STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

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W 000	INITIAL COMMENTS A complaint and recertification survey was conducted on 4/19/21-4/20/21. Deficiencies were not cited as a result of the complaint survey for Intake #NC00173875. However, the Condition of Participation for Client Behavior and Facility Practices as well as standard level deficiencies were cited as a result of the recertification survey.	W 000		
W 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure outside services met the needs of 1 of 4 audit clients (#6). The finding is: Interview on 4/19/21 with client #6's public school teacher revealed client #6 had been attending school for a few weeks. Further interview revealed she was not aware of the programs he was working on in the facility. She stated she was interested to find out how independent he was in the area of toothbrushing, as this was a need she had identified in the classroom. Additional interview revealed she had not spoken with the managers of the facility since client #6 started school but she had spoken with his parents. Review on 4/20/21 of client #6's individual program plan (IPP) dated 3/6/21 revealed he attends a local middle school. Further review revealed the team had developed a formal training program to prompt client #6 to brush his	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

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W 120	Continued From page 1 teeth according to task analysis for 6 months. Interview on 4/20/21 with the residential manager and qualified intellectual disabilities professional (QIDP) revealed they had not spoken with client #6's public school teacher since he had returned to school recently since the COVID-19 pandemic.	W 120		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the interdisciplinary team performed accurate assessments within 30 days after admission. This affected 3 of 3 newly admitted audit clients (#2, #3 and #6). The findings are: A. Review on 4/19/21 of client #2's individual program plan (IPP) dated 1/6/21 revealed he was admitted to the facility on 12/7/20. Further review of the IPP revealed client #2 did not have assessments of physical therapy, occupational therapy, psychology and nutrition in his record. B. Review on 4/19/21 of client #3's IPP dated 3/1//21 revealed he was admitted to the facility on 1/29/21. Further review of the IPP revealed there were not assessments of physical therapy, occupational therapy and psychology in client	W 210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

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W 210	Continued From page 2 #3's record. C. Review on 4/19/21 of client #6's IPP dated 3/6/21 revealed he was admitted to the facility on 2/6/21. Further review of the IPP revealed there were not assessments of physical therapy, occupational therapy, psychology, audiological and dental health in client #6's record.. Interview on 4/19/21 with the qualified intellectual disabilities professional (QIDP) revealed these evaluations for clients #2, #3 and #6 had not been completed.	W 210		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 sampled clients (#1) received a continuous active treatment program consisting of needed interventions as identified in the individual support plan (ISP) relative to implementing behavioral intervention strategies and medication administration programs. The findings are: A. During observations in the facility on 4/19/21	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

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W 249	Continued From page 3	W 249		

client #1 became very agitated during meal preparation from 5:00-5:50pm. Client #1 began vocalizing, pacing and banging on the walls in the hallway, dining room and living room. The noise of client #1 banging on the walls could be heard from any room in the facility. Staff C was working with client #3 in the kitchen. Staff D and staff E were in the living room with clients #2 and #6. Staff D activated music videos on the living room television for the clients. Staff D called client #1 by name and asked him to sit down but at 5:15pm, client #1 was up pacing and banging on the walls. At one point, staff D took out his personal phone and made a phone call. At 5:30pm, client #1 walked into the dining room area and banged on the glass doors of the dining room with such force, the glass vibrated. Staff C raised her voice and told client #1 to "Stop!"

Review on 4/20/21 of client #1's behavior support program (BSP) dated 10/13/ 20 revealed he has target behaviors of physical aggression, self-injurious behavior, non-compliance and inappropriately taking food. Further review of this program revealed he has diagnoses of Severe Intellectual Disability, Autism and PICA. Review of the environmental modifications /behavior preventions included: If client #1"is showing signs of agitation or frustration, ask him what is bothering him and try to assist if possible. Simplify the task or assist him in moving the stressor or relocating. Recognize antecedents to behaviors. Intervene to prevent behaviors."

Interview on 4/19/21 with staff E revealed that she was relatively new to the facility. She stated sometimes client #1 gets agitated prior to supper. She also explained sometimes when the noise level in the facility was increased, client #1

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	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

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W 249	Continued From page 4	W 249		

becomes more agitated. When asked about the interventions in client #1's BSP, she stated staff should verbally redirect client #1.

