

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 6/17/21. Intakes # 00176622 and #00176626 were substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision</p>	V 109		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 109	<p>Continued From page 1</p> <p>plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview three of three Qualified Professionals (QP) (QP #1/Chief Executive Officer -CEO, QP #2/Program Director-PD, QP #3/Clinical Director- CD) failed to demonstrate knowledge, skills and abilities required for the population served. The findings are:</p> <p>Review on 6/15/21 of the QP #1/CEO's record revealed: -Date of hire- 4/15/17</p> <p>Review on 6/15/21 of the QP #2/PD"s record revealed: -Date of hire- 7/15/98</p> <p>Review on 6/15/21 of the QP #3/CD's record revealed: -Date of hire 7/17/17</p> <p>Review on 6/2/21 of Incident Report regarding client #5 dated 4/18/21 revealed: -"Consumer's Care Coordinator contacted the Clinical Director/QP (QP #3/CD) to report that the consumer stated that a staff member (staff #1) grabbed his throat. Upon interviewing the consumer, the consumer reported to the Clinical</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 109	<p>Continued From page 2</p> <p>Director (QP #3/CD) that the staff member (staff #1) grabbed him by the collar of his shirt. The consumer clarified that the staff did not grab him by the throat and demonstrated how the staff member grabbed the collar of his shirt."</p> <p>Review on 6/3/21 of the QP #3/CD's investigation revealed: -"As a result of the interviews, the Clinical Director (QP #3/CD) was unable to substantiate the allegation that the staff grabbed [client #5] by the neck. While we were unable to substantiate this allegation, we take the care and concern of our residents very seriously. As such, the Clinical Director (QP #3/CD), with support from the Executive Director (QP #1/CEO), determined it best to offer placement at one of our other residential facilities along with additional training on abuse, neglect, and consumer rights. In addition to adding cameras to our facilities, we will provide close supervision of this particular staff for at least the next 90 days to ensure compliance with all ASI (Autism Services Incorporated- Licensee) policies and procedures as well as state regulations."</p> <p>During interview on 6/2/21 the Lead Staff stated: -All staff in the home had been trained in Abuse/Neglect and Client Rights since the incident with staff #1. -The facility had camera's installed a few weeks ago. -Staff #1 was suspended and then placed back on the schedule.</p> <p>During interview on 6/2/21 the QP #3/CD stated: -She had been notified of the allegations of abuse and immediately suspended staff #1 until they completed their investigation.</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 109	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Adult Protective Services (APS) had completed an investigation and unsubstantiated abuse. -Received a call on 4/18/21 from client #5's Care Coordinator with allegations that staff #1 had grabbed client #5 around his neck. -Spoke to client #5 on 4/18/21 and he said staff #1 had only grabbed him on his shirt. -Interviewed client #5 again the next day and his story was the same. -Client #5 could not recall a time frame of when staff #1 grabbed his shirt. -Interviewed staff #1 and he said he had not grabbed client #5, he only fixed his shirt collar. -Staff #1 was taken off the schedule on 4/18/21. -Interviewed client #1 and #4 who stated they had not witnessed staff #1 put his hands on client #5. -Client #1 did report that staff #1 cursed at them. -Staff #1 denied cursing at the clients, but maybe around them while driving the van if someone cut him off. -Did not hear any more from other clients that staff #1 was cursing at them. -Cameras were installed a week ago to monitor. -Several management staff had access to the cameras. -The cameras did record. -Did not have specific times of who monitored the cameras or when they monitored them. -They could watch live videos and they could store the footage of the videos. -Had not documented when they have monitored these cameras. -Staff #1 worked alone on third shift. -The Lead staff had popped in at 5:00 am to check in, but did not have this documented. -The QP #2/PD is supposed to do the abuse neglect training and client rights with staff #1. -The "write up" will go along with that and then a mediation meeting to discuss expectations. -Staff #1 returned to work on 5/2/21. 	