

December 21, 2020

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

Re: Plan of Correction for Deficiencies found
Hicks House of Care
2611 Zola Drive
Greensboro, NC 27405
MHL # 041-1151

Dear Mrs. Branton,

Enclosed you will find Plan of Correction addressing all deficiencies. Please feel free to contact me at (336)681-1653 if you should have any questions.

Kindest Regards,

Derrick Hicks, CEO

RECEIVED

DEC 30 2020

DHSR-MH Licensure Sect

Hicks House of Care, LLC

December 21, 2020

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

Re: Plan of Correction for Deficiencies found
Hicks House of Care
2611 Zola Drive
Greensboro, NC 27405
MHL # 041-1151
hickshouseofcare@yahoo.com
Intake #NC00171730

Dear Mrs. Branton,

Enclosed you will find Plan of Correction addressing all deficiencies for a survey completed on 12/07/2020. The complaint, #NC00171730 was substantiated. Please feel free to contact me at (336)681-1653 if you should have any questions.

Kindest Regards,

Derrick Hicks, CEO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED

12/07/2020

NAME OF FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------------|--|---------------------|---|----------------------------|
| V112 | | V112 | <p>P2</p> <p>The facility did not meet the rules of the Behavior Plan based on evidence in the records and interviews. There were areas of miscommunication which caused the facility to fully enforce the plan as intended. Prior to the survey, communication was held between the QP and the Community Navigator regarding the client not returning to the residential home on time and going beyond the stated parameters. The evidence of the conversation is contained in text messages between the QP and the Community Navigator. After reporting the violations to the Community Navigator, the facility was led to believe that we were in compliance with the client's Behavior Plan.</p> <p>The facility will follow the approved behavior plan which was developed by a Licensed Psychological Associate (LPA) on 8/28/19 and last revised on 10/6/20 and again 11/16/2020 meeting. The individual has a diagnosis of Mild Intellectual Disability, Attention Deficit Hyperactivity Disorder. Bipolar Disorder, Conduct Disorder. Vitamin D Deficiency and Seasonal Allergies. The facility will adhere to the agreed approved plan:</p> <p>1. The client will sign out and back in form the residential home. He agreed to ride his bike up to 30-45 minutes 7 days a week in his neighborhood. If he does not return within the 45 minute time frame, a staff will drive the route to look for him. If there is an incident which causes the client to get irritated, he will leave the area immediately and call staff. If there is an incident which threatens his safety, in any way, he will immediately leave that area and call staff. If there is any type of incident (safety, frustration, not back in 45 minutes, goes somewhere other than the agreed upon route (the team will meet before he leaves the residential home again. An addendum was added to the BSP on 10/6/2020: The client requested to change the route that he can take. The agreement remained that the client will sign out and back in. The route changed from his home to Food lion near his home and back. IF the does not return within the 45 minute time frame, staff will derive the route to look for him. He if cannot be located, staff will call the police. If there is an incident, the client will leave the area and call staff immediately.</p> | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

CEO

12-21-2020

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| V112 | | V112 | <p>P3</p> <p>The facility has revised the steps of the sign out and sign in log for the client. The client will continue to sign out and sign back in upon return, entering the time he left and the time he returned. Staff will answer the question as to whether he returned on time. Evidence of compliance to unsupervised time in the community will be verified by the Life 360 App, which is now on all staff's phone to track the individual when he is in the community.</p> <p>If the person fails to return on time or veers off the designated route, he will not be allowed to leave the residence again. The facility will contact the treatment team to call a meeting. The client will not be allowed to leave the residence again independently.</p> <p>The facility will ensure that the client has only 1 (one) unsupervised outing in the community per day. He can go back out only with staff after he returns from his unsupervised outing.</p> <p>The Community Navigator was aware that the client was not following the Behavior Plan guidelines as the QP informed her of the infractions prior to the survey. The Community Navigator denied knowing about this. The conversation between the QP and Community Navigator is evidenced in text messages for the month of October and November 2020.</p> <p>Any changes/ addendum to the current Behavior Plan will be communicated to all staff at the Hicks House of Care. The facility will request training on the plan from the Psychological Associate.</p> <p>The agency will adhere to all steps, guidelines and rules of the Behavior Plan, including going to look for the client and call the police if he cannot be found. The client has been in compliance since the November 16, 2020 treatment team meeting. The facility will continue to support and counsel the client on adherence to the Behavior Plan.</p> | 11/17/2020 |

