

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  mhl043-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 01/15/2021
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NAME OF PROVIDER OR SUPPLIER  SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326
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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	INITIAL COMMENTS  A complaint survey was completed on January 15, 2021. The complaint (intake #NC00172296) was substantiated and (intake #NC00173415) was unsubstantiated. Deficiencies cited.  This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents	V 000		
V 293	27G .1701 Residential Tx. Child/Adol - Scope  10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and	V 293		

DHSR - Mental Health  
FEB 11 2021  
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Arlette L Van Hook, MSW, LCSW</i>	TITLE Clinical Director	(X6) DATE 2/04/2021
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Division of Health Service Regulation

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V 293	<p>Continued From page 1</p> <p>structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other's responsible for one of one audited client (#1) system of care. The findings are:</p> <p>Review on 1/12/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder. -Treatment plan dated 1/4/21 included the following goals: - "[Client #1] will interact with others within the</p>	V 293		

Division of Health Service Regulation

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V 293	<p>Continued From page 2</p> <p>home, school and community settings in an age appropriate and socially acceptable manner. [Client #1] will respect authority figures and will demonstrate the ability to develop positive peer relationships."</p> <p>- "[Client #1] will improve [Client #1's] communication skills and [Client #1's] ability to recognize, label and express [Client #1's] feelings without becoming defiant, and/or aggressive."</p> <p>- "[Client #1] will increase complaint and respectful behaviors and will follow directions from adults."</p> <p>- "[Client #1] will also maintain a healthy amount of sleep and rest each night on a daily basis."</p> <p>Interview on 1/14/21 with Client #1's Guardian revealed: -Client #1 was in a shared bedroom when she visited. -She found out when she did a seven-day visit. -She reported it was discussed and assured before admission that client #1 would not share a bedroom. -She said it was discussed during the placement child and family team meeting before admission. -This was discussed several days before client #1 moved in.</p> <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed: -Confirmed client #1 had a roommate during guardians' visit. -Reported it was not discussed prior to admission. -The office manager said she was on conference call client #1's team introducing the policy and entering in 30-days. -Office manager reported admission process was done by her and the Clinical Director/President.</p>	V 293		

Division of Health Service Regulation

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V 293	Continued From page 3  -Client #1 was moved out the shared bedroom after the guardian 's seven-day visit when concerns were addressed.	V 293		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).</p> <p>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: The facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional for four of four audited clients (#1, #2, #3 and #4). The findings are:</p>	V 295		



Division of Health Service Regulation

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V 295	<p>Continued From page 4</p> <p>Review on 1/12/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder.</p> <p>Review on 1/21/21 of Client #2's record revealed: -Age: 10 -Admission date: 9/8/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Autism Disorder Post-Traumatic Stress Disorder and Oppositional Defiant Disorder.</p> <p>Review on 1/12/21 of Client #3's record revealed: -Age: 10 -Admission date: 5/28/19. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation and Unspecified Depressive Disorder (with Anxious Distress).</p> <p>Review on 1/12/21 of Client #4's record revealed: -Age: 10 -Admission date: 12/15/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation, Moderate and Oppositional Defiant Disorder.</p> <p>During interview on 1/15/21 with the Qualified Professional and Office Manager revealed: -Worked as the QP for about 3 years. -Confirmed the group home did not have an Associate Professional for over 2 yrs. -Confirmed she provided clinical supervision to the home and staff. -Reported they had three as needed AP's. -They would see if the as needed AP's would work full-time.</p>	V 295		

Division of Health Service Regulation

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V 296	Continued From page 5	V 296		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 6</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to assure (1) it met minimum staffing for a 1700 facility and (2)supervision shall be continuous. The findings are.</p> <p>1. Observation on 1/7/21 at 9:00 a.m. revealed. -Surveyor arrived at the facility at 9:00 a.m. -Staff #5 was the only staff at the facility. -There were four clients at the facility. -The second staff arrived at 10:00 a.m. -Clients were in separate rooms and attending school online.</p> <p>Review on 1/12/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder.</p> <p>Review on 1/12/21 of Client #2's record revealed: -Age: 10 -Admission date: 9/8/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Autism Disorder Post-Traumatic Stress Disorder and Oppositional Defiant Disorder.</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 7</p> <p>Review on 1/12/21 of Client #3's record revealed: -Age: 10 -Admission date: 5/28/19. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation and Unspecified Depressive Disorder (with Anxious Distress).</p> <p>Review on 1/12/21 of Client #4's record revealed: -Age: 10 -Admission date: 12/15/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation, Moderate and Oppositional Defiant Disorder.</p> <p>Interview on 1/7/21 with Staff #7 revealed: -Confirmed she was the only staff at the facility upon surveyor's arrival. -She was waiting for another staff. -The other staff drove the county school bus and would arrive to the facility when done.</p> <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed: -Reported if staff did not arrive on time for their shift the supervisor should be contacted.</p> <p>2. Review on 1/11/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder.</p> <p>Interview on 1/7/21 with Client #1 revealed: -He reported they watched that had no cursing. -He reported listening to music with staff #7 that included cursing. -"We did not watch stuff like that," when asked if</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 8</p> <p>there was cursing in the movies.</p> <p>Interview on 1/7/21 with Client #2 revealed: -The movies had cursing. -They listened to music.</p> <p>Client #3 was unavailable for an interview due to remote learning.</p> <p>Interview on 1/7/21 with Client #4 revealed: -He watched television and movies at the facility. -He watched movies on Netflix. -They watched a lot of cartoon movies. -They listened to rap music with staff #5, staff #6 and staff #8. -Reported there was no cursing in the rap music.</p> <p>Interview on 1/14/21 with Client #1's Guardian revealed: -Client #1 reported that he watched a full movie. -This was confirmed by the home manager. -The movie was a horror movie. -Client #1 reported he was listening to music with inappropriate and explicit lyrics. -This happened around September 2020. - She also believed client #1 had accessed a website that had music. -This occurred during virtual school. -Client #1's parent was looking through his notebook and got a name she did not know. -Client #1 said he got it off the chat room. -It was brought up as a concern more than once.</p> <p>Interview on 1/7/21 with Staff #7 revealed: -She heard in the past about clients watching inappropriate movies. -Clients spoke to her about it. -Clients reported they would watch inappropriate movies with staff #8. -Clients told her they would listen to rap music</p>	V 296		



Division of Health Service Regulation

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V 296	<p>Continued From page 9</p> <p>with staff #8 from his personal phone.</p> <ul style="list-style-type: none"> <li>-The inappropriate movies did not include sex or nudity; it included inappropriate language and activity,</li> <li>-Clients told her they watched R- rated movies in the past with staff #8.</li> </ul> <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> <li>-When client #1 entered the group home the home was switching over cable services.</li> <li>-One of the peers hit one of the movies and turned it on.</li> <li>-They did not have a radio and the car did not work.</li> <li>-Client #1 got upset with a peer and sent a message.</li> <li>-The principle sent an email indicating no inappropriate emails would be used.</li> <li>-Client #1 was doing his work and staff was rotating around.</li> <li>-They got the alert and process with client #1.</li> <li>-Staff knew the rules and had to be followed.</li> <li>-Denied clients watched inappropriate movies and listened to rap music with staff.</li> </ul>	V 296		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for LP</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p> <p>(a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this</p>	V 297		

Division of Health Service Regulation

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V 297	<p>Continued From page 10</p> <p>shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure clinical consultation was provided at the facility at least four hours each week by a licensed professional (LP) for one of one audited client (#1). The findings are:</p> <p>Review on 1/11/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder. -Previous therapist assigned 6/17/20. -Previous therapist sessions terminated 10/21/20 during Child/Family Treatment Team Meeting. -Client assigned new therapist and first session on 12/14/20 at 2 p.m.</p> <p>Review on 1/14/21 of Client #1's Former Therapist Clinical Notes revealed: -6/17/20 - "It was recommended that [Client #1] participate in weekly outpatient therapy to address [Client #1's] symptoms of Post-Traumatic Stress Disorder and factors associated with traits</p>	V 297		

