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SUMMIT SUPPORT SERVICES OF ASHE-LIGHTHOUS	120 ASHE STREET JEFFERSON, NC 28640

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on 10/8/21. The complaint was unsubstantiated (intake #NC 00179049). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

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V 108	Continued From page 1 and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that staff members were trained in cardiopulmonary resuscitation (CPR) and First Aid affecting 2 of 3 audited staff (Staff #2 and the Qualified Professional). The findings are: Record review on 9/17/21 of Staff #2's personnel record revealed: -hire date of 6/7/18; -CPR/First Aid certification dated 5/22/20. -The training was online and did not include a hands on component. Record review on 9/17/21 of the QP's (Qualified Professional) personnel record revealed: -hire date of 7/29/19; -CPR/First Aid certification dated 9/25/20. -The training was online and did not include a hands on component. Interview on 9/21/21 with the QP revealed: -the CPR/First Aid certification is an online only course; -due to the COVID-19 pandemic and restrictions, they did not have a hands-on component to test skills. Review of email on 9/22/21 from the QP revealed: -"Our most recent CPR/First Aid class was	V 108		

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V 108	Continued From page 2 8/20/21 at [a local agency] and included a hands-on component. Due to COVID-19 any CPR/First Aid training in 2020 was conducted online and did not include the hands-on component in order to reduce risk of COVID transmission."	V 108		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are: Interview on 9/16/21 with the Qualified Professional (QP) revealed: -shifts for the facility are Sunday 3:00pm-Monday 9:00am, weekdays 2:30pm-9:00am; Friday afternoon to Sunday 10:00am.	V 114		

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V 114	Continued From page 3 Review of fire and disaster drill logs on 9/16/21 and 9/28/21 for the time period 7/1/20 to 6/30/21 revealed: -Fire and disaster drill logs are recorded on the same form and staff circle whether they conducted a fire or disaster drill; -7 of 17 drills reviewed listed the time of day but did not distinguish if it was a.m. or p.m. or identify a shift for the following drills: 9/26/20-disaster drill; 1/24/21-disaster drill; 1/28/21-disaster drill; 1/30/21-fire; 4/17/21-fire; 4/17/21-second drill did not specify a time; 6/1/21-disaster; -2 of 17 drills (9/16/20 and 4/17/21) did not indicate what type of drill was conducted; -2/28/21 had fire circled at top of page and had water outage/disaster at bottom of page under type of drill; -on 8/21/20, the start time of drill at the top of page said 7:35am and the bottom of the page had an evacuation drill conducted at 5:40pm on 8/20/20. Interview on 10/8/21 with the Executive Director, QP, and Staff #1 revealed: -The did not realize they needed to indicate a.m. or p.m. for the time of day; -QP and Executive Director will inform staff of how to properly document drills.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall	V 118		

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V 118	Continued From page 4 only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to ensure that medications were recorded on the MAR immediately after administration affecting 2 of 3 clients (Client #2 and Client#3) and that medications were only administered on the	V 118		

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written order of a person authorized by law to prescribe drugs affecting 3 of 3 clients (Client #1, Client #2, Client #3). The findings are:

Cross Reference: 10A NCAC 27G .0209(h) Medication Errors (Tag 120). Based on record reviews, the facility failed to report medication errors immediately to a physician or pharmacist affecting 2 of 3 audited clients (Client #2, Client #3).

Review on 9/16/21 of Client #1's record revealed:
-admission date of 12/5/16;
-diagnoses of Intellectual Disability and Mixed Hyperlipidemia.

Review on 9/16/21 of Client #1's MARs and physician orders for July 1-September 16, 2021 revealed:
-fluoxetine 40 milligram (mg), one capsule by mouth once daily (depression) was ordered on 6/15/21 and not documented as administered on 9/12/21;
-a sticky note on the MAR which said "Staff #1 am 10th;"
-a sticky note on MAR which said "Non-audited staff am 12th."

Review on 9/22/21 of the electronic health record for Client#1 revealed:
-entry on 9/15/21: medication error discovered on 9/15/21 at 7:00am;
-staff noticed a loose pill at the bottom of client's folder;
-"medication error is unassigned as there is no way of knowing exactly what happened."

Review on 9/16/21 of Client#2's record revealed:
-admission date of 6/27/18;
-diagnoses of Moderate Intellectual Disability,