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[Handwritten Signature]

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| V112 | | V112 | <p>P4</p> <p>The facility has revised the Sign Out and Sign In Log for the client. Staff will check the log daily to ensure that the client signed out and in as required. Upon return, staff will respond to the question as whether the clients stayed within his time frame of 45 minutes. Staff will verify this from checking the Life 360 App, which shows departure and return time, routes taken and any unusual circumstances. The QP will review the log at least once a week to determine that client and staff are adhering to the guidelines. The facility will notify the treatment team immediately to inform them of any deviations from the plan. The client will not be allowed to go out again on unsupervised time until a meeting has been held.</p> | 12/21/2020 |

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[Signature]
FORM CMS-2567 (02/99) Previous Versions Obsolete

CEO

12-21-2020

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411151 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/07/2020 |
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| NAME OF PROVIDER OR SUPPLIER HICKS HOUSE OF CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 2611 ZOLA DRIVE GREENSBORO, NC 27405 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 12/7/20. The complaint (intake #NC00171730) was substantiated. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> | V 112 | <p>Please see POC page 1 of 4</p> | |

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

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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 interview, the facility failed to implement a treatment plan developed based on the assessment and in partnership with the client affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 12/2/20 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 5/1/12 - Diagnoses of Mild Intellectual Disability, Attention Deficit Hyperactivity D/O (Disorder); Bipolar D/O; Conduct D/O; Vitamin D Deficiency and Seasonal Allergies - A Behavior Support Plan (BSP) developed by a Licensed Psychological Associate (LPA) on 6/28/19 and last revised on 10/6/20 - The BSP included this addendum dated 10/6/20: "[Client #1] requested independent time away from the residential setting. The team agreed on the following: 1. [Client #1] will sign out and back in from the residential home. 2. He agreed to ride his bike up to 30-45 minutes up to 7 days per week in his neighborhood [names of the streets client #1 was to travel], making a circle. 3. If he does not return within the 45-minute time frame, staff will drive the route to look for him. 4. If there is an incident which causes [client #1] to get irritated, he will leave that immediate area immediately and call staff. 5. If there is an incident which threatens his safety in any way, he will immediately leave that area and call staff. 6. If there is any type of incident (safety, frustration, not back within 45 minutes time period, goes somewhere other than agreed upon route), the team will meet before he independently leaves the residential home | V 112 | <p>Please see POC Page 2 of 4</p> | |
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| V 112 | <p>Continued From page 2</p> <p>again..."</p> <p>- The BSP was signed by client #1; the facility's Licensee/Qualified Professional (L/QP) as well as client #1's Care Coordinator, Community Navigator and the LPA</p> <p>Review on 12/7/20 of the same BSP developed on 6/28/19 with an addendum dated 11/6/20 revealed:</p> <p>- "[Client #1] requested to change the route he can take. 1. [Client #1] will sign out and back in from the residential home. 2. He agreed to ride his bike up to 30-45 minutes up to 7 days per week in his neighborhood. The route he will take is from his home to Food Lion near his home and back. 3. If he does not return within the 45-minute time frame, staff will drive the route to look for him. If he cannot be located, staff will call the police. 4. If there is an incident which causes [client #1] to get irritated, he will leave that immediate area immediately, take deep breaths and call staff.</p> <p>5. If there is an incident which threatens his safety in any way, he will immediately leave that area and call staff. 6. If there is any type of incident (safety, frustration, not back within 45 minutes time period, goes somewhere other than agreed upon route), the team will meet before he independently leaves the residential home again. 7. He only has one 30-45 minutes of unsupervised time per day. If he returns at the end of 45 minutes and wants to go again, staff will go with him. As long as staff is with [client #1], he can go other places not on this route chosen by [client #1]. 8. The team will discuss [client #1's] progress on following the rules and taking responsibility for his actions and then expanding his unsupervised time based on this progress at every team meeting."</p> <p>- The BSP was signed by client #1; his</p> | V 112 | <p>Please see POC page 3 of 4 and page 4 of 4 will address deficiencies on pages 3-12</p> | |
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Division of Health Service Regulation