Division of Health Service Regulation

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V 297	<p>Continued From page 11</p> <p>which exhibit characteristics of Disruptive Mood Dysregulation Disorder over the last 12 months. [Client #1] will also engage in activities that address symptoms related to enhancing [Client #1's] peer development skills needed as [Client #1] matures and engages more with groups of people [Client #1's] age. [Client #1] presents with symptoms of intense patterns of expressive behavior and inappropriate communication towards peers/authority figures in various domains (home, school or community), thus needing cognitive training to understand the benefits of change while residing in Level III care for the next 90 days."</p> <p>-7/2/20 - "[Client #1] participated in an assessment in March, May and July 2020 where it was concluded that [Client #1] was at the starting point of working on new goals to adjust within [Client #1's] new environment over the course of next 90 days. In a scale from one to 10, [Client #1] communicates that [Client #1] is at a five in monitoring [Client #1's] progress at this time."</p> <p>-7/30/20 - "[Client #1's] treatment team met and established need for additional therapy sessions utilizing family centered treatment principles thru Lego Therapy on a biweekly basis to continue strengthening family bonds with mandated visits with [Client #1's] mother."</p> <p>-8/6/20 - "Clinician and parent developed a schedule for Family Centered Treatment dates during weekly session in coordination with the facility to ensure there is structured time for family therapy."</p> <p>-8/12/20 - "Family Centered Treatment sessions began with orientation to Lego Therapy with an assessment in gaining perspective into family communication skills."</p> <p>-8/19/20 - "[Client #1] and parent participated in genogram and back to school survey for building</p>	V 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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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 297	<p>Continued From page 12</p> <p>communication skills towards identifying strengths within the family relationship." Additional family therapy sessions included the following dates and participants revealed:</p> <ul style="list-style-type: none"> <li>-8/27/20 - Therapist, [Client #1], parent and Sierra Residential Staff.</li> <li>-9/2/20 - Therapist, [Client #1] and Sierra Residential Staff.</li> <li>-9/10/20 - Therapist, [Client #1], parent and Sierra Residential Staff.</li> <li>-9/16/20 - Therapist, [Client #1] and Sierra Residential Staff.</li> <li>-9/21/20 - Therapist, [Client #1], parent and Sierra Residential Staff.</li> <li>-9/30/20 - Therapist, [Client #1], parent and Sierra Residential Staff.</li> <li>-10/5/20 - Therapist, [Client #1], parent and Sierra Residential Staff.</li> <li>-10/22/20 - "[Client #1's] stakeholders meet to discuss the future treatment options where [Client #1's] services with individual/family therapy were discontinued at the direction of [Client #1's] [County] guardian ..."</li> </ul> <p>Review on 1/13/21 of Client #1's Treatment Plan dated 1/4/21 revealed:</p> <ul style="list-style-type: none"> <li>- "Brief Summary: Child/Family Treatment Team Meeting was conducted on 120/21/20 ..."</li> <li>- "Concerns addressed ... [Former Therapist] was invited to briefly discuss method of therapy used etc. which was sighted as progression. Conversation led into [Client #1's] [County] guardian asking why [FT] changed [FT's] recommendation from Level III to Level II. [FT] explained that [FT] had time to thoroughly evaluate [Client #1] across all settings and Level II is [FT's] clinical recommendation. [Client #1's] [County] guardian stated well we will no longer use your service to [FT]. [FT] sated [FT] will completed supervised phone call this week with</li> </ul>	V 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 297	<p>Continued From page 13</p> <p>[Client #1] and [Client #1's] mother wishing them well ..."</p> <p>Interview on 1/14/21 with Client #1's Guardian revealed:</p> <ul style="list-style-type: none"> <li>-They didn't start individual and family therapy in the timely manner.</li> <li>-The facility also promised weekly family phone calls supervised by group home therapist and that did not happen initially.</li> <li>-The therapy did not start until the middle to end of July for any therapy.</li> <li>-Client #1 needed weekly individual therapy and did not receive it.</li> <li>-Client #1 should at least had every other week family therapy and weekly individual therapy.</li> <li>-Client #1 was placed at the home group in June and did not start therapy until August 2020.</li> <li>-Client #1's participation in an assessment in March and May of 2020 was prior to admission.</li> <li>-Assessment in July 2020 was during the time client #1 was admitted.</li> <li>-Client #1 was admitted in June and therapy did not start until August 2020.</li> </ul> <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> <li>-Initially the therapist was supposed to come to the house.</li> <li>-Therapist was providing therapy individual and family therapy over the phone with client #1.</li> <li>-The therapist and client #1's mother made the schedule.</li> <li>-Once therapist and family established date and time, QP would call the home to ensure client #1 was available.</li> <li>-During child and family team meeting, therapist and guardian discussed reason individual therapy was not facilitated weekly.</li> <li>-The therapist needed to get authorization to</li> </ul>	V 297		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 297	Continued From page 14 provide individual and family therapy. -Every other week therapy was setup. -They were using the group therapist to provide individual therapy until regular therapist obtained authorization. -The guardian agreed to utilize the group therapist for individual therapy until outside one was established. -Upon exit they would get individual and family therapy notes from the group therapist. -On 1/19/21 the office manager said the group therapist confirmed conducting individual and family therapy sessions. -The group therapist reportedly did not document sessions.	V 297		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based,	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 536	<p>Continued From page 15</p> <p>include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol> <p>(h) Service providers shall maintain</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 536	<p>Continued From page 16</p> <p>documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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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 536	<p>Continued From page 17</p> <p>interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, two audited staff (#5, #6) failed to demonstrate competency in the proper use of alternatives to</p>	V 536		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhi043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 536	<p>Continued From page 18</p> <p>restrictive interventions. The findings are:</p> <p>Review on 1/13/21 Staff #5's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hired date of 4/9/2018.</li> <li>-Non-Violent Crisis Intervention plus (NCI +) Restrictive annual recertification April 2020.</li> <li>-Suspended 1/6-1/8, 2021.</li> <li>-Returned to work 1/11/21.</li> <li>-Staff was not retrained before returning to work.</li> </ul> <p>Review on 1/13/21 of Staff #6's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hired date of 8/25/20.</li> <li>-Non-Violent Crisis Intervention plus (NCI +) Restrictive annual recertification August 26, 2020.</li> <li>-Suspended 1/6-1/8, 2021.</li> <li>-Return to work 1/11/21.</li> <li>-Staff was not retrained before returning to work.</li> </ul> <p>Review on 1/12/21 of Level II Incident reported dated 1/6/21 revealed:</p> <ul style="list-style-type: none"> <li>- "On January 4, 2021, at approximately 7:30 p.m., [Staff #5] reported that [Client #1] was upset because [Client #1] did not want to complete the chore that was assigned to [Client #1]. [Staff #5] reported that [Client #1] was sent to [Client #1's] room to calm down and start hygiene. [Staff #5] reported [Staff #5] immediately followed [Client #1] to [Client #1's] room to assure [Client #1] was ok because [Client #1] was slamming doors and attempted to do property destruction and self-harm. [Staff #5] reported that [Client #1] started to slam the bedroom door multiple times. [Staff #5] reported that [Staff #5] stepped into the room and attempted verbal de-escalation with [Client #1]. [Staff #5] reported that [Staff #5] monitored [Client #1] attempting to put a light in a wall socket. [Staff #5] reported that when [Staff #5] took the light from [Client #1], [Client #1] ran</li> </ul>	V 536		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 536	<p>Continued From page 19</p> <p>toward [Staff #5] to hit [Staff #5] and [Staff #5] placed [Client #1] in an NCI Plus Therapeutic hold. [Staff #5] reported that while [Client #1] was placed in an NCI Plus Therapeutic hold, [Client #1] was kicking and going wild therefore [Staff#5] yelled out for assistance for [Staff #6]. [Staff #6] reported that [Staff #6] assisted [Staff #5] when [Staff #5] called out for assistance. [Staff #6] reported that [Client #1] was kicking and hitting [Staff #5] upon [Staff #6] entering the bedroom. [Staff #6] reported that [Staff #6] immediately held and blocked [Client #1's] legs while [Client #1] was placed in an NCI Plus Therapeutic hold in a standing position to stop [Client #1] from assaulting (kicking) [Staff #5]. [Staff #5] reported that the NCI Plus Therapeutic hold was released within 3-4 minutes when [Client #1] was clam. Staff debriefed [Client #1] regarding [Client #1's] display of inappropriate behaviors. Staff discussed and explored with [Client #1] more positive strategies for coping and managing [Client #1's] feelings of anger, frustration and disappointment. [Client #1] was receptive and remained calm and complaint without further incident."</p> <p>Interview on 1/12/21 with Staff #5 revealed:</p> <ul style="list-style-type: none"> <li>-She usually worked 8-4 shift but due to other staff having Covid she also worked 12:00 p.m. - 12:00 a.m.</li> <li>-Worked as a Paraprofessional.</li> <li>-Reason client #1 put in a therapeutic hold due to non-compliant, verbally and physically aggressive to staff and violating house rules.</li> <li>-Client #1 was washing dishes before the therapeutic hold.</li> <li>-She initiated the hold.</li> <li>-Client #1 was washing dishes and the staff #6 had assisted client #1 with the dishes.</li> <li>-Client #1 became verbally aggressive during dish</li> </ul>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 536	<p>Continued From page 20</p> <p>washing towards staff #6.</p> <ul style="list-style-type: none"> <li>-She and staff #6 kept explaining to client #1 why client #1 had to wash the dishes.</li> <li>-Client #1 was upset that he had to wash the dishes.</li> <li>-Every week clients have a different chore.</li> <li>-As staff #6 kept trying to calm client #1 down, client #1 became physically aggressive while washing the dishes and charged after staff #6.</li> <li>-She told client #1 to take a break, go in the room and calm down.</li> <li>-When client #1 went to his bedroom, she and staff #6 went in the bedroom to make sure client #1 was okay.</li> <li>-Clients were not allowed to be out of staff eye sight.</li> <li>-Clients must always be monitored.</li> <li>-When she walked in client #1's room, she caught client #1 with the lamp without the cover and facing the light bulb to the electrical outlet.</li> <li>-She took the lamp from client # and told client #1 reason she took it.</li> <li>-She told client #1 she took the lamp because it could have caused harm to him and the house.</li> <li>-She said it could have caused a fire.</li> <li>-Once she took the lamp from client #1, he became physically aggressive towards her.</li> <li>-She was in client #1's room and staff #6 was standing at client #1's door to see the other clients while she implemented the therapeutic hold by herself.</li> <li>-She was suspended from January 6-8 and returned January 11, 2021.</li> <li>-She did not have to repeat NCI plus training.</li> </ul> <p>Interview on 1/12/21 with Staff #6 revealed:</p> <ul style="list-style-type: none"> <li>-She was hired the end of August or beginning of September 2020 as a Paraprofessional.</li> <li>-Her normal shift was weekends Friday, Saturday and Sunday but due to coworkers getting sick she</li> </ul>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 536	<p>Continued From page 21</p> <p>had been working 4p.m. to 12:00 a.m. Monday through Fridays.</p> <ul style="list-style-type: none"> <li>-The therapeutic hold happened on the 4 p.m. - 12:00 a.m. shift on 1/4/21.</li> <li>-The therapeutic hold occurred after dinner.</li> <li>-She and staff #5 had all the boys doing their chores before bed.</li> <li>-Client #1's chore was the kitchen.</li> <li>-Client #1 had to wipe off the counters, wash the dishes in the sink and sweep the kitchen floor.</li> <li>-She told client #1 that she would sweep and mop if client #1 would wash the dishes.</li> <li>-Client #1 was having a behavior before the shift.</li> <li>-Client #1 was agitated and anytime someone said something client #1 was on edge.</li> <li>-Client #1 was yelling asking why he had to do chores.</li> <li>-She told client #1 that she would help him with the chores.</li> <li>-Client #1 was standing by the sink and she was by the door way (entry way) to monitor other clients.</li> <li>-Staff #5 was getting clients medication together in the living room.</li> <li>-Client #1 started throwing the dishes.</li> <li>-She asked client #1 not to throw the dishes.</li> <li>-When she said that, client #1 came towards her.</li> <li>-Client #1 had his fist balled up and walking fast towards her.</li> <li>-Client #1 was yelling saying, "he don't know why he had to wash the dishes, this isn't fair."</li> <li>-Staff #5 got up and said to client #1, "we're not doing that." Staff #5 asked client to go to his room.</li> <li>-Staff had to keep an eye on all clients.</li> <li>-Staff #5 followed client #1 to client #1's room to make sure client #1 was okay.</li> <li>-Client #1 was angry at her, so staff #5 followed client #1 to help defuse the situation.</li> <li>-She instructed the other clients to go to bed.</li> </ul>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 536	<p>Continued From page 22</p> <ul style="list-style-type: none"> <li>-This was about 8:30 p.m. - 9:00 p.m. clients normal bed time.</li> <li>-Once she got the clients in bed, she heard client #1 yelling.</li> <li>-She saw client #1 standing by his electrical outlet by his bed.</li> <li>-She seen client #1 with a pencil and lamp in his hand.</li> <li>-She was not sure what client #1 was doing.</li> <li>-Staff #5 took the lamp and pencil from client #1 and told him it was an unsafe behavior.</li> <li>-Staff #5 took the items away because she did not want client #1 to harm himself.</li> <li>-Staff #5 took the items and client #1 got more aggressive.</li> <li>-Client #1 had a short fuse and it was not hard to upset client #1.</li> <li>-Client #1 started yelling in staff #5's face.</li> <li>-Staff #5 kept telling client #1 it was time to lie down.</li> <li>-Client #1 disregarded any redirection staff #5 given him.</li> <li>-At that point, staff #5 felt client #1 was unsafe and put him in a therapeutic hold.</li> </ul> <p>Interview on 1/14/21 with the NCI Plus Trainer revealed:</p> <ul style="list-style-type: none"> <li>-He was the NCI Plus trainer for the agency for at least 3 or 4 years.</li> <li>-There were guidelines to what could be taught due to Covid.</li> </ul> <p>Training was in person but not for the physical part.</p> <ul style="list-style-type: none"> <li>-Trained staff utilizing educational and instructional including showing films.</li> </ul> <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> <li>-In the past staff #5 and staff #6 de-escalated clients very well when she was at the group</li> </ul>	V 536		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 536	Continued From page 23  home. -All staff will be retrained on 1/19/21.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO  10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 537		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 24</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 25</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 26</p> <p>coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, two of two facility staff (#5, #6) failed to demonstrate competency in the proper use of restrictive intervention procedures. The findings are:</p> <p> </p> <p>Review on 1/13/21 Staff #5's personnel record revealed: -Hired date of 4/9/2018.</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 27</p> <ul style="list-style-type: none"> <li>-Non-Violent Crisis Intervention plus (NCI +) Restrictive annual recertification April 2020.</li> <li>-Suspended 1/6-1/8, 2021.</li> <li>-Returned to work 1/11/21.</li> <li>-Staff was not retrained before returning to work.</li> </ul> <p>Reviewon 1/13/21 of Staff #6's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hired date of 8/25/20.</li> <li>-Non-Violent Crisis Intervention plus (NCI +) Restrictive annual recertification August 26, 2020.</li> <li>-Suspended 1/6-1/8, 2021.</li> <li>-Return to work 1/11/21.</li> <li>-Staff was not retrained before returning to work.</li> </ul> <p>Review on 1/12/21 of Level II Incident reported dated 1/6/21 revealed:</p> <ul style="list-style-type: none"> <li>- "On January 4, 2021, at approximately 7:30 p.m., [Staff #5] reported that [Client #1] was upset because [Client #1] did not want to complete the chore that was assigned to [Client #1]. [Staff #5] reported that [Client #1] was sent to [Client #1's] room to calm down and start hygiene. [Staff #5] reported [Staff #5] immediately followed [Client #1] to [Client #1's] room to assure [Client #1] was ok because [Client #1] was slamming doors and attempted to do property destruction and self-harm. [Staff #5] reported that [Client #1] started to slam the bedroom door multiple times. [Staff #5] reported that [Staff #5] stepped into the room and attempted verbal de-escalation with [Client #1]. [Staff #5] reported that [Staff #5] monitored [Client #1] attempting to put a light in a wall socket. [Staff #5] reported that when [Staff #5] took the light from [Client #1], [Client #1] ran toward [Staff #5] to hit [Staff #5] and [Staff #5] placed [Client #1] in an NCI Plus Therapeutic hold. [Staff #5] reported that while [Client #1] was placed in an NCI Plus Therapeutic hold, [Client #1] was kicking and going wild therefore [Staff#5]</li> </ul>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 28</p> <p>yelled out for assistance for [Staff #6]. [Staff #6] reported that [Staff #6] assisted [Staff #5] when [Staff #5] called out for assistance. [Staff #6] reported that [Client #1] was kicking and hitting [Staff #5] upon [Staff #6] entering the bedroom. [Staff #6] reported that [Staff #6] immediately held and blocked [Client #1's] legs while [Client #1] was placed in an NCI Plus Therapeutic hold in a standing position to stop [Client #1] from assaulting (kicking) [Staff #5]. [Staff #5] reported that the NCI Plus Therapeutic hold was released within 3-4 minutes when [Client #1] was clam. Staff debriefed [Client #1] regarding [Client #1's] display of inappropriate behaviors. Staff discussed and explored with [Client #1] more positive strategies for coping and managing [Client #1's] feelings of anger, frustration and disappointment. [Client #1] was receptive and remained calm and complaint without further incident."</p> <p>Interview on 1/12/21 with Staff #5 revealed:</p> <ul style="list-style-type: none"> <li>-She usually worked 8-4 shift but due to other staff having Covid she also worked 12:00 p.m. - 12:00 a.m.</li> <li>-Worked as a Paraprofessional.</li> <li>-Reason client #1 put in a therapeutic hold due to non-compliant, verbally and physically aggressive to staff and violating house rules.</li> <li>-Client #1 was washing dishes before the therapeutic hold.</li> <li>-She initiated the hold.</li> <li>-Client #1 was washing dishes and the staff #6 had assisted client #1 with the dishes.</li> <li>-Client #1 became verbally aggressive during dish washing towards staff #6.</li> <li>-She and staff #6 kept explaining to client #1 why client #1 had to wash the dishes.</li> <li>-Client #1 was upset that he had to wash the dishes.</li> </ul>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 29</p> <ul style="list-style-type: none"> <li>-Every week clients have a different chore.</li> <li>-As staff #6 kept trying to calm client #1 down, client #1 became physically aggressive while washing the dishes and charged after staff #6.</li> <li>-She told client #1 to take a break, go in the room and calm down.</li> <li>-When client #1 went to his bedroom, she and staff #6 went in the bedroom to make sure client #1 was okay.</li> <li>-Clients were not allowed to be out of staff eye sight.</li> <li>-Clients must always be monitored.</li> <li>-When she walked in client #1's room, she caught client #1 with the lamp without the cover and facing the light bulb to the electrical outlet.</li> <li>-She took the lamp from client # and told client #1 reason she took it.</li> <li>-She told client #1 she took the lamp because it could have caused harm to him and the house.</li> <li>-She said it could have caused a fire.</li> <li>-Once she took the lamp from client #1, he became physically aggressive towards her.</li> <li>-She was in client #1's room and staff #6 was standing at client #1's door to see the other clients while she implemented the therapeutic hold by herself.</li> <li>-Staff #6 was standing by the door.</li> <li>-Once she had client #1 in a hold, client #1 started fighting and kicking her and trying to get out of the hold.</li> <li>-Once client #1 got one arm free and still trying to kick and fight her, she asked staff #6 to help with a two man hold because client #1 was too aggressive.</li> <li>-The technique allowed to do one man hold.</li> <li>-It was like a bear hug with arms crisscrossed in front of client #1 and his back into her chest.</li> <li>-At the beginning of the one man hold they were standing up.</li> <li>-During two man hold she and staff #6 laid client</li> </ul>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 30</p> <ul style="list-style-type: none"> <li>#1 on the floor.</li> <li>-Client #1 had his arms behind his back with his legs straight.</li> <li>-Client #1 held client's legs.</li> <li>-She was holding client #1's arms.</li> <li>-Reported that was the technique for a two man hold.</li> <li>-She denied holding clien#1's neck down</li> <li>-They never put hands around client's neck during therapeutic hold.</li> <li>- "That's not the proper technique."</li> <li>-Client #1 stayed in the 2 man hold for one minute.</li> <li>-Client #1 calmed down and went to bed.</li> <li>-Client #1 did not have the rash prior to the hold.</li> <li>-The rash didn't happen until about 2 hours later.</li> <li>-She noticed clients face red and puffy during 15-minute checks.</li> <li>-This happened around 8:30 - 9:00 p.m.</li> <li>-Client #1 did not mention anything about his face hurting.</li> <li>-She asked client #1 how his face felt, she said client #1 said it was itchy.</li> <li>-They did not use any gloves during the hold.</li> <li>-Client #1 had gloves on prior to the hold.</li> <li>-Client #1 was writing with gloves - latex.</li> <li>-Client #1 constantly bit his nails and using the gloves was a suggestion.</li> <li>-She asked the doctor if there was anything to do to stop client #1 from biting his nails.</li> <li>-She reported the doctor said to apply nail polish or gloves to stop the biting.</li> <li>-She took client #1 to the doctor the next day.</li> <li>-She took client #1 to the primary care doctor about 10 in the morning.</li> <li>-The doctor told her it was believe a combination to both an allergy reaction and possible from the hold.</li> <li>-The doctor suggested to take client #1 to county hospital for blood work and run test to see reason</li> </ul>	V 537		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 31</p> <p>for the breakout.</p> <ul style="list-style-type: none"> <li>-She took client #1 to county hospital around 11:00 - 12:00 on the same day.</li> <li>-The doctor said it was pressure applied to the neck and said there was no bruises or marks to indicate strangulation.</li> <li>-She told the doctor there was never a time she or staff #6 put hands on client #1's neck.</li> <li>-There was never a time their hands were around client's neck.</li> <li>-Client #1 was present during doctors' feedback about hands on the neck.</li> <li>-There were no marks on client's neck.</li> <li>-She took the picture the next day at the doctor's office.</li> <li>-There was a rash on client #1's face, chest and neck.</li> <li>-Client#1 had on a tee-shirt and jeans during therapeutic hold.</li> <li>-She was suspended from January 6-8 and returned January 11, 2021.</li> <li>-She did not repeat NCI plus training before returning to work.</li> </ul> <p>Interview on 1/12/21 with Staff #6 revealed:</p> <ul style="list-style-type: none"> <li>-She was hired the end of August or beginning of September 2020 as a Paraprofessional.</li> <li>-Her normal shift was weekends Friday, Saturday and Sunday but due to coworkers getting sick she had been working 4p.m. to 12:00 a.m. Monday through Fridays.</li> <li>-The therapeutic hold happened on the 4 p.m. - 12:00 a.m. shift on 1/4/21.</li> <li>-The therapeutic hold occurred after dinner.</li> <li>-She and staff #5 had all the boys doing their chores before bed.</li> <li>-Client #1's chore was the kitchen.</li> <li>-Client #1 had to wipe off the counters, wash the dishes in the sink and sweep the kitchen floor.</li> <li>-She told client #1 that she would sweep and mop</li> </ul>	V 537		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 537	<p>Continued From page 32</p> <p>if client #1 would wash the dishes.</p> <ul style="list-style-type: none"> <li>-Client #1 was having a behavior before the shift.</li> <li>-Client #1 was agitated and anytime someone said something client #1 was on edge.</li> <li>-Client #1 was yelling asking why he had to do chores.</li> <li>-She told client #1 that she would help him with the chores.</li> <li>-Client #1 was standing by the sink and she was by the door way (entry way) to monitor other clients.</li> <li>-Staff #5 was getting clients medication together in the living room.</li> <li>-Client #1 started throwing the dishes.</li> <li>-She asked client #1 not to throw the dishes.</li> <li>-When she said that, client #1 came towards her.</li> <li>-Client #1 had his fist balled up and walking fast towards her.</li> <li>-Client #1 was yelling saying, "he don't know why he had to wash the dishes, this isn't fair."</li> <li>-Staff #5 got up and said to client #1, "we're not doing that." Staff #5 asked client to go to his room.</li> <li>-Staff had to keep an eye on all clients.</li> <li>-Staff #5 followed client #1 to client #1's room to make sure client #1 was okay.</li> <li>-Client #1 was angry at her, so staff #5 followed client #1 to help defuse the situation.</li> <li>-She instructed the other clients to go to bed.</li> <li>-This was about 8:30 p.m. - 9:00 p.m. clients normal bed time.</li> <li>-Once she got the clients in bed, she heard client #1 yelling.</li> <li>-She saw client was standing by his electrical outlet by his bed.</li> <li>-She seen client #1 with a pencil and lamp in his hand.</li> <li>-She was not sure what client #1 was doing.</li> <li>-Staff #5 took the lamp and pencil from client #1 and told him it was an unsafe behavior.</li> </ul>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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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 537	<p>Continued From page 33</p> <ul style="list-style-type: none"> <li>-Staff #5 took the items away because she did not want client #1 to harm himself.</li> <li>-Staff #5 took the items and client #1 got more aggressive.</li> <li>-Client #1 had a short fuse and it was not hard to upset client #1.</li> <li>-Client #1 started yelling in staff #5's face.</li> <li>-Staff #5 kept telling client #1 it was time to lie down.</li> <li>-Client #1 disregarded any redirection staff #5 given him.</li> <li>-At that point, staff #5 felt client #1 was unsafe and put him in a therapeutic hold.</li> <li>-Client #1's back was towards staff #5 and his arms were wrapped around his chest.</li> <li>-Staff #5 was holding client #1's arms, kind of like the "bear hug".</li> <li>-Client #1 started kicking and got one of client #1's arms free and started flinging client #1's arms.</li> <li>-She was still in the door way of client #1's room to monitor the other clients and the therapeutic hold.</li> <li>-Staff #5 asked her to help and to hold client #1's feet.</li> <li>-At this point staff #5 put client #1 on the ground because of client #1 kicking and swinging client #1's arms.</li> <li>-Client #1 was on client #1's roll back, staff #5 held client #1's arms around his chest and she had his ankles.</li> <li>-Client #1's legs were flat on the ground</li> <li>-Client #1 was still yelling but not able to kick legs or swing arms.</li> <li>-Staff #5 kept asking client #1 to calm down.</li> <li>-Client #1 kept yelling, saying "this is not fair" and client #1 said client #1 wanted the lamp back.</li> <li>-From that point, she and staff #5 had client #1 on hold for about 4 minutes.</li> <li>-They counted to 10 about 3 times to try to get</li> </ul>	V 537		
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Division of Health Service Regulation