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 109	<p>Continued From page 4</p> <ul style="list-style-type: none"> -He did not receive any trainings before returning to work. -Had initially planned to move him to another facility, but after APS unsubstantiated their case, he was able to return to work. -Had spoken with the QP #2/PD regarding training staff #1. -Spoke with staff #1 before he returned to work to discuss what he needed to do. -All other staff were trained in abuse/neglect and client rights after the investigation, but staff #1 was not present due to being on suspension. <p>Review on 6/2/21 of staff #1's record revealed:</p> <ul style="list-style-type: none"> -No evidence of abuse/neglect or client rights training after his suspension on 4/18/21. -No evidence of a "write up" regarding the findings of their internal investigation. <p>During interview on 6/2/21 the QP #2/ PD stated:</p> <ul style="list-style-type: none"> -Not aware staff #1 had returned to work. -Was supposed to be planning an abuse/neglect training and client rights with him, but had not done so. -Staff #1 worked a second job, so they had not scheduled it yet. <p>During interview on 6/14/21 the QP #3/CD stated:</p> <ul style="list-style-type: none"> -When staff #1 returned to work on 5/2/21 it was a management decision. -The QP #1/CEO, and the QP #2/PD were part of the team that decided on staff #1's return. -"Ideally he would have been trained before returning." -The QP #2/PD went on vacation and then she went on vacation. -"The ball was dropped on his training, no excuse." -He was currently still off shift since she completed the plan of protection on 6/2/21 	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 109	<p>Continued From page 5</p> <ul style="list-style-type: none"> -He was brought back to shadow the Lead Staff from 5-9 am for the morning routine. -They have not determined if he will be coming back on his normal shift. -Did a write up and abuse/neglect training with him on 6/3/21. <p>During interview on 6/14/21 the QP #1/CEO stated:</p> <ul style="list-style-type: none"> -The QP #3/CD completed an investigation and it was determined there was no physical abuse. -They did not have any complaints with him in the past. -"We were dumb founded by these allegations." -The management team made the decision to place staff #1 back on his shift. -Training was supposed to take place for staff #1 but that "fell through." -The QP #2/PD and the QP #3/CD went on vacation and it "slipped through." -The Lead Staff placed him back on the schedule -This was a team decision to put staff #1 back to work. -"I take full responsibility for this." -"I am ultimately the one who is in charge." -"Not trying to make excuses, but [the QP #2/PD and the QP #3/CD] had been working sixty to eighty hours a week." -They are struggling with finding staff to work. -Management and office personnel were getting trained on going in and working shifts themselves. <p>During interview on 6/16/21 the Lead staff stated:</p> <ul style="list-style-type: none"> -She was told by the QP #3/CD to place staff #1 back on the schedule. <p>Review on 6/2/21 of the Plan of Protection completed by the QP #3/CD dated 6/2/21 revealed:</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 109	<p>Continued From page 6</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? -Conduct weekly meetings with consumers to address any concerns. -Schedule staff (staff #1) for abuse and neglect: clients rights training. -Conduct and document daily monitoring of camera system -QP will conduct pop up visits on shifts for supervision purposes.</p> <p>Describe your plans to make sure the above happens: -QP will develop a monitoring log to track supervision through camera monitoring. -Lead staff will conduct daily monitoring of staff and report any concerns to the QP. -Health and Safety officer will conduct staff training on abuse/neglect and client rights. -Staff will be immediately removed from shift until all training is completed. QP will conduct training with the staff on how to complete the morning routine. Staff will be observed daily for at least 2 weeks by the Lead Staff and documented observation reports completed. Any concerns will be reported to the QP for further evaluation. QP will conduct unannounced shift visits to review staff performance"</p> <p>Review on 6/17/21 of Plan of Protection completed by QP #3/CD dated 6/17/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -"While the intention was to provide training to the staff person on abuse and neglect and client rights, the staff person did not receive the appropriate training following his initial suspension. The remaining staff employed in this facility did, however, receive the training on</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 109	<p>Continued From page 7</p> <p>client's rights and while it was our intention to provide the training to staff in question, staff shortages during this time prevented us from following through. Moving forward, our health and safety officer has begun development of a training record to monitor staff training more closely to prevent further issues with lapses in training. We have immediately began to re-examine our training process to ensure that staff are properly trained and oversight of training is monitored at least monthly. In addition to our Human Resources oversight of personnel files, for the next 90 days, our Corporate Compliance Officer will receive a monthly report of staff training.