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| V 112 | <p>Continued From page 3</p> <p>facility's L/QP as well as client #1's Care Coordinator, Community Navigator and the LPA</p> <p>Review on 12/1/20 and on 12/2/20 of the client #1's "monitoring form" from 10/8/20 to 12/2/20 revealed:</p> <ul style="list-style-type: none"> - 10/8/20, client #1 signed out (no time listed) with no documentation of what time he returned to the facility; - No documentation of client #1 signing out or in from 10/9/20 to 10/21/20; - 10/22/20, client #1 signed out between 4:00 and 4:01 pm and returned to the facility at 5:26 pm - 10/23/20, client #1 signed out at 12:30 pm with no documentation of what time client #1 returned to the facility listed; - No documentation of client #1 signing out or in from 10/24/20 to 11/9/20 - 11/10/20, client #1 signed out at 1:46 pm. No documentation of what time client #1 returned to the facility was listed; - 11/10/20, client #1 signed out at 2:12 pm. No documentation of what time client #1 returned to the facility was listed; - 11/11/20, client #1 signed out at 2:41 pm and returned to the facility at 3:50 pm; - 11/11/20, client #1 signed out at 4:58 pm. No documentation of what time client #1 returned to the facility listed; - 11/13/20, client #1 signed in at 3:24 pm. No documentation of what time client #1 signed out of the facility listed; - 11/13/20, client #1 signed out at 4:37 pm and returned to the facility at 5:29 pm and - 11/14/20, client #1 signed out at 11:43 am and returned to the facility at 12:58 pm - Beginning from 11/15/20 to 12/2/20, client #1 signed out and in on the facility's "monitoring form" as required and returned to the facility | V 112 | | |