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V 537	<p>Continued From page 34</p> <p>client #1 to calm down.</p> <p>-Client #1 was still so upset.</p> <p>-They were trying to reason with client #1 and to make sure client #1 was still not physically aggressive.</p> <p>-Client #1 calmed down within those 3-4 minutes.</p> <p>-They asked client #1 if he was calm and able to go to bed and to sleep.</p> <p>-Client #1's bedroom and client #1 seemed fine.</p> <p>-She did bed checks every five minutes but around 9 p.m. she noticed client #1 had a rash.</p> <p>-She came out and told staff #5 and told staff #5 she needed look at client #1.</p> <p>-Client #1 looked like client #1 had hives.</p> <p>-They called client #1 out the bedroom.</p> <p>-Client #1 came out, staff #5 looked at his face and said it looked like an allergic reaction.</p> <p>-They were not sure so staff #5 contacted the Qualified Professional.</p> <p>-Brittany took a picture of client #1 to show QP what they were seeing.</p> <p>-While she was on the phone, she had client #1 wash face with cold water with a wash cloth.</p> <p>-She tried to see if the rash would go away and calm down.</p> <p>-Client #1 went back to bed and she asked him if he felt okay and if it was itchy.</p> <p>-Client #1 told her it was itchy but did not hurt.</p> <p>-The rash was on client #1's face, forehead and upper lip by his nose.</p> <p>-Client #1 went to back to bed and fell asleep.</p> <p>-She checked client#1 every 5 minutes and he was still asleep.</p> <p>-Client #1 still had the wash cloth on his forehead while he was sleep.</p> <p>-When she went in client#1's room about 11p.m. she took the wash cloth off his forehead and put it on client bed post.</p> <p>-Client #1's face had calmed down "a lot" and she let client #1 sleep.</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 35</p> <ul style="list-style-type: none"> <li>-The QP said if the swelling and hives got worst to take client #1 to the hospital.</li> <li>-The hives and swelling went down after placing the cold wash cloth on client #1's face.</li> <li>-Client #1's face wasn't swollen; the hives were raised."</li> <li>-The night shift came in at 12 a.m. asked that they keep an eye on client #1</li> <li>-She told the night shift staff that if anything changed to call the staff #5 and staff #5 would take client #1 to the hospital.</li> <li>-To her knowledge nothing changed that night.</li> <li>-Denied during the two-man hold client #1 was not face down.</li> <li>-When client #1 first got on the floor he was on his stomach.</li> <li>-Staff #5 put client #1 down on the floor and rolled him over on his back.</li> <li>-Client #1 was not in a therapeutic hold when staff #5 laid him on his stomach and rolled him over.</li> <li>-Staff #5 had client #1 arms while placing him on the floor.</li> <li>-Client #1 was on his back during the two man hold.</li> <li>-She held client #1's ankle.</li> <li>-Staff #5 had client #1's arms crossed over on client #1's chest.</li> <li>-Client #1 had on a tee shirt and sweat pants.</li> <li>-Denied she and staff #5 had hands on client #1's neck.</li> <li>-Reported they used the two-man hold and it was the proper technique.</li> <li>-Once client #1 was calm she and staff #5 allowed client #1 to sit up.</li> <li>-Not sure why client #1 would say she and staff #5 held client #1's neck.</li> <li>-She worked this shift for about one week.</li> <li>-She was suspended from January 6-8, 2021 and returned to work January 11, 2021.</li> <li>-She did not repeat NCI plus training before</li> </ul>	V 537		
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Division of Health Service Regulation

