 2, 2020, [Client #1] called 911 and reported that a male resident raped her in the middle of the night. Officers and EMS (Emergency Medical Services) crew came to the facility immediately to address the situation. Client was transported to the hospital after officers and EMS team spoke with her. She was discharged same day...In the morning of Friday July 3, [Client #1] stated that she made up the story and that it did not happen, She then apologized to staff and other resident for her behavior...Shortly after client apologized for her behavior, she became upset and verbally aggressive towards staff and other resident.

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[Client #1] threatened to beat up staff, hurt her, hurt other resident and then hurt herself. For the safety of [Client #1] and others, a petition for Involuntary commitment was filed with the magistrate. Client was taken to [Local Hospital] for evaluation and treatment.

- on 8/26/20: "...After dinner on Wednesday August 26, 2020, client (#1) and a male house mate sat and watched television programs in the living room while staff monitored them. As staff (#1) stepped into medication room to prepare the night medications, client and the male housemate (client #2) went into the bathroom and had sex. When staff returned to the living room, client informed staff that the male housemate raped her.

Staff called local Police for assistance. After speaking with both clients, officers called EMS. Client was transported to [local] hospital by EMS. She was discharged after evaluation with no Symptoms. QP (Qualified Professional) met with both clients at the group home. [Client #1] admitted that she did not call the attention of staff when the male client took her to the bathroom because they both agreed to perform the act. ' He held my hand and took me into the bathroom. I did not call staff. I reported to staff after.' The male client stated to QP that when staff stepped out of the living room, they both held hands and went into the bathroom and [Client #1] voluntarily pulled her pants down. That he did not rape her. This is the second time [Client #1] alleged that the same housemate raped her. The first time, she stated that she made up the story because the male housemate was her boyfriend and 'dumped' her. Also, it is a new development coming from [Client #1] because she has always presented as a lesbian and has indicated her desire to have a female partner.

- 8/29/2020; A Notice of discharge for other

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reasons has been sent to client's Legal Guardian who is searching for another placement for her. Staff continues to monitor clients closely."

- On "9/4/2020 "During a visit to the house by a State Surveyor on Thursday September 3, 2020, [Client #1] reported to her that a male house mate (client #2) had sex with her earlier in the day. She referred to the same male house mate (client #2) that she called her boyfriend. Staff had intensified close monitoring of these two clients since the first report. On this particular morning, both clients were within the line of sight of staff before the male client was transported to the day program along with other male clients, while [Client #1] was at the house. By the time the male client returned to the house, the state surveyor was there and QP came to the house shortly after. QP interviewed the male client and he said, 'We were just talking in the living room and I was telling her what happened at the program. I asked her if she wanted to do something and she said NO.' [Client #1] maintained that they had sex earlier in the day but did not remember time. Other male residents said they did not witness it happen. [Client #1] did not report to staff before the arrival of the Surveyor. [Client #1] has been served with a notice of discharge for other reasons through her Legal Guardian and has till September 8, 2020 to move out of the house."

During an interview on 9/1/20, client #1 reported:

- staff #1 was in her room. Staff always in own room and doesn ' t supervise clients Staff don't do anything to help her
- she tells them to leave her alone, Says goddamn it and is mean to Michael - says "fix your pants, what the hell are you doing"? Staff #1 said she was an instigator
- Staff #1 always in her room. Right after

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meals or meds (medications) she goes back to her room no going out.

During an interview on 9/1/20, staff #1 reported:
- she works 24/7 but is off the clock between 10:00pm - 5:30am
- she still does checks hourly during the day.
- clients complain that she is always watching them
- they could use more staff if needed but clients are able to do for themselves
- she can't always have eyes on them
- after moving client #2's bedroom away from client #1, there were no other changes in their treatment and supervision.

b. Review on 9/8/20 of client #2's record revealed:
- admission date 7/1/20
- diagnoses including: Borderline Intellectual Functioning, Impulse Control Disorder (DO), Schizoaffective DO, Traumatic Brain Injury and hearing loss
- a treatment plan dated 7/1/20 with goals including to follow the rules of the group home, attend a day program 5 days per week and to use unsupervised time in the community appropriately
- no goals addressing adult daily living skills, sexual urges or leaving the home
- see incident reports dated 7/4/20, 8/26/20 and 9/4/20 regarding client #2
- a progress note dated 7/31/20 with "...needs...and a structured environment where he can be assisted with cooking, cleaning, medication administration and transportation,,,He also has a history of sexual urges but has verbalized that he wants to start a new page in his life..."
- a progress note dated 8/31/20 with: After rape allegation on 8/24/20; "...QP met with both

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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 290	Continued From page 13 clients...[Client #2] stated...he did not rape her...that she made up the story..Staff continues to monitor residents closely - a note on the client's current treatment plan with: - "8/1/20 [client #2] has been leaving the facility without informing supervising staff...unable to explain where he went or why he doesn't stay at the house as agreed...8/6/20...will arrange meeting with his Legal Guardian to discuss and develop possible plan of action..." During an interview on 9/1/20, client #2 reported: - Staff #1 treats him bad, cusses and swears, he doesn ' t know why - Staff #1 walks around all the time to make sure clients are there During an interview on 9/9/20, the Qualified Professional reported: - client #2's bedroom was changed after the first accusation to provide more safety for client #1 - he spoke with both clients regularly about their issues and consequences - both clients were currently being referred to other programs and had been given 60 day notices - direct care staff were always present and supervised the clients. Client #1 was known to make false accusation - he had written up a progress note directly on the treatment plans about these issues. - no changes had been made to goals and interventions on the treatment plan.	V 290		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL042-084	A. BUILDING: _____ B. WING _____	C 09/24/2020

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V 367	Continued From page 14 REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information	V 367		

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V 367	Continued From page 15 obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.	V 367		

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V 367	Continued From page 16	V 367		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed submit all Level II incidences to the LME within 72 hours of becoming aware of the incident. The findings are:

Review on 9/1/20 and 9/2/20 of facility record revealed 15 reports of calls made to 911 where police responded to the group home written as Level I reports. All the calls were made by the same client (#1) and were all deemed unnecessary. These incidences occurred on:
8/6/20, 8/3/20,
6/27/20, 6/7/20,
6/6/20, 5/30/20,
5/29/20, 5/16/20,
5/15/20, 5/1/20
4/14/20, 3/25/20 (x4)

During an interview on 9/1/20, client #1 reported she was the person who made the calls. She called because staff weren't doing what she wanted them to do or she wanted to go to the hospital or she felt someone was being mean to her.

During an interview on 9/1/20, staff #1 reported client #1 would make the 911 calls with her personal cell phone without the staff's knowledge. She would only find out when the police showed up at the door. Although both the police and staff talked to client #1 about the consequences of

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V 367	Continued From page 17 continuing to do this, client #1 never stopped calling until she broke her phone.	V 367		