Interviews on 4/20/21 with the qualified intellectual disabilities professional (QIDP) and the Program Manager (PM) revealed client #1's BSP is still current and direct care staff should redirect and relocate client #1 if necessary when he becomes very agitated. Additional interview confirmed direct care staff should not be using their cellphones when they are monitoring clients in the facility.

B. During observations of medication administration on 4/19/21 at 4:30pm, with client #1 sitting next to her, staff C pre poured client #1's water into a cup, then hand over hand punched Clonidine 0.1 mg. and Haldol 2 mg. into a cup. Staff C then took client #1's trash and disposed of it while client #1 left the office area.

During observations of medication administration on 4/20/21 at 6:18am, with client #1 sitting next to him, staff G pre poured water in a cup, staff G punched out Flintstone's Vitamin, Clonidine 0.1 mg., Aripiprazole 15mg., Risperidone 3mg. and Haldol 2 mg. into a medication cup. Staff G disposed of client #1's trash as he left the office area.

Review on 4/19/21 of client #1's individual program plan (IPP) dated 8/13/20 revealed a priority training need for self medication . Further review of the IPP revealed a program for self medication with 75% accuracy for 6 consecutive months implemented on 10/1/19. The steps include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

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W 249	Continued From page 5 1) Require client #1 to sanitize his hands 2) Point to his medication box 3) Remove his medication box 4) Punch out his pills from the blister pack 5) Throw away his trash Interview on 4/20/21 with the qualified intellectual disabilities professional (QIDP) confirmed client #1's self medication program is still current and should be integrated during medication administration opportunities.	W 249		
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior support plans (BSP's) for 4 of 4 audit clients (#1, #2, #3 and #6) were reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 4/19/21 of client #2's individual program plan (IPP) dated 1/6/21 revealed he was admitted to the facility on 12/7/20. Further review revealed his adoptive Mom makes decisions on client #2's behalf as he is a minor. Additional review of client #2's record revealed he has target behaviors of non-compliance and physical aggression, obsessive compulsive disorder and attention deficit disorder.	W 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

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W 262	Continued From page 6 Review on 4/20/21 of client #2's physician orders dated 3/30/21 revealed he receives Risperidone 2 mg., Divalproex 250 mg. and Clonidine 0.1 mg. extended release. Further review on 4/19/21 of client #2's record revealed he does not have human rights committee (HRC) review or approval for the use of Risperidone 2 mg., Divalproex 250 mg. and Clonidine 0.1 mg. extended release. B. Review on 4/19/21 of client #3's IPP dated 3/1/21 revealed he was admitted to the facility on 1/29/21 with a diagnosis of Autism. Further review of client #3's record revealed he is in the legal custody of the Department of Social Services in Guilford County. Review on 4/19/21 of client #3's physician's orders dated (3/27/21) revealed he receives Abilify 5 mg., Divalproex 25 mg., Divalproex Sodium 25 mg., Guanfacine 3 mg., and Hydroxyzine 5 mg. Further review on 4/19/21 of client #3's record revealed the facility does not have HRC review or approval for the use of Abilify 5 mg., Divalproex 25 mg., Divalproex Sodium 25 mg., Guanfacine 3 mg., and Hydroxyzine 5 mg. C. Review of client #6's IPP dated 3/6/21 revealed he was admitted to the facility on 2/26/21. Further review revealed he has diagnoses of Moderate Intellectual Disability, Autism, Seizure Disorder and Sensory Processing Disorder. Additional review revealed his parents make legal decisions on his behalf as he is a minor.	W 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

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HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