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V 537	<p>Continued From page 36</p> <p>returning to work.</p> <p>Interview on 1/14/21 with the NCI Plus Trainer revealed:</p> <ul style="list-style-type: none"> <li>-He was the NCI Plus trainer for the agency for at least 3 or 4 years.</li> <li>-There were guidelines to what could be taught due to Covid.</li> <li>Training was in person but not for the physical part.</li> <li>-Trained staff utilizing educational and instructional including showing films.</li> <li>-The training was face to face with good spacing due to Covid.</li> <li>- He encouraged agency not to allow new hire as the one to put hands on clients.</li> <li>-There was some role playing but not physically touching each other.</li> <li>-They would go through some of the motions and backed to looking at the films.</li> <li>-He taught therapeutic hold and therapeutic wrap.</li> <li>-Therapeutic hold was like if the client tried to punch staff, staff would block it and put client in the hold.</li> <li>-He did not use the term "bear hug."</li> <li>-He taught employees to restrict person to use hold after an attempted punch.</li> <li>-During his recertification he learned this technique did not work as well.</li> <li>-Therapeutic wrap was implemented so that another staff would go behind the client and wrap client while in motion of hitting the other staff.</li> <li>-There was "such a thing" for floor restraint he did not teach it.</li> <li>-Face down restraints "did not make since." He did not teach it.</li> <li>-He did not teach any floor or chair restraints.</li> <li>-If client hit the floor staff had to release client and the hold.</li> <li>-Clients would not do much on the floor.</li> </ul>	V 537		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	<p>Continued From page 37</p> <ul style="list-style-type: none"> <li>-He was not certified in any of the floor restraints because he did not like it.</li> <li>-He also trained on limited control walk and was used if a client was dizzy or disoriented and needed assistance; staff would put hand or elbow or wrist to assist.</li> <li>-Two-person therapeutic walk was when one person can't handle another person.</li> <li>-Staff should have a code for assistance .</li> <li>-Two-person therapeutic walk involved two employees putting hips together with staff on each side of the client.</li> <li>-Therapeutic hold and wrap should be used when client caused harm to self and other and severe property damage.</li> <li>-Therapeutic hold and wrap did not required hold on the floor.</li> <li>-If client was on the floor and rolled over on the stomach and restrained "that sounded pretty good, but I did not teach that."</li> <li>-He taught staff that when a client hit the floor to release the client.</li> <li>-If client got up then put client in wrap or hold.</li> <li>-He did not teach any floor technique to restrain clients.</li> <li>-He did not receive call from the agency to retrain employees involved in therapeutic hold.</li> </ul> <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> <li>-She and the officer manager conducted an internal investigation regarding allegations alleging improper use of NCI Plus Therapeutic Hold.</li> <li>-When she asked the question about technique used it was reported to her that the therapeutic hold was a stand-up position.</li> <li>-It was not indicated to her the hold had client #1 lying on the floor.</li> <li>-Laying client on the floor was not a technique the</li> </ul>	V 537		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2021</b>
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V 537	Continued From page 38  agency used. -The group home was trained to use the "block move." -Block and hold and then Restrictive Wrap standing up. -Staff #5 and staff #6 was suspended during the investigation. -Staff #5 and staff #6 returned to work on 1/11/21. -Their internal investigation was found unsubstantiated. -HCPR unsubstantiated the allegations. -All staff will be retrained on 1/19/21.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are:  Observation on 1/7/21 at 10:45 a.m. revealed: -There was drywall putty repair on the wall in every bedroom. -The bedrooms walls needed to be painted. -There was no electrical socket cover in the last bedroom on the right. -The first bedroom to the left window had broken blinds and bend curtain rod.	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 39</p> <ul style="list-style-type: none"> <li>-The first bedroom to the left bathroom light bulbs were missing; required 7 and had 1.</li> <li>-The last bedroom on the right had black writing on the wall.</li> <li>-The kitchen dining room chairs were wobbly and unstable.</li> <li>-Hallway bathroom 2nd door on the right had only 1 lightbulb working and can hold 7-8 lightbulbs.</li> </ul> <p>Interview on 1/21/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> <li>-Confirmed the issues and had a work order to paint the client ' s bedroom.</li> <li>-All the sockets covers were replace and client #1 took the cover off.</li> <li>-They ordered a new set of the dining rooms chairs.</li> <li>-They just finished the health and fire inspection and issues were already addressed.</li> </ul>	V 736		
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SIERRA'S RESIDENTIAL SERVICES, INC.  
1995 US 421 North Lillington, NC 27546  
Phone: (910) 814-4243 – Fax: (910) 814-4245



### Plan of Correction

#### V293

Sierra's Residential Services' Qualified Professional, QP will coordinate with the Guardian and/or Therapist prior to a Consumer Admission into its Level III Residential Treatment Facility.

Office Personnel will conduct random checks on Quarterly Basis to ensure compliance.

#### V295

Associate Professional – Full-Time Employee Jordan Quick, AP

Please see Attachment for Full-Time Associate Professional Job Description

#### V296

Staff #5, #6, #8 received the following supervision: To ensure that Sierra's Residential Services' Staff maintain the highest standard of clinical supervision practices, SRS' Staff Members received Additional Supervision training by SRS' Qualified Professional regarding Supervision Protocols.

1. All of SRS' Staff Members will not leave the Group Home until required coverage has arrived. Group Home Manager, QP will monitor Staff's compliance to work schedule on a daily basis. Office Personnel will conduct random checks on Quarterly Basis to ensure compliance.
2. All TV's in the Group Home are configured to Parental Setting which will remain permanent.
3. Consumers are only allowed to listen to Kids B.O.P. or Gospel Music. Consumers are not allowed to have Staff Cell Phone/Tablet etc. at any time.
4. Staff will complete and submit a request form to the Group Home Manager, QP for Approval to watch a movie as a Group. Group Home Manager, QP

#### V297

Face to face Clinical Consultative Services is provided in the Level III Residential Facility at least four hours weekly on a consistent basis by Ms. Imani Johnson, MSW, LCSW who Is a Licensed Professional.



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Please see Attachments (Case Consultative Services Noted) received from Ms. Imani Johnson, MSW, LCSW with dates and services that were provided.

**V536**

All Staff received a Refresher Course on NCI+ Training by NCI+ Trainer, Gary Fisher on 1-19-2021.

Please see Attachments for Staff #5 and Staff #6

**V537**

All Staff received Refresher Client Rights Training by SRS' QP, Cassandra Tyler on 1-22-2021 and will continue to receive a Refresher Course Annually.

Please see Attachment for Staff #5 and Staff #6.

**V736**

The repairs regarding of the aforementioned were completed by SRS' Maintenance Person on 01/21/2021.

Please see Attachments

All Maintenance orders will be immediately turned into the office and will be completed within 72 hours of the office upon receiving a work order.

Group Home Manager, QP or designate Staff will conduct safety checks on a daily basis.

Office Personnel will conduct random checks on Quarterly Basis to ensure compliance.

Please see Attachment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Attachment



## Associate Professional – Community Support

### Position Description:

**Associate Professional** provides services and supports necessary to assist the youth ages 3 to 17 years of age and their caregivers through rehabilitation and achieving positive outcomes. Community Support services are psycho-educational and supportive in nature and intended to meet the mental health or substance abuse needs of children and adolescents with significant functional deficits or who, because of negative environmental, medical, or biological factors, are at risk of developing or increasing the magnitude of such functional deficits. Included among this latter group are those at risk for atypical development substance abuse, or serious emotional disturbance (SED) that could result in an inability to live successfully in the community without services and guidance.

The **service activities** of Community Support consist of a variety of interventions:

- education and training of caregivers and others who have a legitimate role in addressing the needs identified in the Person Centered Plan;
- preventive, and therapeutic interventions designed for direct individual activities;
- assist with skill enhancement or acquisition, and support ongoing treatment and functional gains;
- development of the consumer's Personal Centered Plan, and one-on-one interventions with the consumer;
- develop interpersonal and community relational skills, including adaptation to home, school and other natural environments; and therapeutic mentoring

This position provides treatment to seriously emotionally disturbed children who are at risk of developing mental health or developmental problems. The employee will supervise all activities and will provide therapeutic modeling and treatment interventions to enhance the child's level of functioning. These interventions will include: Individual Psycho-education, Psycho-education in the school setting, and education/training to the caregiver. The employee will report to the QP or Clinical Director of Operations.

**Associate Professional** provides:

- Various Skill Building Activities
- Training of Caregiver
- Daily and Community Living Skills
- Socialization Skills
- Adaptation Skills
- Symptom Monitoring and Management Skills

Attachment



## Continuation of Associate Professional – Community Support

### Other duties include:

- Ensuring confidentiality
- Ensuring client confidentiality/Protecting client's rights
- Providing supervision to clients to ensure a safe living environment
- Being knowledgeable of client's individual treatment plan/goal
- Providing appropriate therapeutic interventions with clients
- Accurately completing required documentation (progress notes, incident reports) in a timely manner
- Being knowledgeable of Sierra's Residential Services, Inc. Policies and Procedures
- Participating in In-House Peer Review and Treatment Team meetings as assigned
- Participating in monthly staff meetings
- Completing daily time sheets
- Checking weekly time sheets submitted by supervised paraprofessionals
- Keeping all yearly training up-to-date
- Supervising paraprofessionals
- Reviewing progress notes, medication, and medical record file

### Qualifications:

This position requires a Bachelor's Degree in a Human Service field with less than two years of post baccalaureate experience with population served, or a Bachelor's Degree in a field other than Human Services with less than four years of post baccalaureate experience with the population served. Associate Professional also must pass a criminal record background check; have a valid driver's license and health certificate.

### Employee's Certification:

*I certify that I have reviewed this position description and that I understand completely my duties and responsibilities.*

Employee Signature: \_\_\_\_\_

Title: PARA PROFESSIONAL

Date: 8/15/20

Supervisor Signature: \_\_\_\_\_

Date: 8/15/20

Rev. 3/1/08

# Attachment



## Associate Professional-Residential Care Specialist

### Position Description:

**Associate Professional** provides services and supports necessary to assist the youth ages 3 to 17 years of age and their caregivers through rehabilitation and achieving positive outcomes. Residential Care services are psycho-educational and supportive in nature and intended to meet the mental health or substance abuse needs of children and adolescents with significant functional deficits or who, because of negative environmental, medical, or biological factors, are at risk of developing or increasing the magnitude of such functional deficits. Included among this latter group are those at risk for atypical development substance abuse, or serious emotional disturbance (SED) that could result in an inability to live successfully in the community without services and guidance.

The service activities of Residential Care Specialist consist of a variety of interventions:

- education and training of caregivers and others who have a legitimate role in addressing the needs identified in the Person Centered Plan;
- preventive, and therapeutic interventions designed for direct individual activities;
- assist with skill enhancement or acquisition, and support ongoing treatment and functional gains;
- development of the consumer's Personal Centered Plan, and one-on-one interventions with the consumer;
- develop interpersonal and community relational skills, including adaptation to home, school and other natural environments; and therapeutic mentoring

This position provides treatment to seriously emotionally disturbed children who are at risk of developing mental health or developmental problems. The employee will supervise all activities and will provide therapeutic modeling and treatment interventions to enhance the child's level of functioning. These interventions will include: Individual Psycho-education, Psycho-education in the school setting, and education/training to the caregiver. The employee will report to the Group Home Manager or QP.

Paraprofessional provides:

- Various Skill Building Activities
- Training of Caregiver
- Daily and Community Living Skills
- Socialization Skills
- Adaptation Skills
- Symptom Monitoring and Management Skills



Attachment:



**Continuation of Associate Professional – Residential Care Specialist**

Other duties include:

- Ensuring confidentiality
- Ensuring client confidentiality/Protecting client's rights
- Providing supervision to clients to ensure a safe living environment
- Being knowledgeable of client's individual treatment plan/goal
- Providing appropriate therapeutic interventions with clients
- Accurately completing required documentation (progress notes, incident reports) in a timely manner
- Being knowledgeable of Sierra's Residential Services, Inc. Policies and Procedures
- Participating in In-House Peer Review and Treatment Team meetings as assigned
- Participating in monthly staff meetings
- Keeping all yearly training up-to-date
- Reviewing progress notes, medication, and medical record file
- Direct Supervision of Paraprofessionals, if applicable

Qualifications:

This position requires a Bachelor's Degree in a Human Service field with less than two years of post baccalaureate experience with the population served, or a Bachelor's Degree in a field other than Human Services with less than four years of post graduate experience with the population served. Associate Professional also must pass a criminal record background check; have a valid driver's license and health certificate.

Employee's Certification:

*I certify that I have reviewed this position description and that I understand completely my duties and responsibilities.*

Employee Signature: Amber Moness

Title: AP

Date: 5/18/18

Supervisor Signature: Jemisha VanDunk

Date: 5-18-18

# Attachment



## Associate Professional-Residential Care Specialist

### Position Description:

Associate Professional provides services and supports necessary to assist the youth ages 3 to 17 years of age and their caregivers through rehabilitation and achieving positive outcomes. Residential Care services are psycho-educational and supportive in nature and intended to meet the mental health or substance abuse needs of children and adolescents with significant functional deficits or who, because of negative environmental, medical, or biological factors, are at risk of developing or increasing the magnitude of such functional deficits. Included among this latter group are those at risk for atypical development substance abuse, or serious emotional disturbance (SED) that could result in an inability to live successfully in the community without services and guidance.

The service activities of Residential Care Specialist consist of a variety of interventions:

- education and training of caregivers and others who have a legitimate role in addressing the needs identified in the Person Centered Plan;
- preventive, and therapeutic interventions designed for direct individual activities;
- assist with skill enhancement or acquisition, and support ongoing treatment and functional gains;
- development of the consumer's Personal Centered Plan, and one-on-one interventions with the consumer;
- develop interpersonal and community relational skills, including adaptation to home, school and other natural environments; and therapeutic mentoring

This position provides treatment to seriously emotionally disturbed children who are at risk of developing mental health or developmental problems. The employee will supervise all activities and will provide therapeutic modeling and treatment interventions to enhance the child's level of functioning. These interventions will include: Individual Psycho-education, Psycho-education in the school setting, and education/training to the caregiver. The employee will report to the Group Home Manager or QP.

