

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MT GILEAD CHILDREN'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306</b>
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W189	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff were sufficiently trained relative to behavior management for 2 of 2 sampled clients (#1 and #5). The findings are:</p> <p>A. The facility failed to ensure staff were trained relative to behavior support strategies for client #1. For example:</p> <p>Review of records for client #1 on 2/15/21 revealed a person centered plan (PCP) dated 3/1/20. Review of the 3/2020 PCP for client #1 revealed a behavior support plan for identified target behaviors of Physical aggression, verbal aggression, tantrum behavior and property destruction. Continued review of records for client #1 revealed a diagnosis history to include oppositional defiant disorder and moderate intellectual disability.</p> <p>A review of internal documentation revealed client #1 to have incidents of AWOL behavior. Continued review of internal reports revealed on 1/12/21 client #1 had eloped to the neighbors house and on 1/17/21 client #1 had eloped across the street from the group home. Subsequent review revealed emergency services had been contacted for both AWOL incidents (1/12/21 and 1/17/21) of client #1 due to the client refusing to return to the group home.</p>	W189	<p><b>W189 A</b> Client #1 has been discharged from the facility effective 2/28/2021 to his grandmother's home.</p> <p>The team will review all person supported behaviors going forward and will address frequencies in behaviors in the behavioral plans. QP will communicate with Psychologist if any changes or additions need to be made. The Psychologist will review behavioral data sheets quarterly. The QP will review behavioral data sheets monthly. RM will review behavior data sheets weekly. Completed by: Ongoing</p> <p style="text-align: center;"><b>DHSR - Mental Health</b> <b>MAR 10 2021</b> <b>Lic. &amp; Cert. Section</b></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Chapman* TITLE QP, B.S

(X6) DATE **3-3-21**

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

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W 189	Continued From page 1  Interview with the facility qualified intellectual disabilities professional (QIDP) on 2/15/21 revealed client #1 has a history of AWOL behavior. Continued interview with the QIDP verified AWOL behavior was not an identified target behavior of client #1's BSP and should have been added. Subsequent interview with the QIDP verified staff had been trained relative to client #1's BSP however AWOL behavior had not been included in the training as the behavior had not been included in the BSP.  B. The facility failed to ensure staff were trained relative to behavior support strategies for client #5. For example:  Review of records for client #5 on 2/15/21 revealed a person centered plan (PCP) dated 2/1/21. Review of the 2/2021 PCP for client #5 revealed a behavior support plan for identified target behaviors of Physical aggression, verbal aggression, self injurious behavior, tantrum behavior and property destruction. Continued review of records for client #5 revealed a diagnosis history to include Autism, moderate intellectual disability and mood disorder.  A review of internal documentation revealed an incident on 2/7/21 in which client #5 cut his leg and stomach with a piece of broken glass. Continued documentation review revealed client #5 was taken to the hospital as a result of the 2/7/21 behavior incident.  Interview with the facility QIDP on 2/15/21 verified client #5 had a history of threatening suicidal behavior. Continued interview with the QIDP revealed client #5 had never engaged in self	W 189	W189 B Suicidal threats and AWOL have been added to Client #5 behavior plan. All staff will be trained on the objectives to the behaviors. The Residential Manager will monitor Target behaviors weekly, the QP will monitor target behaviors monthly, using the Residential Observation checklist. Psychologist will monitor target behaviors quarterly. Completed by March 16, 2021 and Ongoing		