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W 262	Continued From page 7 Review on 4/19/21 of client #6's physician orders dated 3/16 21 revealed he receives Clonidine 0.1 mg ER at am and at night for impulsivity, Divalproex 250 mg. twice daily for mood and Risperidone 2 mg. at bedtime for aggression. Further review on 4/19/21 of client #6's record revealed the facility does not have HRC review or approval of Clonidine 0.1 mg ER at am and at night for impulsivity, Divalproex 250 mg. twice daily for mood and Risperidone 2 mg. D. Review on 4/19/21 of client #1's IPP dated 8/13/20 revealed he has diagnoses of Severe Intellectual Disabilities, PICA and Autism. Further review revealed his parents make legal decisions for him as he is a minor. Review on 4/19/21 of his physician orders 3/30/21 revealed he receives Clonidine 0.1 mg. four times daily for mood/behavior. Further review on 4/20/21 of client #1's record revealed the facility does not have HRC review or approval of the use of Clonidine for client #1. Interview on 4/20/21 with the the qualified intellectual disabilities professional (QIDP) and the Program Manager (PM) confirmed the facility does not have HRC review or approval for the use of client #1, #2, #3 and #6's psychotropic medications. Further interview revealed management was aware that HRC had not reviewed these plans and had not followed up with the psychology consultant to ensure this was completed.	W 262		
W 263	PROGRAM MONITORING & CHANGE	W 263		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

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W 263	Continued From page 8 CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 4 of 4 audit clients (#1, #2, #3 and #6). The findings are: A. Review on 4/19/21 of client #2's individual program plan (IPP) dated 1/6/21 revealed he was admitted to the facility on 12/7/20. Further review revealed his adoptive Mother makes decisions on client #2's behalf as he is a minor. Additional review of client #2's record revealed he has target behaviors of non-compliance and physical aggression, obsessive compulsive disorder and attention deficit disorder. Review on 4/20/21 of client #2's physician orders (dated 3/30/21) revealed he receives Risperidone 2 mg., Divalproex 250 mg. and Clonidine 0.1 mg. Extended release daily. Further review on 4/19/21 of client #2's record revealed written informed consent for the use of Risperidone 2 mg., Divalproex 250 mg. and Clonidine 0.1 mg. extended release was not obtained from the facility.. B. Review on 4/19/21 of client #3's IPP dated 3/1/21 revealed he was admitted to the facility on 1/29/21 with a diagnosis of Autism. Further review	W 263		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

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W 263	Continued From page 9	W 263		

of client #3's record revealed he is in the legal custody of the Department of Social Services in Guilford County.

Review on 4/19/21 of client #3's physician's orders dated (3/27/21) revealed he receives Abilify 5 mg., Divalproex 25 mg., Divalproex Sodium 25 mg., Guanfacine 3 mg., and Hydroxyzine 5 mg. daily.

Further review on 4/19/21 of client #3's record revealed the facility does not have written informed consent for the use of Abilify 5 mg., Divalproex 25 mg., Divalproex Sodium 25 mg., Guanfacine 3 mg., and Hydroxyzine 5 mg.

C. Review of client #6's IPP dated 3/6/21 revealed he was admitted to the facility on 2/26/21. Further review revealed he has diagnoses of Moderate Intellectual Disability, Autism, Seizure Disorder and Sensory Processing Disorder. Additional review revealed his parents make legal decisions on his behalf as he is a minor.

Review on 4/19/21 of client #6's physician orders dated 3/16 21 revealed he receives Clonidine 0.1 mg ER at am and at night for impulsivity, Divalproex 250 mg. twice daily for mood and Risperidone 2 mg. at bedtime for aggression.

Further review on 4/19/21 of client #6's record revealed the facility does not have written informed consent for the use of Clonidine 0.1 mg ER at am and at night for impulsivity, Divalproex 250 mg. twice daily for mood and Risperidone 2 mg.