Paraprofessional provides:

- Various Skill Building Activities
- Training of Caregiver
- Daily and Community Living Skills
- Socialization Skills
- Adaptation Skills
- Symptom Monitoring and Management Skills

Attachment



SIERRA'S RESIDENTIAL SERVICES, INC.  
1995 US 421 North Lillington, NC 27546



**Direct Supervisor for this position**

Immediate supervisor is the Group Home Manager (Qualified Professional)

**Salary Range**

To be negotiated.

**Physical Effort**

Ability to sit, stand and/or drive for duration of shift, bend, reach, climb stairs, lift up to 30 pounds and the manual dexterity to operate standard office machines, such as, computers, fax machines, copiers and telephones. Ability to perform therapeutic holds on persons served, if permitted. From time to time travel will be required, which may include out-of-town travel.

**Work Environment and Conditions**

The employee works primarily in a residential facility. There is an inherent and obvious risk associated with working with the population served including the potential for personal injury and/or damages to personal property.

By signing this job description, the employee acknowledges risks involved with this position.

A handwritten signature in black ink, appearing to read "Ariel Hickerson".

Employee Signature

08-07-19

Date

Ariel Hickerson

Employee Printed Name

A handwritten signature in black ink, appearing to read "Demaska Van Duzik".

Group Home Manager

8-7-19

Date



Attachment  
Staff # 5

SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

## Monthly Supervision

Name: Brittany White

Date: 1/22/2021

Program: Sierra's Residential Services Inc. (Level III Residential)

Qualified Professional: Cassandra Tyler, QP, Clinical Supervisor

Time: 9:00am

Ending Time: 10am

am

### SUPERVISOR COMMENTS:

1. To ensure that Sierra Residential Service Inc. Staff attains the highest standard of clinical supervision practices; by stressing the importance and content of clinical supervision, we will increase Staff Members ability to deliver quality care from the first point of contact throughout ALL Consumer's continuation of care with Sierra Residential Service Inc. Staff Member will also receive additional supervision Training by SRS Qualified Professional within a 72 Hour Time frame.
2. All Staff members will assure that they are on time for work. Staff member will not leave the Group Home until all coverage have arrived. Group Home Managers will monitor staff schedule times. Office Personal will follow-Up randomly and quarterly for compliance.
3. All Tv's in the Group Home are on Parental Setting.
4. Consumers are only Allowed to listen to Kids B.O.P. or Gospel Music.
5. Consumers are not allowed to have Staff Cell Phone/Tablet etc. at any time.
6. Staff will complete a request form and get it approved by the Group Home Manager if they plan to watch a movie as a Group.



Attachment  
Staff # 5

SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

1. Staff Training Completed:

Clients Right's Training Completed On 1/22/2021 (Passed) Trainer Cassandra Tyler, OP  
Clinical Supervisor NCI + Refresher Training Completed (Passed) Trainer Gary Fisher  
1/19/2021

2. Performing Supervision for Consumers

talking to the consumer to understand  
what is causing the behaviors

3. My Job duties and responsibilities

give medication, teach moments of proper  
decision making ~~decision making~~

4. Incident Reporting/Respecting Co-Workers

make sure they are detailed and you follow  
the proper procedure

5. Maintenance and Repairs

can do the work asked to be done and  
also clean up after themselves

6. Professionalism

I try my hardest at all times.


Employee Questions/ Comments or Concerns:

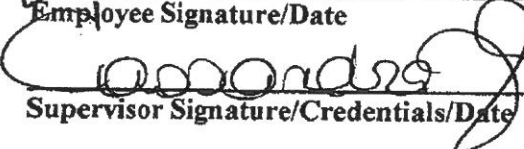
no concerns



Attachment  
Staff #5

SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

 1-22-21  
\_\_\_\_\_  
Employee Signature/Date

 J, DP 1/22/21  
\_\_\_\_\_  
Supervisor Signature/Credentials/Date



Attachment  
Staff #8

SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

## Monthly Supervision

Name: Sherman Forehand Date: 1/29/21

Program: Sierra's Residential Services Inc. (Level III Residential)

Qualified Professional: Cassandra Tyler, QP, Clinical Supervisor

Time: 11:00 am

Ending Time: 12:00 pm

### SUPERVISOR COMMENTS:

1. To ensure that Sierra Residential Service Inc. Staff attains the highest standard of clinical supervision practices; by stressing the importance and content of clinical supervision, we will increase Staff Members ability to deliver quality care from the first point of contact throughout ALL Consumer's continuation of care with Sierra Residential Service Inc. Staff Member will also receive additional supervision Training by SRS Qualified Professional within a 72 Hour Time frame.
2. All Staff members will assure that they are on time for work. Staff member will not leave the Group Home until all coverage have arrived. Group Home Managers will monitor staff schedule times. Office Personal will follow-Up randomly and quarterly for compliance.
3. All Tv's in the Group Home are on Parental Setting.
4. Consumers are only Allowed to listen to Kids B.O.P. or Gospel Music.
5. Consumers are not allowed to have Staff Cell Phone/Tablet etc. at any time.
6. Staff will complete a request form and get it approved by the Group Home Manager if they plan to watch a movie as a Group.

#### 1. Staff Training Completed:

Clients Right's Training Completed On 1/22/2021 (Passed) Trainer Cassandra Tyler, QP, Clinical Supervisor

#### 2. Performing Supervision for Consumers





Attachment  
Staff #8

SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

~~that~~ I made sure to do safety checks  
and maintenance check

**3. My Job duties and responsibilities**

I have fulfilled my duties by filling out  
time, map, and notes

**4. Incident Reporting/Respecting Co-Workers**

No incident report

**5. Maintenance and Repairs**

No repairs

**6. Professionalism**

I have communicated with my clients and bosses

**Employee Questions/ Comments or Concerns:**

None

Employee Signature/Date

Supervisor Signature/Credentials/Date

*[Handwritten Signature]* 1/29/21  
*[Handwritten Signature]* 1/29/21





Attachment:  
Staff # 6

Breanna Coleman

SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

## Monthly Supervision

Name: Breanna Coleman

Date: 1/22/2021

Program: Sierra's Residential Services Inc. (Level III Residential)

Qualified Professional: Cassandra Tyler, QP, Clinical Supervisor

Time: 11:15 pm

Ending Time: 12:15 pm

am

### SUPERVISOR COMMENTS:

1. To ensure that Sierra Residential Service Inc. Staff attains the highest standard of clinical supervision practices; by stressing the importance and content of clinical supervision, we will increase Staff Members ability to deliver quality care from the first point of contact throughout ALL Consumer's continuation of care with Sierra Residential Service Inc. Staff Member will also receive additional supervision Training by SRS Qualified Professional within a 72 Hour Time frame.
2. All Staff members will assure that they are on time for work. Staff member will not leave the Group Home until all coverage have arrived. Group Home Managers will monitor staff schedule times. Office Personal will follow-Up randomly and quarterly for compliance.
3. All Tv's in the Group Home are on Parental Setting.
4. Consumers are only Allowed to listen to Kids B.O.P. or Gospel Music.
5. Consumers are not allowed to have Staff Cell Phone/Tablet etc. at any time.
6. Staff will complete a request form and get it approved by the Group Home Manager if they plan to watch a movie as a Group.



Attachment  
Staff #26

SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

1. Staff Training Completed:

Clients Right's Training Completed On 1/22/2021 (Passed) Trainer Cassandra Tyler, QP  
Clinical Supervisor NCI + Refresher Training Completed (Passed) Trainer Gary Fisher  
1/19/2021

2. Performing Supervision for Consumers

yes supervision for consumers was  
completed

3. My Job duties and responsibilities

Keeping the consumers safe, watching  
them at all times cooking, cleaning,  
helping and being there for our  
consumers through their time w/SRS.

4. Incident Reporting/Respecting Co-Workers

~~no~~ no, i have not had to do an  
incident report.

5. Maintenance and Repairs

I did not have to document any  
maintenance, or repairs in the home.

6. Professionalism

I am professional within my job  
and ~~document~~ everything i do pertaining  
to my job

Employee Questions/ Comments or Concerns:

N/A

Attachment  
Staff # 6



SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

Breanna Coleman

Employee Signature/Date

Cassandra J. [initials] 1/22/21

Supervisor Signature/Credentials/Date

## Clinical Consultation from Session 738

**Date:** Monday, June 15, 2020

**Location:** 21 Lanexa Rd., Spring Lake, NC 28390 (Sierra's Residential Services, House 2)

**Consumers in program:** [REDACTED]

**Duration of Service:** 120 Minutes

### **Purpose of Contact: Constructive Alternatives to Destructive Anger (Part I)**

**Intervention/Activity:** Therapist facilitated a group therapy session with consumers in an effort to assist consumers with identifying and clarifying alternatives to destructive expressions of anger. Therapist first facilitated "Check-Ins" with consumers, allowing each group member to share how they were feeling on a scale from 1 to 10. Therapist encouraged consumers to share the highlights and any negative aspects of their day. Therapist provided active listening and unconditional positive regard as they shared their experiences since the last group therapy session was conducted. Therapist then facilitated the first portion of the therapeutic activity, 'Alternatives to Destructive Anger,' designed to assist consumers with increasing their awareness of how anger is expressed destructively. Therapist encouraged consumers to share what they already know about destructive and constructive manifestations of anger. Therapist then explained to group members that destructive anger can take many forms. Therapist continued, "Anger can be expressed in rage that is out of control, either verbally or physically. We also can express anger by snapping at someone or being unkindly critical. A third form that anger may take is that of cold, icy withdrawal that punishes the other person by shutting them out, shunning them, or refusing to acknowledge their attempts to relate to us." Therapist emphasized to consumers that all of these reactions and many more can be destructive to the relationship and to our own feelings of self-esteem. Therapist also explained that destructive expressions of anger often generate later feelings of guilt and shame. Therapist explained the directions of the activity with consumers, "This exercise is designed to help you identify some constructive alternatives to destructive anger by giving a brief description of the positive alternative. The goal is for you to consider these alternatives as you seek to replace destructive anger with more constructive behaviors." Therapist then guided consumers through the first four (4) "constructive alternatives" to destructive anger which included: A.) "Assertiveness: Speaking forthrightly in a manner that is very respectful of the other person's needs and rights and does not attack anyone so as to make them defensive, B.) "Tune Out/Cool Down: Recognize that the situation has become volatile and nonproductive and suggest withdrawal from the situation to give each party a chance to cool down and collect his/her thoughts and regain personal control," C.) "Relaxation: Learn and implement relaxation skills to reduce stress and tension through the use of words that cue relaxation, deep breathing that releases tension, imagining relaxing scenes, or deep muscle relaxation procedures," and D.) "Diversion: When anger is felt to be building, find diversionary activities that stop the build-up and focus the mind on more enjoyable experiences. Therapist encouraged group members to verbalize their reactions to the aforementioned constructive alternatives to anger. Therapist then encouraged consumers to keep a journal or make note of situations in their daily lives that provoked anger and then jot down how one or more of these constructive alternatives may have been applied to the situations. After praising consumers for their responses, therapist facilitated "Check outs" and concluded the group session.

**Effectiveness:** Consumers engaged in this group therapy session without difficulty, being able to identify and clarify alternatives to destructive expressions of anger. Consumers were successfully able to increase their awareness of how anger is expressed destructively. Consumers attentively listened as constructive alternatives to anger were read which included but were not limited to practicing "assertiveness," and "cooling down." Consumers were also able identify their own additional alternative to destructive anger on the blank lines provided on the handout. Consumers were praised for their active participation during the group therapy session.

*J. J. MS, MBS, NCSW, REAS*  
C009627  
6/15/202

**Clinical Consultation from Session 739**

**Date:** Friday, June 19, 2020

**Location:** 21 Lanexa Rd., Spring Lake, NC 28390 (Sierra's Residential Services, House 2)

**Consumers in program:** [REDACTED]

**Duration of Service:** 120 Minutes

**Purpose of Contact:** Constructive Alternatives to Destructive Anger (Part 2)

**Intervention/Activity:** Therapist facilitated a group therapy session with consumers in an effort to continue assisting consumers with identifying and clarifying alternatives to destructive expressions of anger. Therapist first facilitated "Check-ins" with consumers, allowing each group member to share how they were feeling on a scale from 1 to 10. Therapist encouraged consumers to share the highlights and any negative aspects of their day. Therapist provided active listening and unconditional positive regard as they shared their experiences since the last group therapy session was conducted. Therapist then facilitated the second portion of the therapeutic activity, 'Alternatives to Destructive Anger,' designed to assist consumers with increasing their awareness of how anger is expressed destructively. Therapist encouraged consumers to recall and verbalize what they learned from the previous group therapy session regarding 'constructive anger' versus 'destructive anger.' Therapist prompted consumers to share if they had been able to apply any of the previously reviewed 'constructive alternatives' to anger which included: A) Assertiveness, B) Tune Out/Cool Down, C) Relaxation, and D) Diversion. Therapist then guided consumers through the next two (2) "constructive alternatives" to destructive anger which included: E) "Physical Exercise: When anger and tension levels rise, physical exercise can be a wonderful way to release tension and expel energy as an alternative to losing control or exploding in rage," and F) "Problem-Solving Skills: Identify or clarify the problem, brainstorm possible solutions, review the pros and cons of each alternative solution, select the best alternative for implementation, evaluation the outcome as to mutual satisfaction, and finally, adjust the solution if necessary to increase mutual satisfaction." After guiding consumers through these additional constructive alternatives to anger, therapist encouraged consumers to identify a problem in order for the group to collectively apply the aforementioned problem solving skills to the selected problem. Therapist praised consumers for their ability and willingness to apply these problem solving skills, emphasizing the importance of carefully thinking through possible solutions & weighing the pros and cons of each solution instead of "jumping to conclusions." Therapist then facilitated open dialogue about how we can express anger in ways that do not disrespect others or ourselves. After praising consumers for their responses, therapist facilitated "Check outs" and concluded the group session.