Division of Health Service Regulation

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| V 112 | <p>Continued From page 4</p> <p>within forty-five minutes or less each time</p> <p>Interview on 12/1/20 with client #1 revealed:</p> <ul style="list-style-type: none"> - In October 2020, he and his treatment team agreed he could ride his bicycle for "thirty-five minutes" and he was to follow a pre-determined route in his neighborhood - Client #1 stated that he rode his bicycle most day, with weather permitting - When asked about how his unsupervised time was going, client #1 stated, "First time, a little confusion." - Client #1 reported the "confusion" was regarding the amount of time he could be away from the facility and the route he was to take when riding his bicycle - The L/QP and facility staff had allowed him to ride his bicycle numerous times during the day for between thirty-five to forty-five minutes each time he went out - He had been riding to a local shopping center and returning to the facility later than he was supposed to - When he spoke with his Community Navigator and his Care Coordinator, he was reminded this wasn't what had been agreed upon during his 10/6/20 treatment team meeting - While this wasn't what agreed upon during his meeting, the L/QP and staff had allowed him to leave the facility multiple times per day and to be away from the facility longer than forty-five minutes - After his Care Coordinator and Community Navigator realized he wasn't following the guidelines regarding his unsupervised time in the community, he and his treatment team met again in November 2020 - Since the November 2020 meeting, he was now allowed to ride his bike to a local shopping center where a grocery store was | V 112 | | |
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| V 112 | <p>Continued From page 5</p> <p>located; however, he could only go out once per day for no more than forty-five minutes</p> <ul style="list-style-type: none"> - "There were some issues because [the L/QP] wasn't communicating (about where he could ride and how long he could be away from the facility) with staff." - "Staff was confused, and I was confused." - "There were no issues now that everybody is on the same page." - He was now following the guidelines. He understood that if he followed the rules, his unsupervised time in the community might be increased - "This is a test." <p>Interview on 12/1/20 with staff #1 revealed:</p> <ul style="list-style-type: none"> - When client #1 was first allowed to have unsupervised time in the community, he did not follow the guidelines - Client #1 believed he could go out more than once per day and ride his outside of the route he was supposed to follow - "This happened before the boss man (L/QP) and his case analyst figured out what they needed to do." - Client #1 had no problems when he was out riding his bike, it was just that he was going out too often and staying out longer than he was supposed to - Client #1's treatment team met in November 2020 and the guidelines regarding his unsupervised time were explained to client #1 again - He and the other staff, including the L/QP had participated in a training conducted by client #1's LPA on his BSP within recent weeks - Client #1 was now following the guidelines (signing out and in, riding his bike to the local grocery store and back and returning to the | V 112 | | |
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| V 112 | <p>Continued From page 6</p> <p>facility within forty-five minutes) without any difficulty.</p> <p>Interview on 12/1/20 with staff #2 revealed:</p> <ul style="list-style-type: none"> - Client #1 was allowed to begin riding his bike without staff supervision in October 2020 - Initially, client #1 followed the guidelines established in his BSP regarding his unsupervised time, but then he began to "take advantage of the situation" and started asking staff why he couldn't be away from the facility longer than the agreed upon thirty minutes - Client #1 then began riding his bike outside of the route and wanted to go out to ride his bicycle multiple times per day - His treatment team met in November 2020 and explained to client #1 that it was one time per day for thirty minutes to forty-five minutes a day - Client #1 could now ride his bike to the local grocery store and then return home - He was not to stop and interact with anyone while out riding his bike - He and the other staff, including the L/QP had participated in a training conducted by client #1's LPA on his BSP within recent weeks - Client #1 has been following the guidelines regarding his unsupervised time and had not had any problems - "He doesn't get into nothing, he doesn't bother anybody." <p>Interview on 12/3/20 with client #1's Community Navigator revealed:</p> <ul style="list-style-type: none"> - At client #1's October 2020 treatment team meeting, it was decided that client #1 ride his bicycle one time per day for no more than forty-five minutes - Client #1 was to ride his bike on a pre-determined route in his neighborhood - She learned from client #1's Care | V 112 | | |