</p> <p>Describe your plans to make sure the above happens: -Immediate development of staff training record. -Monthly review of training record by Health and Safety Officer -Monthly oversight of training records reviewed by Corporate Compliance Officer for the next 90 days."</p> <p>An allegation of abuse by staff #1 on client #5 was received on 4/18/21. Staff #5 was suspended from work while the QP #3/CD conducted an investigation. After the investigation was concluded, it was determined there was no evidence of physical abuse, but staff #1 had grabbed client #5 by his shirt. The management team consisting of the QP #1/CEO, the QP #2/ PD and the QP #3/CD determined that staff #1 needed training in abuse/neglect and client rights along with a write up. The QP #3/CD informed the Lead Staff to place staff #1 back on the schedule at which time he returned to work on 5/2/21. During record review on 6/2/21, it was determined that staff #1 had never received any</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 109	Continued From page 8 trainings in abuse/neglect or client rights before returning to work. Cameras were installed around the end of May 2021, however there was no documentation or schedule as to who would review them to monitor staff #1. Staff #1 worked third shift alone from 11:00 PM until 9:00 AM. The QP #1/CEO stated his return to work without training slipped through and she took full responsibility for this. The facility's failure to implement thier reccomendations from their internal investigation regarding staff #1 was detrimental to their health, safety and welfare. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 109		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 9</p> <p>intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on interview, observation and record review one of one staff (staff #1) abused four of four audited clients (#1, #2, #5, & #6). The findings are:</p> <p>Review on 6/2/21 of staff #1's record revealed the following: -Date of hire 4/5/17 -Worked third shift from 11:00 PM- 9:00 AM alone.</p> <p>Review on 6/2/21-6/17/21 of client #1, #2, #5 & #6 records revealed: -All had a diagnosis of Autism.</p> <p>Review on 6/2/21 of an Incident Report regarding client #5 dated 4/18/21 revealed: -"Consumer's Care Coordinator contacted the Clinical Director/QP (QP #3/CD) to report that the consumer stated that a staff member (staff #1) grabbed his throat. Upon interviewing the consumer, the consumer reported to the Clinical Director (QP #3/CD) that the staff member (staff #1) grabbed him by the collar of his shirt. The consumer clarified that the staff did not grab him by the throat and demonstrated how the staff member grabbed the collar of his shirt."</p> <p>Review on 6/3/21 of the QP #3/CD's investigation revealed: -"As a result of the interviews, the Clinical</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 10</p> <p>Director (QP #3/CD) was unable to substantiate the allegation that the staff grabbed [client #5] by the neck. While we were unable to substantiate this allegation, we take the care and concern of our residents very seriously. As such, the Clinical Director (QP #3/CD), with support from the Executive Director (QP #1/CEO), determined it best to offer placement at one of our other residential facilities along with additional training on abuse, neglect, and consumer rights. In addition to adding cameras to our facilities, we will provide close supervision of this particular staff for at least the next 90 days to ensure compliance with all ASI (Autism Services Incorporated- Licensee) policies and procedures as well as state regulations."</p> <p>During interview on 6/2/21 client #5 stated: -Staff #1 is "too strict, he runs it like an army camp." -Staff #1 makes them do their morning chores before he leaves his shift. -Staff #1 had grabbed him by his shirt if he was not moving fast enough. -They have so many chores to do in the morning, "I am not as fast I used to be." -Staff #1 had pulled on his clothes and pushed him toward his room. -Staff #1 had put his hands on him multiple times by grabbing his shirt and pushing him to his room. -Client #5 had never fell, staff #1 just pushed him toward the room. -Staff #1 cursed at him and once told him he needed to go to an assisted living home. -Staff #1 had threatened him, but could not remember what he said. -"I can't say the words he says." -Told his case manager and she told the QP #3/CD.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 11</p> <p>-The QP #3/CD spoke to staff #1 and he had been better since then.</p> <p>Observation on 6/2/21 at 1:00 PM with client #5 revealed:</p> <p>-He demonstrated how staff #1 grabbed the front of his shirt with two hands near the collar area. -He demonstrated how staff #1 placed his hand on his back to push him toward his bedroom. -Client used a walker at all times during the survey.