**Effectiveness:** Consumers engaged in this group therapy session without difficulty, being able to continue identifying constructive alternatives to anger expression. Consumers were successfully able to apply constructive alternatives to destructive anger. Consumers attentively listened as constructive alternatives to anger were read which included but were not limited to engaging in "physical exercise," and "problem solving skills." Consumers were also able to apply the reviewed problem solving skills to issues and concerns that they presented in the group therapy session. Consumers were praised for their active participation during the group therapy session.

*S. J. MS, MEd, NCSW, LCAS*  
C009627  
6/19/20.

## Clinical Consultation from Session 742

**Date:** Monday, June 29, 2020

**Location:** 21 Lanexa Rd., Spring Lake, NC 28390 (Sierra's Residential Services, House 2)

**Consumers in program:** [REDACTED]

**Duration of Service:** 120 Minutes

**Purpose of Contact:** "Dealing with Teasing"

**Intervention/Activity:** Therapist facilitated a group therapy session with consumers in an effort to assist group members with learning how to appropriately deal with teasing. Therapist began the group session by facilitating "Check-Ins" with consumers, allowing each group member to share how they were feeling on a scale from 1 to 10. Therapist encouraged consumers to openly share any updates and/or progress achieved since the last group therapy session was conducted. Therapist provided active listening, genuineness, and empathic support as consumers shared the highlights and any negative aspects of their day. Therapist then facilitated the therapeutic activity 'Dealing with Teasing,' designed to help consumers with learning the skill of assertiveness. Therapist asked the group, "How would you define teasing? How do you normally respond when someone is teasing you?" Therapist explained to consumers, "Sometimes, people tease each other in a good-natured way. They may say something like, "Don't trip!" – after you've already fallen. This kind of teasing is a way that people try to be funny, although it often isn't very funny to the person being teased. Therapist explained to group members that when people are trying to hurt their feelings or make them angry, they are teasing in a mean way. Therapist emphasized that mean teasing includes name-calling, put-downs, and other forms of ridicule. Therapist encouraged consumers to share whether or not it was easy for them to discern whether someone is teasing is meant to be mean or funny. Therapist continued, "In either case, if you don't like being teased, here are some things you can do to stop it: 1) 'Ignore it and don't give those teasing you the satisfaction of seeing you get upset,' 2) 'Help yourself by visualizing their teasing "bouncing" off you, as if you had a shield protecting you,' 3) 'Say "SO?" to show the teaser that what they are saying doesn't matter to you,' and 4) 'Have a sense of humor and realize that no one is perfect.' Therapist then encouraged group members to tell an adult if they are being teased and if they feel like they need help. Therapist then directed consumers' attention to the activity sheet, and read each of the four (4) provided scenarios to group members. Therapist read the instructions to group members, "Below each picture, write what you could say if someone teased you." After providing consumers with time to think about and write down their responses, therapist encouraged group members to verbalize their responses aloud. Therapist processed each response with consumers, encouraging them to expound upon and further explain their written answers. Therapist then praised all group members for their active participation during the group session. After facilitating "Check-outs" with consumers, therapist then concluded the group therapy session.

**Effectiveness:** Consumers engaged in this group therapy session without difficulty, being both able and willing to demonstrate how to appropriately deal with teasing and ridicule. Consumers were able to view four drawn (4) scenarios in which they had to think of and write down and healthy response to teasing. During the group session, consumers were able to verbalize responses that would potentially



minimize conflict as opposed to escalating an argument or fight. Consumers successfully provided constructive feedback to one another after each person was given the opportunity to share their responses. Consumers were also able to acknowledge the benefits of "walking away," "ignoring," "laughing it off," and speaking up for themselves. Consumers were praised for their active participation during the session.

*J. J., MS, MSW, LCSW, KEASA*  
*C009627*  
*6/29/2020*



### Clinical Consultation from Session 743

**Date:** Friday, July 3, 2020

**Location:** 21 Lanexa Rd., Spring Lake, NC 28390 (Sierra's Residential Services, House 2)

**Consumers in program:** [REDACTED]

**Duration of Service:** 120 Minutes

**Purpose of Contact:** "A Perfect Day!"

**Intervention/Activity:** Therapist facilitated a group therapy session with consumers in an effort to assist group members with engaging in creative visualization for the purpose of self-soothing and stress management. Therapist began the group session by facilitating "Check-ins" with consumers, allowing each group member to share how they were feeling on a scale from 1 to 10. Therapist allowed consumers to share any updates and/or progress achieved since the last group therapy session was conducted. Therapist provided reflective listening and unconditional positive regard as group members shared the highlights and negative aspects of their week thus far. Therapist then facilitated the therapeutic activity, 'A Perfect Day!' designed to assist consumers with conceptualizing their goals & dreams, and to allow these mental images to counteract negative thoughts and feelings during moments of distress. Therapist encouraged group members to close their eyes and try to envision their "perfect day." Therapist encouraged consumers to remove all limits, boundaries, and hindrances to their conceived vision. Therapist prompted group members to engage all of their senses, to include their inner vision, sense of hearing, smell, etc. Therapist encouraged consumers to answer questions which included but were not limited to: 1) 'Where are you?' 2) 'Who are you with?' 3) 'What are you doing [in the vision]?' and 4) 'How do you feel?' Therapist encouraged consumers to open their eyes and write down their responses to the stated question prompts. Therapist then encouraged group members to write a story describing in detail everything about this "perfect" day. After providing consumers with space and time to conceptualize and write out their vision, therapist encouraged group members to share their perfect day aloud amongst the group, if they felt comfortable doing so. Therapist attentively listened to each consumer who decided to share aloud. Therapist praised consumers for their creativity and enthusiasm during the activity. Therapist also encouraged group members to provide positive feedback to those in the group who decided to share. Therapist encouraged consumers to expound upon and further explain their written answers. Therapist then praised all group members for their active participation during the group session. After facilitating "Check-outs" with consumers, therapist then concluded the group therapy session.

**Effectiveness:** Consumers engaged in this group therapy session without difficulty, being both able and willing to engage in creative visualization and goal setting to achieve a state of mindful awareness and a positive mood. Consumers were able to conceptualize their "perfect day," providing details of where they were, who they were with, what they were doing, and how they were feeling. During the group session, consumers hesitated to provide additional details but complied when prompted. Consumers summarized their "perfect day" stories in session, and were able to provide positive feedback to their peers who decided to share openly amongst the group. Consumers were praised for their active participation during the session.

*[Handwritten Signature]*, MS, MSW, LCSW, LCAS-1  
7/3/20 009627



Attachment

NCI+TRAINING REPORT

Instructors: Completed one report for each training class.

Alternatives:

1. Things to ask yourself before using physical Intervention
2. Safety
3. Techniques

Authorized : Defensive (Videos)

Restrictive (Videos) Controlled Walk and Therapeutic Hold

Not Authorized All Others

**Note: Do Not Use ANY FLOOR Techniques**

Instructor: Gary M. Fisher

Training Date: 1-19-2021

Refresher – No certificates Given

Training Provided For: Sierra Residential Services Inc.

Attachment  
Staff # 6

PASS

Electronically Generated Test # 00014320937

Agency: NCI Management  
Test: North Carolina Interventions Plus (NCI+)  
Level: Participant  
Total Questions: 25  
Name and Date: Breganna Coleman 1-19-21

92%  
/0

Questions NOT answered will be scored as INCORRECT!

1	Supporting the persons you provide services to and helping them to feel as safe as possible, even if they made some bad decisions, is an important way to encourage persons to make decisions for themselves.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

2	When problem solving with a person to whom we provide services, you should: A. Tell the person what he/she did wrong. B. Discuss the problem with him/her and tell him/her how to solve it. C. Assist the person in stating the problem, listing possible options.
	A B <input checked="" type="radio"/> C
	Please circle the correct answer!

3	Verbal strategies for calming an upset person include: A. Telling the person to calm down. B. Advising the person about things they should do to calm down. C. Actively listening and avoiding communication roadblocks while discussing what has made them upset.
	A B <input checked="" type="radio"/> C
	Please circle the correct answer!

4	It is never acceptable to feel angry while working and staff who do feel angry at work are released from their jobs.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

5	It is important that staff respect the right of the persons being served to feel anger.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

Attachment  
Staff #4

6	Organizational factors such as not knowing what is expected can affect behavior negatively, including staff behavior	
	<input checked="" type="radio"/> True <input type="radio"/> False	Please check True or False!

7	Examples of body language that can help calm a person are: A. A pleasant expression on one's face, hands open, relaxed posture B. Arms over one's chest and eyes focused intently on the person's face. C. Standing over the person that is upset.	
	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please circle the correct answer!

8	A therapeutic relationship has boundaries, is goal oriented and provides support to the person being served.	
	<input checked="" type="radio"/> True <input type="radio"/> False	Please check True or False!

9	A primary focus of this course is to encourage staff to learn to successfully intervene in difficult situations without: A. Utilizing physical interventions unless absolutely necessary. B. Calling for multiple staff assistance. C. Having to complete excessive documentation.	
	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please circle the correct answer!

10	Some of the ways loss of control over one's life can affect the behavior of the people we serve include: A. Experiencing feelings of fear, withdrawal, anger or dependency. B. Experiencing feelings of security and contentment. C. Experiencing a sense of freedom and independence.	
	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please circle the correct answer!

Attachment  
Staff # 6

11	Using good communication skills can help staff develop positive, supportive relationships with the person to whom they provide services	
	<input type="radio"/> True <input type="radio"/> False	Please check True or False!

12	Ways to encourage positive interaction with the persons we provide services to include: A. Using a calm voice tone, relaxed posture and making eye contact. B. Using a quiet voice tone and telling them how to solve their problem. C. Giving them advice, using a loud voice tone and standing over them.	
	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please circle the correct answer!

13	As long as you make positive statements to the persons being served, it does not matter if those statements are true.	
	<input type="radio"/> True <input checked="" type="radio"/> False	Please check True or False!

14	If you do not like a staff member, it is okay to avoid developing a positive working relationship with that person.	
	<input type="radio"/> True <input checked="" type="radio"/> False	Please check True or False!

15	The people we serve are always able to tell staff when they are experiencing physical, emotional or mental problems.	
?	<input checked="" type="radio"/> True <input type="radio"/> False   F	Please check True or False!

Attachment  
Staff #16

16	Examples of health issues that might affect a person's behavior include: A. Positive personality and supportive family structure B. Active school and church participation. C. Energy level and chronic pain.
	A B <input checked="" type="radio"/> C
	Please circle the correct answer!

17	Which statement is true? Person -centered language... -A. Focuses on the individual as a person. B. Identifies the person by his/her specific disability C. Is used to make the people we serve feel unimportant.
2	A <input checked="" type="radio"/> B C
	Please circle the correct answer!

18	Typical reactions to stress include: A. Willing acceptance of new responsibilities of job tasks. B. Loss of sleep, withdrawal from others or poor communication. C. Increased awareness of one's own feelings and thoughts.
	A <input checked="" type="radio"/> B C
	Please circle the correct answer!

19	Stress does not have any effect on how we respond to others.
	<input type="radio"/> True <input checked="" type="radio"/> False
	Please check True or False!

20	Understanding as much as possible about a person's protective (strengths) and risk factors(weaknesses) is not important in assisting that person to learn how to effectively deal with difficult social situations.
	<input type="radio"/> True <input checked="" type="radio"/> False
	Please check True or False!



Attachment  
Staff #6

21	Anger is: A. A natural emotion due to real or imagined threat, danger or loss. B. Not something that happens in the lives of the people we serve. C. Best addressed through a restrictive intervention program.
	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C
	Please circle the correct answer!

22	Factors that affect how people behave include inherited personality traits and their ability to communicate.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

23	Energy level, chronic pain and hunger are examples of health issues that could affect a person's behavior.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

24	Factors in the environment that can affect a person's behavior can include noise level and weather.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

25	Supporting a person whom we work with in developing interests and skills, involves structuring the support received based on staff interests and skills.
	<input type="radio"/> True <input checked="" type="radio"/> False
	Please check True or False!



Attachment  
Staff #5

PASS

Electronically Generated Test # 00014320937

Agency: NCI Management  
Test: North Carolina Interventions Plus (NCI+)  
Level: Participant  
Total Questions: 25  
Name and Date: Brittany White 1-19-21

880/8

Questions NOT answered will be scored as INCORRECT!

1	Supporting the persons you provide services to and helping them to feel as safe as possible, even if they made some bad decisions, is an important way to encourage persons to make decisions for themselves.
<input checked="" type="radio"/> True <input type="radio"/> False	Please check True or False!