D. Review on 4/19/21 of client #1's IPP dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
W 263	Continued From page 10 8/13/20 revealed he has diagnoses of Severe Intellectual Disabilities, PICA and Autism. Further review revealed his parents make legal decisions for him as he is a minor. Review on 4/19/21 of his physician orders 3/30/21 revealed he receives Clonidine 0.1 mg. four times daily for mood/behavior. Further review of client #1's record revealed the facility does not have written informed consent for the use of client #1's Clonidine. Interview on 4/20/21 with the qualified intellectual disabilities professional (QIDP) and the Program Manager (PM) revealed the facility has not obtained written informed consent for clients #1, #2, #3 and #6 use of psychotropic medications. Further interview with the PM revealed management staff did not follow up with the psychology consultant to ensure this was completed.	W 263		
W 266	CLIENT BEHAVIOR & FACILITY PRACTICES CFR(s): 483.450 The facility must ensure that specific client behavior and facility practices requirements are met. This CONDITION is not met as evidenced by: The facility failed to: identify possible antecedents of 1 of 4 audit clients (#6)'s inappropriate behavior triggers and failed to intervene appropriately (W268), assure that all techniques used to manage behaviors are integrated into an active treatment program	W 266		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 266	Continued From page 11 (W288) and assure that drugs used for control of inappropriate behavior were used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed (W312). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated Client Behavior and Facility Practices.	W 266		
W 268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility staff failed to identify possible antecedents of 1 of 4 audit clients (#6)'s inappropriate behavior triggers and failed to intervene appropriately when he became agitated.. The finding is: .During observations in the facility on 4/19/21 from 3:15pm-7:00pm, the noise level in the facility was increased as staff D and staff E had activated music videos on television for clients #1, #2 and #6 in the living room area. At 4:55pm, client #6 was rocking one of the living room couches near the window back and forth vocalizing loudly. He was rocking back and forth so forcefully that the legs of the couch were vibrating the living room floor so that the couch rocked near the window. He was not redirected	W 268		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

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W 268	Continued From page 12 by staff D or staff E who were in the living room. Review on 4/19/21 of client #6 's record revealed he was admitted to the facility on 2/26/21. Further review revealed he has diagnoses of Moderate Intellectual Disability, Autism, Seizure Disorder and Sensory Processing Disorder. There was not a behavior support program (BSP) in client #6's record. Review on 4/19/21 of client #6's physician orders dated 3/16 21 revealed he receives Clonidine 0.1 mg ER at am and at night for impulsivity, Divalproex 250 mg. twice daily for mood and Risperidone 2 mg. at bedtime for aggression. Interview on 4/19/21 with staff D revealed they redirect client #6 when he becomes very agitated. Interview on 4/20/21 with the QIDP and PM revealed client #6 does not have a BSP but should be redirected when he becomes agitated. Further interview confirmed that client #6 becomes agitated when the noise level in the room is increased and staff should try to decrease background noise whenever possible.	W 268		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a technique	W 288		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
W 288	Continued From page 13	W 288		

to manage client #1's inappropriate behavior was included in an active treatment plan. This affected 1 of 4 audit clients(#1). The finding is:

During observations in the facility on 4/20/21 at 6:45am, staff A assisted client #1 with his book bag and jacket in preparation for leaving the facility to go outside to his transportation to school. Staff A told client #1 his ride was outside and prompted him to get up and go with him. Client #1 rolled over on the couch and onto the floor. Staff A and staff H attempted to get client #1 to give up his head phones that were connected to his tablet. Twice, staff reached for client #1's headphones and said, "Give me the head phones so we can go to school." Client #1 refused to get up and walk. After about 9 minutes, staff A went outside and signaled to the transportation driver to go ahead and leave. After the transportation vehicle had pulled away outside, client #1 got up and sat on the couch briefly listening to his headphones which were connected to his tablet. Client #1 got up from the couch about 20 minutes later and went into his bedroom and shut the door.

Interview on 4/20/21 with staff A and the residence manager (RM) revealed client #1 was going to stay home that day and they would attempt to get him to go to school the following day.

Review on 4/20/21 of client #1's behavior support program (BSP) dated 10/13 20 revealed he has target behaviors of physical aggression, self-injurious behavior, non-compliance and inappropriately taking food. Further review of this program revealed he has diagnoses of Severe Intellectual Disability, Autism and PICA. Review

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	34G253	A. BUILDING _____ B. WING _____	C 04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
W 288	Continued From page 14 of the environmental modifications /behavior preventions included: If client #1 "is showing signs of agitation or frustration, ask him what is bothering him and try to assist if possible. Simplify the task or assist him in moving the stressor or relocating. Recognize antecedents to behaviors. Intervene to prevent behaviors." Review of the BSP revealed there were no procedures involving removing client #1's headphones for non-compliance. Interview on 4/20/21 with the qualified intellectual disabilities professional (QIDP) confirmed the BSP is current and staff should not remove client #1's belongings but should follow his BSP..	W 288		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used for the control of inappropriate behaviors were used only as an integral part of an active treatment program directed towards the reduction or elimination of behaviors for which the drugs were employed. This affected 3 of 4 audit clients (#2, #3 and #6). The findings are: A. Review on 4/19/21 of client #2's individual program plan (IPP) dated 1/6/21 revealed he was	W 312		

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W 312	Continued From page 15	W 312		

admitted to the facility on 12/7/20. Further review of client #2's record revealed he has target behaviors of non-compliance, physical aggression, obsessive compulsive disorder and attention deficit disorder.