</p> <p>During interview on 6/2/21 client #1 stated:</p> <p>-Staff #1 treats them like soldiers. -He yelled and cursed at her all the time. -Did not want to say the words he used on her. -Staff #1 cursed at everyone. -The QP #3/CD spoke to him but he is still doing it. -He mostly cursed at them in the mornings when they were doing their chores. -He cursed at her this morning (6/2/21). -Staff #1 once tried to take her television remote from her and said she could not watch it before 8:00 AM if her chores were not completed. -This was not a house rule, just staff #1's rule.</p> <p>Observation on 6/2/21 at 1:30 PM of client #1 revealed:</p> <p>-She was very emotional during interview with tears streaming down her face. -Visibly emotional when discussing staff #1's treatment of her.</p> <p>During interview on 6/7/21 client #6 stated:</p> <p>-Staff #1 used to curse and yell at them, but he had not been doing it as much in the last few weeks. -Staff #1 would use the "F" word to him if he washed his hands and did not use a towel to dry</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 12</p> <p>them.</p> <ul style="list-style-type: none"> -Staff #1 gets upset in the morning if they do not do their chores. -He will bang on their doors to wake them. -Staff #1 can "get pissed" and mad easily. -Staff #1 gets really mad if more than two people are in the kitchen and would make them get out, yelling at them. -Staff #1 treats client #1 "not so good." <p>During interview on 6/7/21 client #2 stated:</p> <ul style="list-style-type: none"> -Staff #1 had said bad words to them, 'but I can't say them.' -The words staff #1 said to them start with "S, D and H." -He said the bad words "a lot." -Staff #1 will say, "Get the 'H' out of my way," or "Get the 'H' out of the kitchen." -He does not allow more than one or two people in the kitchen or he will get upset. -His yelling and cursing, "makes me upset." -Had observed staff #1 yell and curse at client #1 "a lot." <p>During interview on 6/15/21 staff #1 stated:</p> <ul style="list-style-type: none"> -He typically worked third shift, but during the pandemic and inclement weather he worked first and second in the past year. -Third shift is 11:00 PM until 9:00 AM alone. -Woke the clients at 6:30 AM to start their day. -While setting up breakfast, the clients would join in and heat up stuff or pour their juice. -"I don't allow too many in the kitchen, no more than two in the kitchen because they can fight" -"With their autism, they don't say excuse me, when they bump one another." -"if [client #3] is touched he will have a fit and start going off." -"I keep clients close to me." -"I like to keep no more than two in the kitchen, 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 13</p> <p>and make that a habit."</p> <p>-I try to teach them to say excuse me or ask for stuff, you have to prep them for the day automatically."</p> <p>-After breakfast, they do their morning chores of making their beds, cleaning their rooms, hygiene and cleaning the bathroom.</p> <p>-I don't have any behaviors from them in the morning, I used to, but I am there on top of them."</p> <p>-The only time they have behaviors is when I am not on top of them."</p> <p>-Would walk around the facility asking if they are done with their chores, because sometimes they forget.</p> <p>-Mondays were always tough because the staff that worked the weekends "doesn't push them like I do."</p> <p>-I am very structured and routine, and stay on them."</p> <p>-They say I am like a soldier on them."</p> <p>-I don't get any pushback. They have enough time to get the chores done."</p> <p>-Client #2 and client #3 are the slowest, but have plenty of time to do them before they have to leave.</p> <p>-There was no time frame for the chores to be completed.</p> <p>-The clients load on the van at 8:00 AM to head to their jobs or day programs.</p> <p>-The clients can watch television after they have completed their chores, had not told them they couldn't</p> <p>-Had told client #5 he didn't need to call people in the mornings because he will start trying to make phone calls at 6:00 AM.</p> <p>-There are no consequences if they do not do their chores.</p> <p>-Never grabbed client #5 by his shirt.</p> <p>-Would help client #5 with his shirt collar if it was not turned down, "I want to make sure he is</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 14</p> <p>dressed appropriately."