2	When problem solving with a person to whom we provide services, you should: A. Tell the person what he/she did wrong. B. Discuss the problem with him/her and tell him/her how to solve it. C. Assist the person in stating the problem, listing possible options.
A B <input checked="" type="radio"/> C	Please circle the correct answer!

3	Verbal strategies for calming an upset person include: A. Telling the person to calm down. B. Advising the person about things they should do to calm down. C. Actively listening and avoiding communication roadblocks while discussing what has made them upset.
A B <input checked="" type="radio"/> C	Please circle the correct answer!

4	It is never acceptable to feel angry while working and staff who do feel angry at work are released from their jobs.
<input checked="" type="radio"/> True <input type="radio"/> False	Please check True or False!

5	It is important that staff respect the right of the persons being served to feel anger.
<input checked="" type="radio"/> True <input type="radio"/> False	Please check True or False!

Attachment  
Staff # 5

6	Organizational factors such as not knowing what is expected can affect behavior negatively, including staff behavior	
	<input checked="" type="radio"/> True <input type="radio"/> False	Please check True or False!

7	Examples of body language that can help calm a person are: A. A pleasant expression on one's face, hands open, relaxed posture B. Arms over one's chest and eyes focused intently on the person's face. C. Standing over the person that is upset.	
	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please circle the correct answer!

8	A therapeutic relationship has boundaries, is goal oriented and provides support to the person being served.	
	<input checked="" type="radio"/> True <input type="radio"/> False	Please check True or False!

9	A primary focus of this course is to encourage staff to learn to successfully intervene in difficult situations without: A. Utilizing physical interventions unless absolutely necessary. B. Calling for multiple staff assistance. C. Having to complete excessive documentation.	
	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please circle the correct answer!

10	Some of the ways loss of control over one's life can affect the behavior of the people we serve include: A. Experiencing feelings of fear, withdrawal, anger or dependency. B. Experiencing feelings of security and contentment. C. Experiencing a sense of freedom and independence.	
	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please circle the correct answer!

Attachment  
Staff # 5

11	Using good communication skills can help staff develop positive, supportive relationships with the person to whom they provide services
	<input type="radio"/> True <input checked="" type="radio"/> False
	Please check True or False!

12	Ways to encourage positive interaction with the persons we provide services to include: A. Using a calm voice tone, relaxed posture and making eye contact. B. Using a quiet voice tone and telling them how to solve their problem. C. Giving them advice, using a loud voice tone and standing over them.
	A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/>
	Please circle the correct answer!

13	As long as you make positive statements to the persons being served, it does not matter if those statements are true.
	<input type="radio"/> True <input checked="" type="radio"/> False
	Please check True or False!

14	If you do not like a staff member, it is okay to avoid developing a positive working relationship with that person.
	<input type="radio"/> True <input checked="" type="radio"/> False
	Please check True or False!

15	The people we serve are always able to tell staff when they are experiencing physical, emotional or mental problems.
	<input type="radio"/> True <input checked="" type="radio"/> False
	Please check True or False!

Attachment  
Staff # 5

16	Examples of health issues that might affect a person's behavior include: A. Positive personality and supportive family structure B. Active school and church participation. C. Energy level and chronic pain.
A B <input checked="" type="radio"/> C	Please circle the correct answer!

17	Which statement is true? Person -centered language... A. Focuses on the individual as a person. B. Identifies the person by his/her specific disability C. Is used to make the people we serve feel unimportant.
<input checked="" type="radio"/> A B C	Please circle the correct answer!

18	Typical reactions to stress include: A. Willing acceptance of new responsibilities of job tasks. B. Loss of sleep, withdrawal from others or poor communication. C. Increased awareness of one's own feelings and thoughts.
A <input checked="" type="radio"/> B C	Please circle the correct answer!

19	Stress does not have any effect on how we respond to others.
<input type="radio"/> True <input checked="" type="radio"/> False	Please check True or False!

20	Understanding as much as possible about a person's protective (strengths) and risk factors(weaknesses) is not important in assisting that person to learn how to effectively deal with difficult social situations.
<input type="radio"/> True <input checked="" type="radio"/> False	Please check True or False!

Attachment  
Staff # 5

21	Anger is: A. A natural emotion due to real or imagined threat, danger or loss. B. Not something that happens in the lives of the people we serve. C. Best addressed through a restrictive intervention program.
	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C
	Please circle the correct answer!

22	Factors that affect how people behave include inherited personality traits and their ability to communicate.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

23	Energy level, chronic pain and hunger are examples of health issues that could affect a person's behavior.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

24	Factors in the environment that can affect a person's behavior can include noise level and weather.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

25	Supporting a person whom we work with in developing interests and skills, involves structuring the support received based on staff interests and skills.
	<input checked="" type="radio"/> True <input type="radio"/> False
	Please check True or False!

Attachment # 5 Staff #5

SIERRA RESIDENTIAL SERVICES INC.  
CERTIFICATE OF COMPLETION

*this certificate is awarded to:*

**Brittany White, PP**

*in recognition, of*

**Completion of Clients Right's Training HR:3**

*Jerrusta Van Duzee, Office Manager*  
Signature

*1/22/2021*  
Date



Brittany White 1-22-21

10010



# Attachment Staff #5

Client's Rights Training



1. What is Clients Rights?

The policies and procedures established to guarantee the dignity of the person being served and his/her safety, privacy and freedom

2. Name three (3) basic human rights?

Privacy / Confidentiality, freedom of association, freedom of speech.

3. Name three (3) rights clients have in regards to treatment?

Age app appropriate treatment advice and information on benefits and risks of treatment choice, right of access to confidential information

4. Name three (3) rights clients have in regards to medication?

Be free from unnecessary medication, medication administered according to acceptable medical standards, consent to or refuse any treatment/medication offered  
(the right to refuse medication)

5. Name three (3) rights a client has in regards to a 24-hr facility?

- ~~rights must be available no matter what~~
- ~~and a speaks of their life are no longer in their care~~
- ~~being able to leave when an emergency has occurred~~

The right to refuse medication

6. What could happen if you violated a client's rights in regards to privacy and confidentiality?

person can be fined up to \$500 and can be disciplined or dismissed from employment

- rights and need receive them
- the right to attend classes.



# Attachment Staff #5



7. What is the purpose of the Clients Rights Committee?

Help ensure that the person served live as normal of a life as possible while receiving services Treatment and care.



Attachment

Staff# 6

SIERRA RESIDENTIAL SERVICES INC.  
CERTIFICATE OF COMPLETION

*this certificate is awarded to:*

Breanna Coleman, PP

*in recognition, of*

Completion of Clients Right's Training HR:3

*Jessica Van Dine, Office Manager*  
Signature

*1/22/2021*  
Date

Attachment

10010

Breanna Coleman

1/22/21



Staff #6

Client's Rights Training



1. What is Clients Rights?

Policies & procedures established to guarantee the dignity of the person being served.

2. Name three (3) basic human rights?

- public education
- discrimination
- Access to public places.

~~Rehab~~

3. Name three (3) rights clients have in regards to treatment?

- written treatment plans within 30 days
- ~~Rehab~~ re ferral to legal re.
- Free from threat of fear of suspension of ser

4. Name three (3) rights clients have in regards to medication?

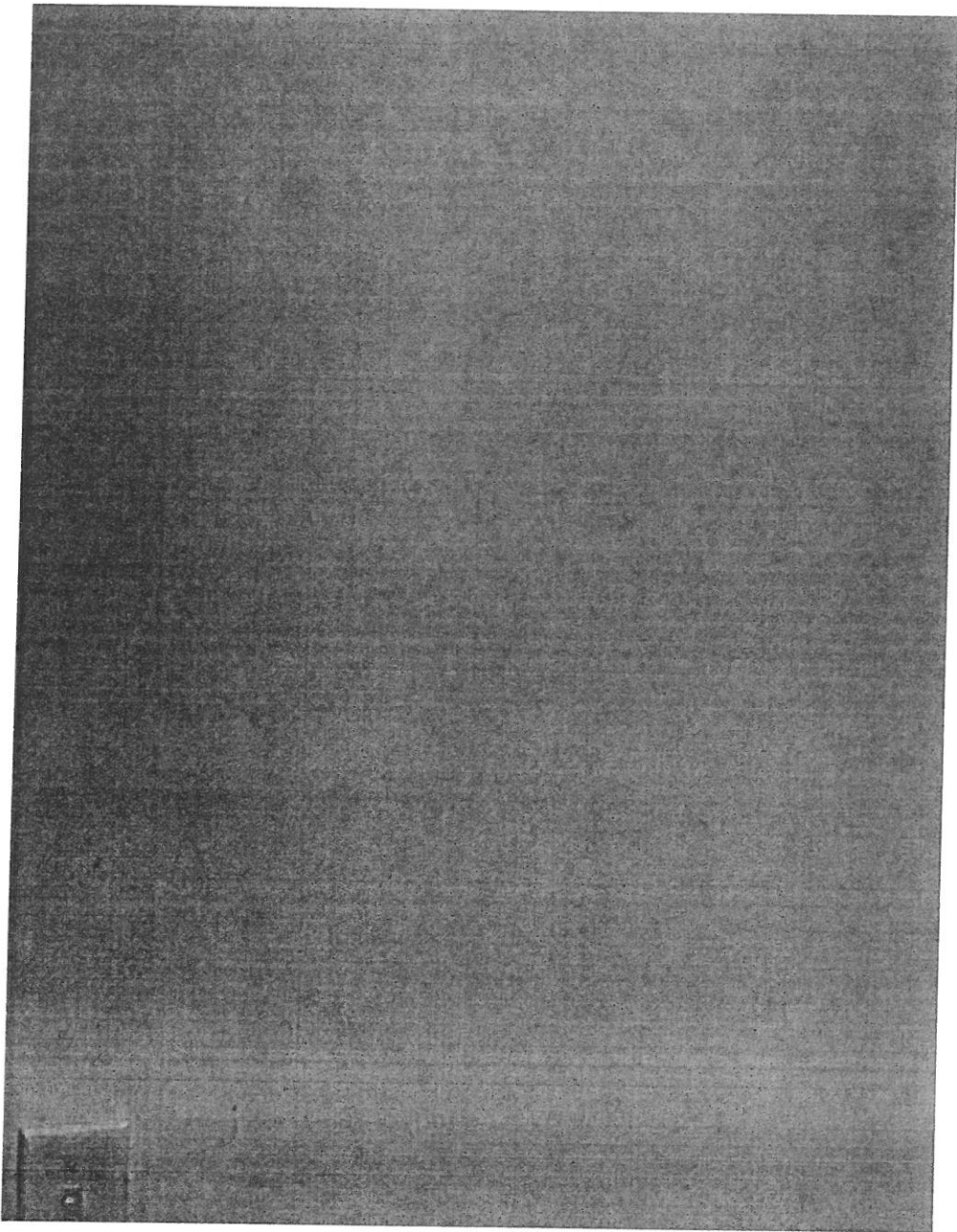
- Be free of unnecessary med
- Consent or refuse Any treatment offered
- Treat and or medication in emergency cases despite consent.

5. Name three (3) rights a client has in regards to a 24-hr facility?

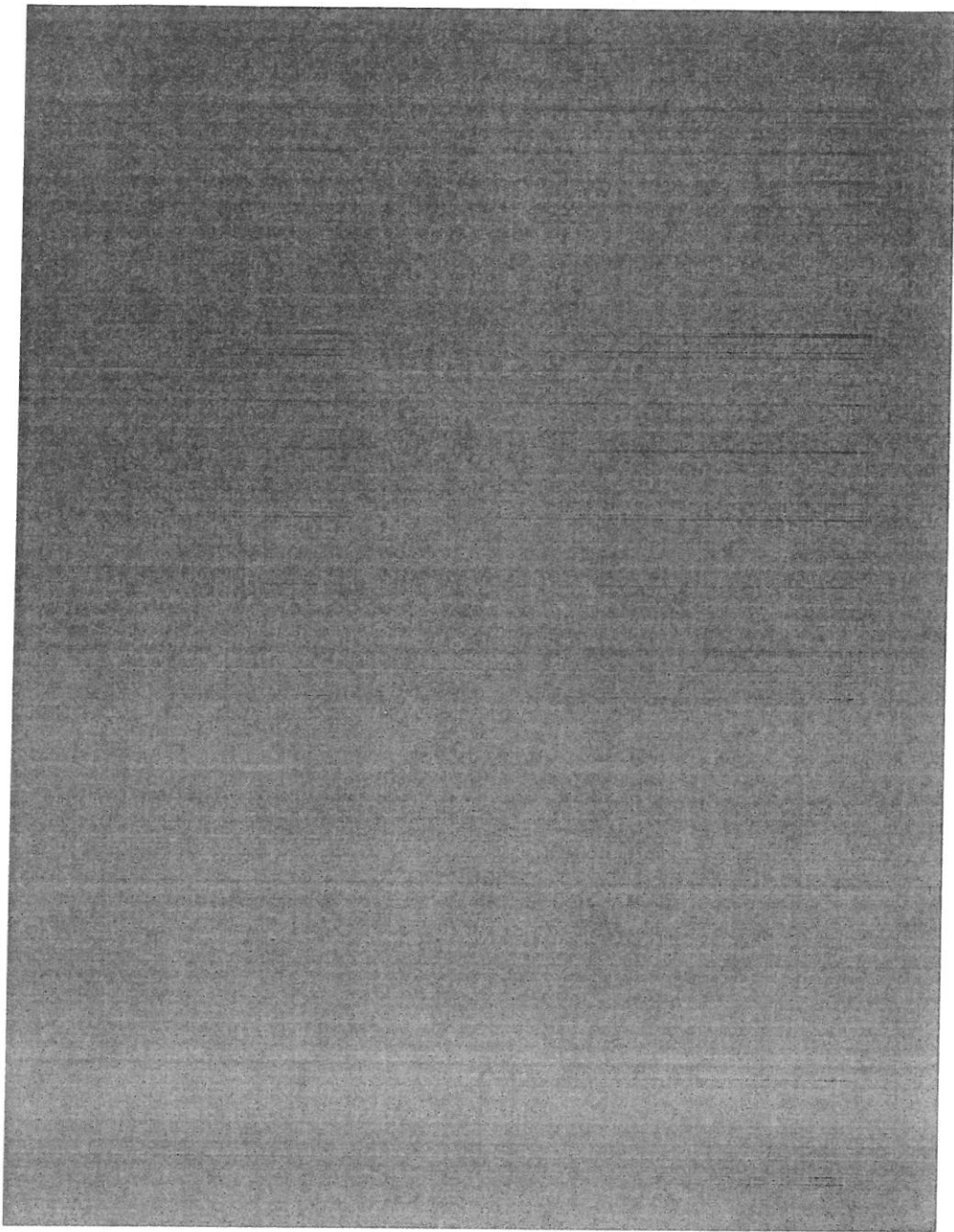
- Restricting right is serious business.
- Respect, Religion, Rights to School.

