DEPARTMENT OF HEAL TH AND HUMAN SERVICES

PRINTED: 02/23/2021 FORM APPROVED

STATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CUA	(X2)MULTI	PLE CONSTRUCTION		NO 0938-0 TESURVEY
AND PLAN OFCCRRECTION		IDENTIFICATIONNUMBER:		NG		MPLETED
		34G324	B WING _	B WING		
NAME OF F	PROVIDER ORSUPPLIER	010021		STREET ADDRESS, CITY, STATE ZIP CODE	0	2/15 /2021
				205 EAST INGRAM AVENUE		
MT GILEA	AD CHILDREN'S HOME			MOUNT GILEAD, NC 27306		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLANOFCORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEF ICIENCY)	DBE	(X5) COMPLET (DATE
W 189 STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each emplinitial and continuing training that enemployee to perform his or her dutie efficiently, and competently. This STANDARD is not met as evide Based on record reviews and intervifacility failed to ensure staff were sustrained relative to behavior manager 2 sampled clients (#1 and #5). The fare: A. The facility failed to ensure staff were lative to behavior support strategies #1. For example: Review of records for client #1 on 2/ revealed a person centered plan (PC 3/1/20. Review of the 3/2020 PCP for revealed a behavior support plan for target behaviors of Physical aggression, tantrum behavior and prodestruction. Continued review of recordinated in the production of the same production of the same production of the same production. Continued review of recordinated in the same production of the same production. Continued review of recordinated in the same production of the same production		vide each employee with training that enables the his or her duties effectively, stently. not met as evidenced by: ews and interviews, the e staff were sufficiently havior managementfor2of and #5). The findings ensure staff were trained upport strategies for client client #1 on 2/15/21 stered plan (PCP) dated 3/2020 PCP for client#1 upport plan for identified vsical aggression, verbal ehavior and property I review of records for	W18	Client #1 has been discharge the facility effective 2/28/2022 grandmother's home. The team will review all person supported behaviors going for and will address frequencies in behaviors in the behavioral plant QP will communicate with Psychologist if any changes of additions need to be made. The Psychologist will review behave data sheets quarterly. The QF review behavioral data sheets monthly. RM will review behave data sheets weekly. Completed by: Ongoing	n ward n ans. r ne rioral	
1 2	oppositional defiant dis intellectual disability.	sorder and moderate		DHSR - Mental Health		
#	#1 to have incidents of			MAR 1 0 2021		
h a	1/12/21 client #1 had e nouse and on 1/17/21 across the street from t	he group home. ealed emergency services		Lic. & Cert. Section		
(1/12/21 and 1/17/21) of	client #1 due to the client	- Ch	Opman TILE QP, B.S	(Xé	DATE 3-3-

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
			A. BOILDI			С		
34G324			B. WING			02/15/2021		
NAME OF PROVIDER OR SUPPLIER MT GILEAD CHILDREN'S HOME				205	EET ADDRESS, CITY, STATE, ZIP CODE EAST INGRAMAVENUE UNT GILEAD, NC 27306			
(X4) ID PREFIX TAG			ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	Interview with the faci disabilities professions revealed client #1 has behavior. Continued in verified AWOL behavior target behavior of client have been added. Su QIDP verified staff has client #1's BSP however been included in the transt been included in the transt been included in the B. The facility failed to relative to behavior su #5. For example: Review of records for crevealed a person cen 2/1/21. Review of the starget behaviors of Phy aggression, self injurio behavior and property review of records for clidingnosis history to include intellectual disability and A review of internal documentations. The provision of the continued documentation was taken to the hogological personal disability and stomach with a piecontinued documentation was taken to the hogological personal disability incidentation of the provision of t	lity qualified intellectual al (QIDP) on 2/15/21 a history of AWOL nterview with the QIDP or was not an identified at #1's BSP and should beequent interview with the dibeen trained relative to at AWOL behavior had not raining as the behavior had ne BSP. The ensure staff were trained proof strategies for client which all aggression, verbal us behavior, tantrum destruction. Continued itent #5 revealed a ude Autism, moderate and mood disorder. The ensure staff were trained proof plan for identified wisical aggression, verbal us behavior, tantrum destruction. Continued itent #5 revealed a ude Autism, moderate and mood disorder. The ensure staff were trained proof plan for identified wisical aggression, verbal us behavior, tantrum destruction. Continued itent #5 revealed a ude Autism, moderate and mood disorder. The ensure staff were trained proof plan for identified with the client #5 cut his leg and the client #5 cut his leg are of broken glass. The ensure staff were trained proof plan for identified with the client #5 cut his leg are of broken glass. The ensure staff were trained proof plan for identified with the client #5 cut his leg are of broken glass. The ensure staff were trained proof plan for identified with the client #5 cut his leg are of broken glass. The ensure staff were trained proof plan for identified with the client #5 cut his leg are of broken glass. The ensure staff were trained proof plan for identified with the client #5 cut his leg are of broken glass. The ensure staff were trained proof plan for identified with the client #5 cut his leg are of broken glass.	W1	k F T n u	W189 B Suicidal threats and AWOL have been added to Client #5 behaviors and All staff will be trained on the behaviors. The Residential Manager will monitor farget behaviors weekly, the QF monitor target behaviors monthly using the Residential Observation checklist. Psychologist will monitor arget behaviors quarterly. Completed by March 16, 2021 at Dingoing	or the r P will y, on tor		