</p> <ul style="list-style-type: none"> -Had not made comments to client #5 about going to an assisted living facility. -Client #4 and client #1 had made those comments to client #5. -"They (clients) would say I curse a lot, because you (surveyor) are asking them that over and over." -Had never cursed at the clients. -Once client #5 had soiled himself and the toilet in the bathroom, he may have cursed while cleaning up. -Client #1 once walked by the table and knocked over a pot and he may have said, "D**n" -Never told a client to get the "h**l" out of the way. -"What I do think is because I am there all the time and I am sure they are tired of me," which is why they would say these things about him. -Client #5 liked to ask the female staff for hugs like 40 times in an hour, "he don't get that from me, that's not who I am." <p>During interview on 6/16/21 client #5's Care Coordinator stated:</p> <ul style="list-style-type: none"> -Client #5 told her in a phone call a few months ago that staff #1 had grabbed him around his neck. -Was not sure when or how he grabbed client #5, just assumed it was from the front. -Tried to get an idea of why staff #1 was grabbing him, and client #5 said he wasn't doing what staff #1 wanted him to do. -Client #5 had mentioned in the past that staff #1 "barks" at them. -Client #5 called her six times on 6/13/21 very anxious about staff #1 back working on third shift. -Client #5 seemed very upset that staff #1 was working. -Been client #5's Care Coordinator for six years and knew when he was anxious. 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 15</p> <ul style="list-style-type: none"> -Sunday (6/13/21) he was very upset saying over and over that staff #1 was working 3rd shift. -Had worked with client #5 several years and he is "pretty sharp" with his facts. -In the past, had an interaction with staff #1 when she visited the home. -Staff #1 had an "authoritative tone"with her and "spoke very loudly and harsh" to the clients in the home. -Had been on the phone with client #5 and could hear staff #1 asking client #5 with a loud tone, who he was speaking with. <p>During interview on 6/2/21 the QP #3/CD stated:</p> <ul style="list-style-type: none"> -She had been notified of the allegations of abuse and immediately suspended staff #1 until they completed their investigation. -Adult Protective Services (APS) had completed an investigation and unsubstantiated abuse. -Received a call on 4/18/21 from Client #5's Care Coordinator with allegations that staff #1 had grabbed client #5 around his neck. -Spoke to client #5 on 4/18/21 and he said staff #1 had only grabbed him on his shirt. -Interviewed client #5 again the next day and his story was the same. -Client #5 could not recall time frame of when staff #1 grabbed his shirt. -Interviewed staff #1 and he said he had not grabbed client #5, he only fixed his shirt collar. -Staff #1 was taken off the schedule. -Interviewed client #1 and #4 who stated they had not witnessed staff #1 put his hands on client #5. -Client #1 did report that staff #1 cursed at them. -Staff #1 denied cursing at the clients, but maybe around them while driving the van if someone cut him off. -Did not hear any more from the other clients that staff #1 was cursing at them. -Cameras were installed a week ago to monitor. 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 16</p> <ul style="list-style-type: none"> -Several management staff had access to the cameras. -The cameras were able to record. -Did not have specific times of who monitored the cameras or when they monitored them. -They could watch live videos and they can store the footage of the videos. -Not documented when they have monitored these cameras. -Staff #1 worked alone on third shift. -The Lead staff had popped in at 5:00 AM to check in, but did not have this documented. -The QP #2/PD was supposed to do the abuse neglect training and client rights with staff #1. -The "write up" would go along with that and then a mediation meeting to discuss their expectations. -Staff #1 was suspended on 4/18/21 and returned to work on 5/2/21. -He did not receive any trainings before returning to work. -Had initially planned to move him to another facility, but after APS unsubstantiated their case, they placed him back on the schedule. -Had spoken with the QP #2/PD regarding training staff #1. -Spoke with staff #1 before he returned to work to discuss what he needed to do. -All other staff were trained in abuse/neglect and client rights after the investigation, but staff #1 was not present due to being on suspension. -Was surprised to hear that client #1 was emotional during her interview with surveyors, "that's not at all like her." -Client #1 did not usually get emotional. -Always spoke to clients and had an "open door" policy and they knew they could come to her. -Chores were assigned daily and there was no time frame for them to be completed. -There were no consequences if they were not 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 17</p> <p>completed.