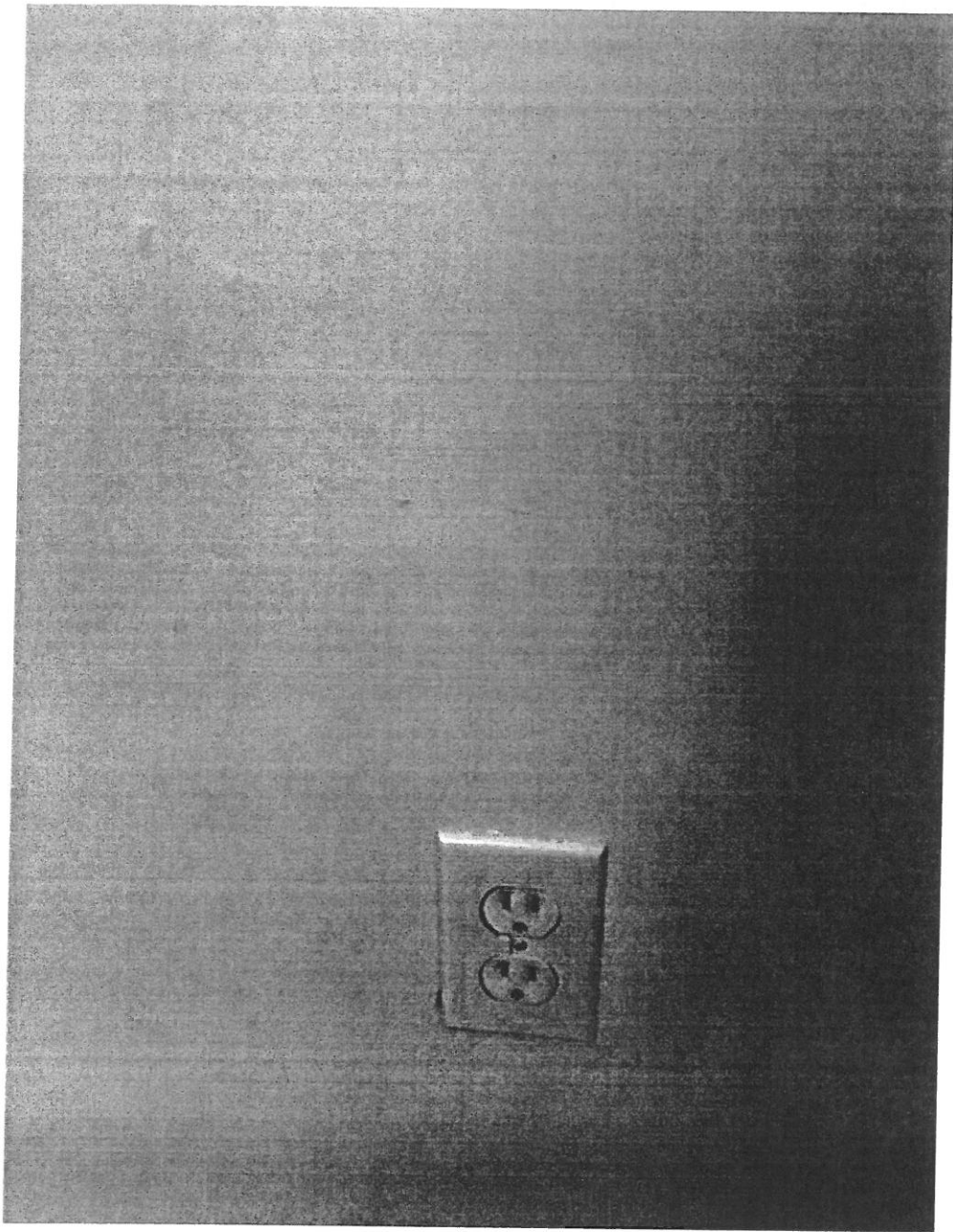
6. What could happen if you violated a client's rights in regards to privacy and confidentiality?

fined up to 500.00 and/or Termination



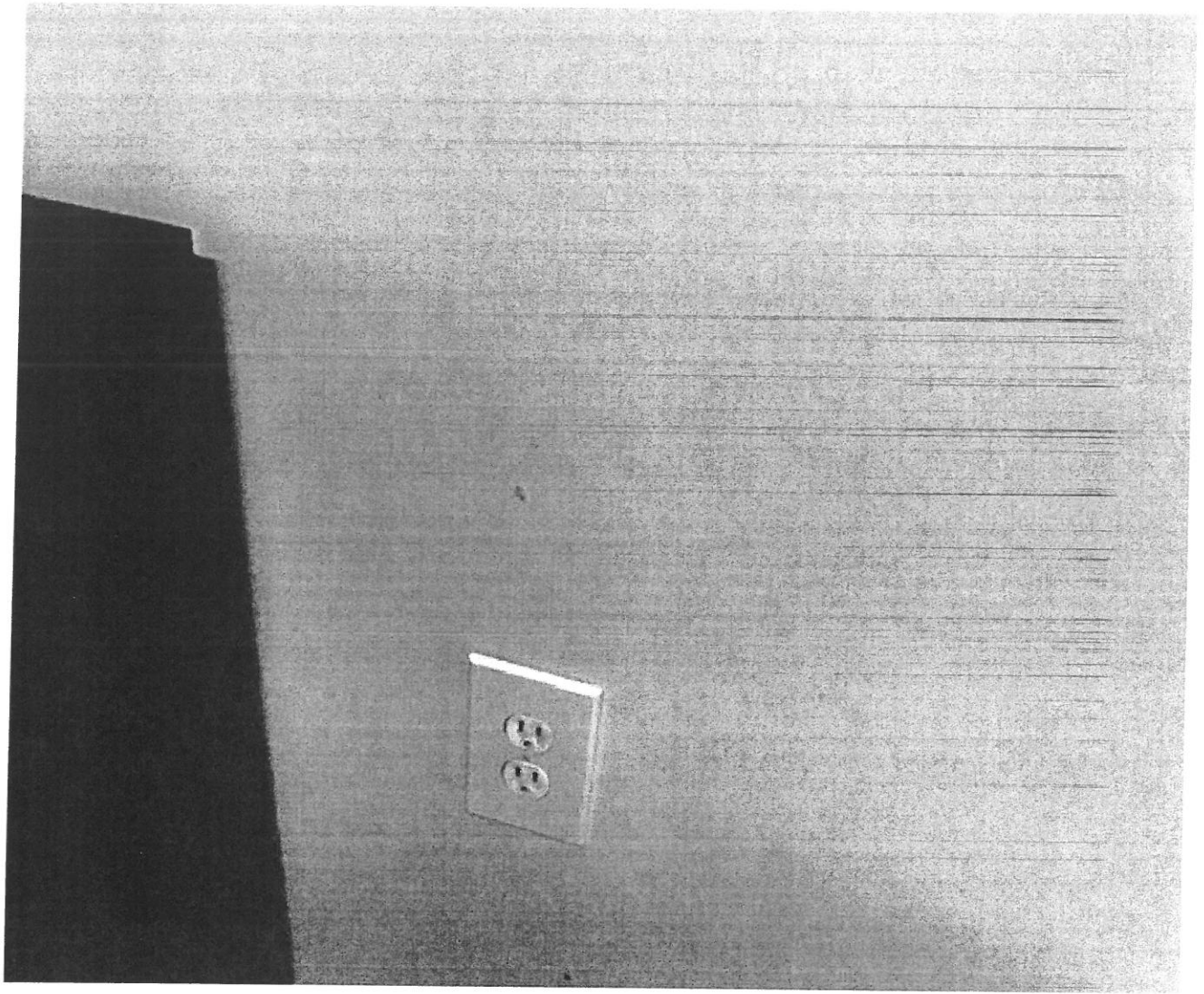
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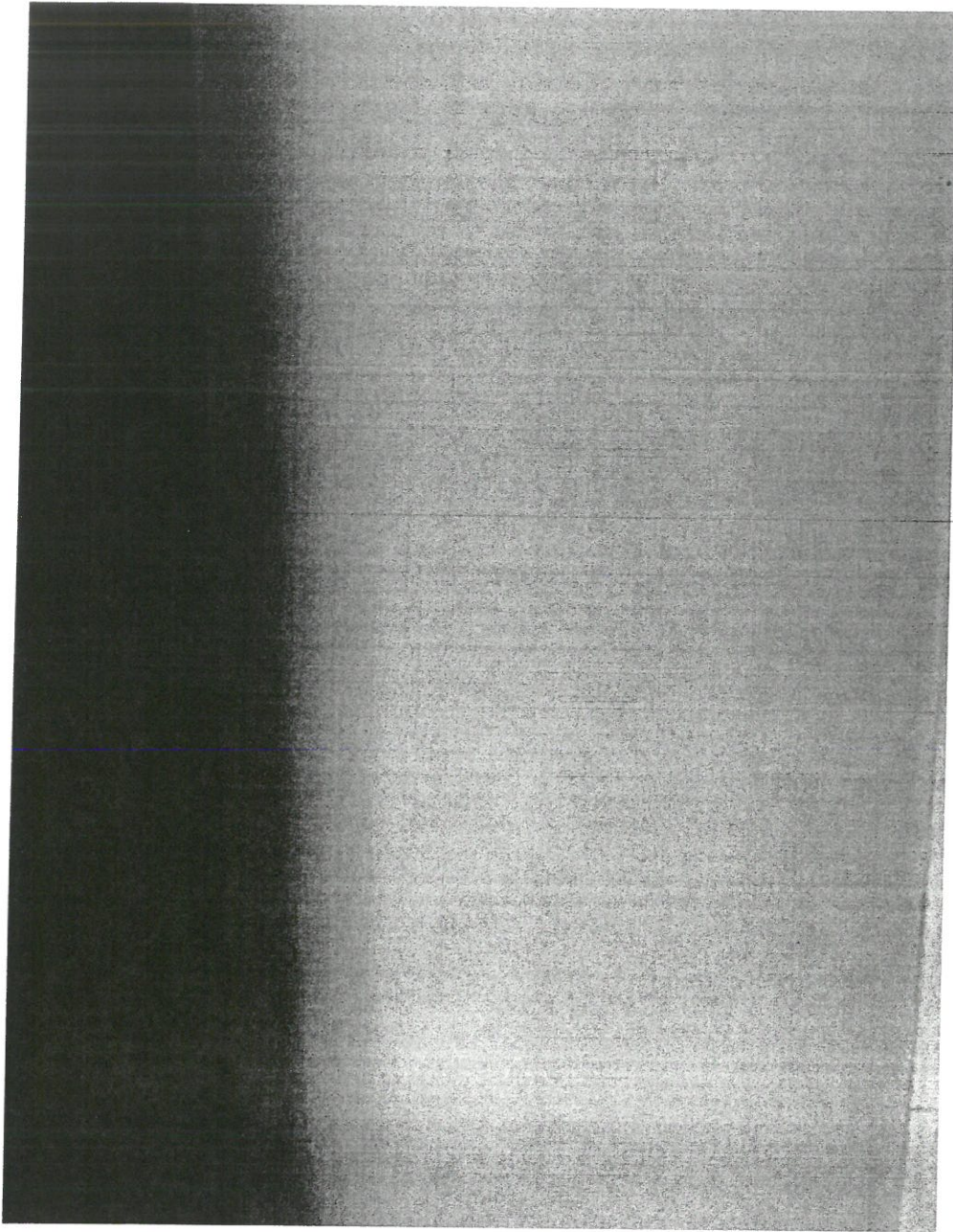




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