Review on 4/20/21 of client #2's physician orders dated 3/30/21 revealed he receives Risperidone 2 mg., Divalproex 250 mg. and Clonidine 0.1 mg. extended release.

Further review on 4/19/21 of client #2's IPP revealed no behavior support program (BSP) to address the inappropriate behaviors for the psychotropic medication he receives.

Interview on 4/21/21 with the qualified intellectual disabilities professional (QIDP) and Program Manager (PM) confirmed client #2 does not have a BSP to address the inappropriate behaviors for which he receives several psychotropic medications. Further interview revealed management was aware a behavior support program had not been developed however, they failed to follow up to ensure this was completed.

B. Review on 4/19/21 of client #3's IPP dated 3/1/21 revealed he was admitted to the facility on 1/29/21 with a diagnosis of Autism.

Review on 4/19/21 of client #3's physician's orders dated (3/27/21) revealed he receives Abilify 5 mg., Divalproex 25 mg., Divalproex Sodium 25 mg., Guanfacine 3 mg., and Hydroxyzine 5 mg.

Further review on 4/19/21 of client #3's IPP revealed no BSP to address the inappropriate behaviors for the psychotropic medication he

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W 312	Continued From page 16 receives. Interview on 4/21/21 with the QIDP and PM confirmed client #3 does not have a BSP to address the inappropriate behaviors for which he receives several psychotropic medications. Further interview revealed management was aware a behavior support program had not been developed however, they failed to follow up to ensure this was completed. C. Review of client #6's IPP dated 3/6/21 revealed he was admitted to the facility on 2/26/21. Further review revealed he has diagnoses of Moderate Intellectual Disability, Autism, Seizure Disorder and Sensory Processing Disorder. Review on 4/19/21 of client #6's physician orders dated 3/16 21 revealed he receives Clonidine 0.1 mg ER at am and at night for impulsivity, Divalproex 250 mg. twice daily for mood and Risperidone 2 mg. at bedtime for aggression. Further review on 4/19/21 of client #6's IPP revealed no BSP to address the inappropriate behaviors for the psychotropic medication he receives. Interview on 4/21/21 with the QIDP and PM confirmed client #6 does not have a BSP to address the inappropriate behaviors for which he receives several psychotropic medications. Further interview revealed management was aware a behavior support program had not been developed however, they failed to follow up to ensure this was completed.	W 312		
W 340	NURSING SERVICES	W 340		

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W 340	Continued From page 17 CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation, interview and record review, nursing services and the interdisciplinary team failed to ensure staff were trained to assure adequate hygiene relative to wearing masks as mandated by facility policy during a state wide pandemic of COVID-19. This affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: During observations in the facility on 4/19/21 from 3:30pm-7pm, staff D removed his mask around 4:30pm while he was making a personal call on his cellphone in the living room. He sat in the living room area for a period of about 45 minutes next to clients #2, #4 and #5. Staff D also moved about the facility into the dining room and kitchen where staff C and client #6 were working on meal preparation from 5-6pm. Staff D put his mask back over his mouth and nose at 5:18pm. During observations on 4/19/21 after supper at 6:05pm staff D removed his mask below his chin while he was in the living room with clients #4, #5 and #6. He adjusted his mask over his face at 6:15pm. Review on 4/19/21 of the facility's pandemic policy (undated) which was attached to their emergency plan (EP) revealed there were	W 340		

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W 340	Continued From page 18 procedures to prevent transmission of infectious disease in the facility. Interview on 4/19/21 with the qualified intellectual disabilities professional (QIDP) revealed the pandemic policy requires all staff working in the facility wear a facial mask that covers their nose and mouth. Interview on 4/20/21 with the program manager (PM) revealed staff are to wear facial masks at all times when working with clients due to the state declared pandemic of COVID-19.	W 340		