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W 189	Continued From page 2 cutting while at the facility prior to the 2/7/21 incident. Further interview with the QIDP verified client #5 verbally expressed suicidal threats prior to cutting himself on 2/7/21.	W 189		
W 227	<p>Subsequent interview with the QIDP verified suicidal threats or behavior were not a part of the BSP for client #5. Additional interview with the QIDP verified staff had been trained relative to client #5's BSP however formal intervention strategies relative to suicidal threats or behavior had not been included in the training as the behavior had not been included in the BSP.</p> <p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview the person centered plan (PCP) failed to have sufficient training objectives to meet identified client needs for 2 of 3 sampled clients (#1 and #5). The findings are:</p> <p>A. The ISP for client #1 failed to include objective training to address identified needs related to behavior management. For example:</p> <p>Review of records for client #1 on 2/15/21 revealed a person centered plan (PCP) dated 3/1/20. Review of the 3/2020 PCP for client #1 revealed a behavior support plan for identified</p>	W 227	<p><b>W227 A</b> A behavior plan was developed for Client#5 to address the behavior of suicidal threats and AWOL. All behaviors will be reviewed by the psychologist and the QP at least once a month to determine the frequency. A behavioral plan will be developed as determined by the frequency of the event and the safety of the individual. The QP/ Residential Manager will complete the Residential Observation checklist to document monitoring. Completed by: Ongoing</p>	

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W 227	<p>Continued From page 3</p> <p>target behaviors of physical aggression, verbal aggression, tantrum behavior and property destruction. Continued review of records for client #1 revealed a diagnosis history to include oppositional defiant disorder and moderate intellectual disability.</p> <p>A review of internal documentation revealed client #1 to have incidents of AWOL behavior. Continued review of internal reports revealed on 1/12/21 client #1 had eloped to the neighbors house and on 1/17/21 client #1 had eloped across the street from the group home. Subsequent review revealed emergency services had been contacted for both AWOL incidents (1/12/21 and 1/17/21) of client #1 due to the client refusing to return to the group home.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 2/15/21 verified client #1 has a history of AWOL behavior. Continued interview with the QIDP verified AWOL behavior was not an identified target behavior of client #1's BSP and should have been added. Subsequent interview with the QIDP revealed formal intervention strategies to support client #1 relative to AWOL behavior had not been implemented.</p> <p>B. The ISP for client #5 failed to include objective training to address identified needs related to behavior management. For example:</p> <p>Review of records for client #5 on 2/15/21 revealed a person centered plan (PCP) dated 2/1/21. Review of the 2/2021 PCP for client #5 revealed a behavior support plan for identified target behaviors of Physical aggression, verbal aggression, self injurious behavior, tantrum</p>	W 227	<p>W227 B</p> <p>Objectives as to how staff will implement the behavior plan for suicidal behavior are outlined in the behavior plan for the staff. The objectives for how staff will implement the behavior for AWOL are outlined in the behavior plan. The residential manager will monitor target behaviors weekly, the QP will monitor target behaviors monthly, and the psychologist will monitor target behaviors quarterly. The residential observation form will be completed by the QP or RM weekly. Completed by: Ongoing</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 227	<p>Continued From page 4</p> <p>behavior and property destruction. Continued review of records for client #5 revealed a diagnosis history to include Autism, moderate intellectual disability and mood disorder.</p> <p>A review of internal documentation revealed an incident on 2/7/21 in which client #5 cut his leg and stomach with a piece of broken glass. Continued documentation review revealed client #5 was taken to the hospital as a result of the 2/7/21 behavior incident.</p> <p>Interview with the facility QIDP on 2/15/21 verified client #5 had a history of threatening suicidal behavior. Continued interview with the QIDP revealed client #5 had never engaged in self cutting while at the facility prior to the 2/7/21 incident. Further interview with the QIDP verified client #5 verbally expressed suicidal threats prior to cutting himself on 2/7/21.</p> <p>Subsequent interview with the QIDP verified suicidal threats or behavior were not a part of the BSP for client #5. Additional interview with the QIDP verified formal intervention strategies to support client #5 relative to suicidal threats or behavior had not been implemented prior to 2/11/21 when client #5's supervision level was increased to 1:1 staffing during awake hours.</p>	W 227	<p>Within our electronic Incident Reporting System, we have incorporated the items below for the Team Lead to reply when completing an incident.</p> <ol style="list-style-type: none"> <li>1) Is treatment plan updated</li> <li>2) Provide summary</li> <li>3) Date</li> </ol>		