</p> <ul style="list-style-type: none"> -Not aware of staff #1 making them get their chores completed in the mornings. -"Very surprised" by the evidence of cursing and the stress of the morning routine with staff #1. <p>During interview on 6/14/21 the QP #1/CEO stated:</p> <ul style="list-style-type: none"> -The QP #3/CD completed an investigation it was determined there was no physical abuse. -They did not have any complaints with him in the past, we were "dumb founded" by these allegations. -The management team made the decision to place staff #1 back on his shift. -Training was supposed to take place for staff #1 but that fell through. -The QP #2/PD and the QP #3/CD went on vacation and it "slipped through." -The lead staff placed him back on the schedule -This was a team decision to put staff #1 back to work. -"I take full responsibility for this." -"I am ultimately the one who is in charge." -"Not trying to make excuses, but [the QP #2/PD and the QP #3/CD] had been working sixty to eighty hours a week." -They are struggling with finding staff to work. -Management and office personnel were getting trained on going in the facility and working shifts themselves. <p>Review on 6/2/21 of the Plan of Protection completed by the QP #3/CD dated 6/2/21 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ul style="list-style-type: none"> -Conduct weekly meetings with consumers to address any concerns. -Schedule staff (staff #1) for abuse and neglect: 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 18</p> <p>clients rights training. -Conduct and document daily monitoring of camera system -QP will conduct pop up visits on shifts for supervision purposes.</p> <p>Describe your plans to make sure the above happens: -QP will develop a monitoring log to track supervision through camera monitoring. -Lead staff will conduct daily monitoring of staff and report any concerns to the QP. -Health and Safety officer will conduct staff training on abuse/neglect and client rights. -Staff will be immediately removed from shift until all training is completed. QP will conduct training with the staff on how to complete the morning routine. Staff will be observed daily for at least 2 weeks by the Lead Staff and documented observation reports completed. Any concerns will be reported to the QP for further evaluation. QP will conduct unannounced shift visits to review staff performance."</p> <p>Review on 6/17/21 of the Plan of Protection completed by the QP #3/CD dated 6/17/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -Employee will immediately be terminated from the agency as we cannot employ any individuals with substantiated cases of abuse and/or neglect. -We will provide training to all staff at the Glen Forest Group Home on abuse and neglect by 6/25/21. -Our Clinical Director will provide direct supervision of staff interactions on at least a weekly basis for at least the next 30 days which will be submitted to our Corporate Compliance</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	<p>Continued From page 19</p> <p>Officer to review weekly.</p> <ul style="list-style-type: none"> -Our Corporate Compliance Officer will provide oversight of the Plan of Protection for the next 90 days and provide feedback as needed. -A message box will be placed in the home for consumers to anonymously report any concerns to the Clinical Director. The box will be monitored by the Clinical Director weekly and addressed within the group home within 72 hours or sooner depending on the severity. All reports will be documented and reported quarterly at minimum to the Corporate Compliance Officer. <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> -Health and Safety Officer will provide training to all Glen Forest Group Home staff on abuse and neglect by 6/25/21. -Training completion certificates will be immediately submitted to the Corporate Compliance Officer for review. -Clinical Director will document weekly staff supervision via-in person and/or through camera surveillance. -Staff supervisions will be submitted weekly to the Corporate Compliance Officer for review and feedback as needed. -Purchase a message box and install it in the group home. -Provide training to consumers on how to use the message box." <p>Clients #1, #2, #5 and #6 were all diagnosed with Autism and stated in interviews that staff #1 had been cursing and yelling at them multiple times during his shift. Client #1 stated staff #1 had attempted to take her television remote if she did not finish her chores. Client #1 also stated staff #1 cursed at them all the time and as recent as the morning of the interview on 6/2/21. Client #1</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
---	--

(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 512	Continued From page 20 was visibly emotional and crying when talking about staff #1's treatment of her. The QP #3/CD stated this was not typical of client #1 to be so emotional and was surprised by her crying during the interview. Client #5 stated and demonstrated how staff #1 had grabbed him by the front of his shirt on several occasions when staff #1 was upset with him during the the morning chores. Client #5 and #1 stated staff #1 ran the home like an army camp. Client #2 and client #6 both stated how staff #1 yelled and cursed if more than one or two people were in the kitchen at the same time. Staff #1 worked third shift from 11:00 PM until 9:00 AM alone. Staff #1 admitted he stayed on top of clients and was very structured when completing the morning chores. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		