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		34G324	B. WING		C 02/15/2021		
NAME OF PROVIDER OR SUPPLIER MT GILEAD CHILDREN'S HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306	02/10/2021		
(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 APPROPRIAT DEFICIENCY)			
	cutting while at the fa incident. Further interclient #5 verbally expito cutting himself on 2 Subsequent interview suicidal threats or beh BSP for client #5. Add QIDP verified staff har client #5's BSP however strategies relative to shad not been included behavior had not been INDIVIDUAL PROGRACER(s): 483.440(c)(4). The individual program objectives necessary that identified by the correquired by paragraph. This STANDARD is not been included by paragraph. This STANDARD is not been included by paragraph. This STANDARD is not been included by paragraph. This STANDARD is not be person centered plant in sufficient training objection training objection through the incident with training to address ideal behavior management. Review of records for corevealed a person centered and incident incident. Review of the 3/1/20. Review of the 3/1/20. Review of the 3/1/20.	cility prior to the 2/7/21 rview with the QIDP verified ressed suicidal threats prior 2/7/21. with the QIDP verified favor were not a part of the ditional interview with the dibeen trained relative to ver formal intervention suicidal threats or behavior din the training as the included in the BSP. AM PLAN In plan states the specific o meet the client's needs, imprehensive assessment (c)(3) of this section. Out met as evidenced by: cords and interview the (PCP) failed to have citives to meet identified sampled clients (#1 and I failed to include objective intified needs related to in For example:	W 227	W227 A A behavior plan was developed for Client#5 to address the behavior	of be		

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NAME OF PROVIDER OR SUPPLIER MT GILEAD CHILDREN'S HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306	02	2115/2021	
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	target behaviors of phaggression, tantrum be destruction. Continued client #1 revealed a di oppositional defiant di intellectual disability. A review of internal do #1 to have incidents of Continued review of intellectual disability. A review of internal do #1 to have incidents of Continued review of intellectual disability. A review of internal do #1 to have incidents of Continued review of intellectual disabilities and on 1/17/21 across the street from Subsequent review rehad been contacted for (1/12/21 and 1/17/21) refusing to return to the Interview with the facilities professional verified client #1 has a Continued interview with behavior was not an idclient #1's BSP and sheavior was n	pysical aggression, verbal sehavior and property dreview of records for agnosis history to include sorder and moderate cumentation revealed client f AWOL behavior. ternal reports revealed on eloped to the neighbors client #1 had eloped the group home. vealed emergency services both AWOL incidents of client #1 due to the client e group home. ity qualified intellectual all (QIDP) on 2/15/21 history of AWOL behavior. In the QIDP verified AWOL entified target behavior of ould have been added. With the QIDP revealed tegies to support client #1 vior had not been failed to include objective intified needs related to For example: Selient #5 on 2/15/21 ered plan (PCP) dated 2/2021 PCP for client #5 pport plan for identified sical aggression, verbal	W2	W227 B Objectives as to how staff will implement the behavior plan for suicidal behavior are outlined in behavior plan for the staff. The objectives for how staff will implement the behavior for AW are outlined in the behavior plan. The residential manager will make the behaviors weekly, the Qillian monitor target behaviors month and the psychologist will monitor target behaviors quarterly. The residential observation form will completed by the QP or RM we Completed by: Ongoing	OL n. conitor will lly, or		

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I	MT GILE	AD CHILDREN'S HOME			205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306				
ŀ	(V4) ID	SHMMADY STA	ATEMENT OF DEFICIENCIES	ID	WICONTG	TLEAD, NC 2/306			
	(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	3E	(X5) COMPLETION DATE	
		behavior and property review of records for codiagnosis history to inclintellectual disability and A review of internal documentation of the continued documentation and stomach with a piece Continued documentation was taken to the hose 2/7/21 behavior incider Interview with the facility client #5 had a history of behavior. Continued intrevealed client #5 had a cutting while at the facilincident. Further intervicient #5 verbally express to cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the second cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with the records and cutting himself on 2/7 Subsequent interview with	destruction. Continued dient #5 revealed a ude Autism, moderate and mood disorder. cumentation revealed anythich client #5 cut his leg ece of broken glass. Sion review revealed client aspital as a result of the ent. by QIDP on 2/15/21 verified of threatening suicidal terview with the QIDP never engaged in self lity prior to the 2/7/21 ew with the QIDP verified ssed suicidal threats prior 7/21. with the QIDP verified vior were not a part of the ional interview with the ervention strategies to ee to suicidal threats or mplemented prior to supervision level was	W2	Repo incorp Team an inc	n our electronic Incident orting System, we have corated the items below for Lead to reply when compoident. Is treatment plan update Provide summary	leting		