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| NAME OF PROVIDER OR SUPPLIER HICKS HOUSE OF CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 2611 ZOLA DRIVE GREENSBORO, NC 27405 |
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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 |
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| V 112 | <p>Continued From page 7</p> <p>Coordinator on 11/14/20, this was not happening and client #1 was being allowed to ride off his route and to go out multiple times per day to ride his bicycle</p> <ul style="list-style-type: none"> - Another treatment team meeting was held on 11/16/20 to address the facility staff's failure to enforce client #1's BSP - She was concerned that staff including the L/QP was not ensuring that client #1 followed the stipulations related to his unsupervised time in the community - Client #1 was higher functioning; however, he did have a history getting into physical altercations with others - On 11/16/20, it was reiterated to the L/QP and all those in attendance that client #1's BSP must be followed to keep client #1 safe and out of trouble. - Since the treatment team meeting in November 2020, the LPA had met with the facility's staff to train them on client #1's BSP and since then, the staff and client #1 had been following his BSP without incident. <p>Interview on 12/4/20 with client #1's Care Coordinator revealed:</p> <ul style="list-style-type: none"> - During the 10/6/20 treatment team meeting held on behalf of client #1, it was agreed upon that client #1 could ride his bicycle one time per day for no more than forty-five minutes and he was to follow a pre-determined route within his neighborhood - On 11/14/20, she received a telephone call from client #1 because a staff was "giving him a hard time" and he wanted her to talk with him - Client #1 reported that staff did not want him to leave the facility more than once to ride his bike without staff being with him - She reminded client #1 of what had been decided during his 10/6/20 treatment team | V 112 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411151 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/07/2020 |
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| V 112 | <p>Continued From page 8</p> <p>meeting</p> <ul style="list-style-type: none"> - She also spoke with the staff if he was aware of the guidelines that client #1 was to follow when he went out for a bicycle ride in the community - The staff was not aware of the route client #1 was to take or that he should have no contact with others while on his bicycle ride - Client #1 questioned her as to why staff including the L/QP allowed him to go out multiple times a day to ride his bicycle if this was not what was supposed to happen - She stated that she had the same question and that she would schedule another treatment team meeting to discuss what was happening - A treatment team meeting was held on 11/16/20 with client #1, the Care Coordinator, client #1's Community Navigator, the L/QP and the LPA in attendance - During the treatment team meeting, it was reiterated to the L/QP and client #1 that because of client #1's history of getting into physical altercations with others, it was important that client #1 strictly adhere to the guidelines listed in his BSP regarding with his unsupervised time in the community - She was unclear as to why the L/QP and the staff in facility had not held client #1 to the requirements written in his BSP - The LPA requested that she be allowed to train the staff on client #1's BSP; however, the L/QP would not agree to this training until recently - Her primary concern was that based on client #1's history, it was imperative that he and his staff follow his BSP; in order to reduce the possibility of client #1 getting into a physical altercation with someone while he was in the community - Since the treatment team meeting on 11/16/20, the LPA had conducted a training with the facility staff on client #1's BSP and it appeared that client #1 and the facility staff were | V 112 | | |
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| V 112 | <p>Continued From page 9</p> <p>following the conditions listed in the BSP without incident.</p> <p>Interview on 12/4/20 with the LPA revealed:</p> <ul style="list-style-type: none"> - She and client #1's treatment team had met on 10/6/20 to discuss client #1's request for unsupervised time in the community - The treatment team and client #1 agreed that client #1 could ride his bicycle for at least forty-five minutes daily, seven days per week - Client #1 was also to follow a pre-determined route within his neighborhood while on his bicycle ride - It was important that client #1 follow the conditions of his unsupervised time as client #1 had a history of exhibiting physical aggression towards others - She had offered to train the staff at the facility on client #1's BSP on multiple occasions; prior to the inclusion of unsupervised time; however, the L/QP had refused to allow her to conduct the training - "There are a few agencies that will not take me up on my offer to train their staff and "[the L/QP] was one of them." - Since the confusion regarding client #1's use of his unsupervised time, she and client #1's treatment team met in November and modified the BSP to meet client #1's request for a change in his route - The L/QP agreed to allow her to train his staff how to best work with client #1 to include how to address the situation, if client #1 failed to follow the guidelines related to his unsupervised time - She met with the staff via telephone on 11/18/20 and trained them on client #1's BSP - She felt it was a good training and felt the staff now understood how to utilize client #1's BSP when working with him. | V 112 | | |

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| V 112 | <p>Continued From page 10</p> <p>Interview on 12/7/20 with the L/QP revealed:</p> <ul style="list-style-type: none"> - During client #1's treatment team meeting on 10/6/20, it was clearly explained to client #1 how he could use his unsupervised time in the community - Client #1 knew he was to ride his bicycle on a pre-determined route in his neighborhood and he was not to stop and engage with others in the community - Client #1 also knew that he was to go out only one time per day for no more than forty-five minutes on his bicycle - Once client #1 was granted unsupervised time in the community, he purchased a "GPS app" (Global Positioning System application) to use on his and client #1's cell phones - This "GPS app" allowed him to know client #1's location at all times - When he realized that client #1 was not following his assigned route and on one occasion, had stopped at a neighbor's house (to play basketball, per client #1), he addressed the issue with client #1 and informed client #1's Community Navigator about client #1's behavior - He did not realize the Community Navigator had not shared this information with client #1's Care Coordinator or his LPA prior to the treatment team meeting held on 11/16/20 - During the treatment team meeting on 11/16/20, client #1's BSP was revised to address client #1's desire to change his route (to ride to a local grocery store) as well as to document options for staff to follow when or if client #1 failed to follow the rules related to his unsupervised time in the community - On 11/18/20, the LPA conducted training with the staff, including himself, about client #1's BSP - Since the 11/16/20 treatment team meeting, client #1 had been following the guidelines for his unsupervised time and there has been no | V 112 | | |
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| V 112 | Continued From page 11 problems. | V 112 | | |