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V 118	Continued From page 6 Adjustment Disorder with Mixed Disturbance of Conduct and Emotions, Binge Eating Disorder, Insomnia, Allergic Rhinitis, Hyperlipidemia, Hypothyroidism, Obesity, Vitamin B12 Disorder, Obstructive Sleep Apnea, and Vitamin D Deficiency. Review on 9/16/21 of Client #2's MARs and physician orders for July 1-September 16, 2021 revealed: medications were listed on the MAR but did not have physician orders: -levothyroxine 125 micrograms (mcg), 1 tablet by mouth once daily 30 minutes prior to eating was administered 7/1/21-9/10/21 and 9/13/21-9/16/21 without a physician's order; -simvastatin 10mg, one tablet by mouth once daily was administered 7/1/21-9/10/21 and 9/13/21-9/16/21 without a physician's order; -vitamin B-12 500mcg, one tablet by mouth daily was administered 7/1/21-9/10/21 and 9/13/21-9/16/21 without a physician's order; -fluticasone 50mcg, administer 1 spray each nostril daily was administered 7/1/21-9/10/21 and 9/13/21-9/16/21 without a physician's order; -montelukast 10mg one tablet by mouth daily at 8:00am (allergies) was ordered 5/21/21 and not documented as administered 9/11/21 and 9/12/21; -sertraline 100mg 1 tablet at bedtime (depression) was ordered 6/29/21 and not documented as administered on 9/11/21 and 9/12/21; -melatonin 5mg, take 2 tablets by mouth at 9:30pm (sleep) was ordered on 6/29/21 and not documented as administered on 9/10/21 and 9/11/21; -famotidine 40mg one table twice a day (binge eating, reflux) was ordered on 6/18/21 and not administered 9/11/21 and 9/12/21 at 8:00 am, and 9/10/21 and 9/11/21 at 8:00 pm;	V 118		

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-levocetirizine 5 mg one tablet at 8:00 pm (allergies) was ordered on 5/21/21 and not documented as administered on 9/10/21 and 9/11/21;
-sticky note on September 2021 MAR that said "Non-audited staff sign for 10th, 11th and am for 12th."

Interview on 9/16/21 with Staff#1 regarding missing physician orders revealed:
-staff was not aware the orders were missing and attempted to find them in the record;
-staff contacted the pharmacy for medication orders;
-staff was unable to obtain physician's orders from the pharmacy.

Review on 9/16/21 of Client #2's MARs for July 1-September 16, 2021 revealed:
-mupirocin 2% ointment twice daily PRN (as needed) was on the MAR but had not been administered to client.

Interview on 9/16/21 with Non-audited staff revealed:
-requested August 2021 MAR for Client #2;
-MARs are not filed until managers review them in the event there needs to be a correction (missing initial on the MAR).

Review on 9/22/21 of electronic health record for Client #2 revealed:
-entry on 8/22/21: medication error discovered on 8/22/21 at 5:00pm;
-staff noticed there was loose pill at the bottom of the folder;
-"medication error is unassigned as there is no way of knowing exactly what happened."

Review on 9/16/21 of Client #3's record revealed:

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-admission date of 12/12/16;
-diagnoses of Depression, Anxiety Disorder, Asperger's, Obstructive Sleep Apnea (OSA), Fatty Liver, Hyper Cholesterol, Seizure disorder, Postural Kyphosis, Wheezing, and Constipation.

Review on 9/16/21 of physician orders for Client #3 included:
-Align 4 mg, take one tablet by mouth daily (digestive balance) was ordered 11/12/20.

Review on 9/22/21 of electronic health record for Client#3 revealed:
-entry on 7/11/21: medication error discovered on 7/11/21 at 8:20pm;
-manager noticed client's Align 4mg was still in the pill pack for July 11th;

Review on 9/16/21 Client#3's July 2021 MAR revealed:
-staff initialed 7/11/21 for Align 4mg indicating medication was administered.

Interview on 9/17/21 with Staff #1 revealed:
-regarding missing initials, she stated in the past year "here lately that happens" a lot;
-staff initials next to date on bubble pack of the medication that they have administered;
-when staff pull out medications, they look to see if "it's been popped";
-if the MAR is not initialed, staff attempt to get the staff who was on duty at the time of missing dose to come back in to initial the MAR.

Interview on 9/21/21 with the Qualified Professional (QP) revealed:
-"generally team of managers will catch" any missing initials and put a sticky note on the MAR for staff about missing initials;
-she reviews MARS and follows up with staff to

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V 118	Continued From page 9 find out "what happened, what was missed, was medication really administered"; -she recommends to put what happened on the back of the MAR; -when manager comes on duty and noticed there are blanks on the MAR, they called staff to come in to initial the MAR ASAP (as soon as possible); -she recognized it's important to know if medication was given as ordered. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. Review on 10/6/21 of the 1st Plan of Protection written by Staff #1 and dated 10/6/21 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "Documentation Errors: Staff will be sent a fax and SComm (electronic communication) to alert them about the citation and new documentation that is being implemented. Training was provided at the Lighthouse staff meeting on 9/29/21 to address medication administration and documentation. When a medication is administered, the pill packs will be compared to the MAR. When the pill is popped, staff will initial the pill packet. When the medication is given to the client, the MAR will be initialed by staff. In the event that staff misses initialing the MAR, new form was generated to track documentation errors. The staff that discovers the documentation error will fill out that form and give it to the QP over that group home. The staff that committed the documentation error will document the error on the back of the MAR, sign and date. This form will be sent out this afternoon.	V 118		

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Missing scripts & DC order:
The client was taken to his family physician to get his prescriptions updated.

Each client has a manager (goal planner) at the facility that is responsible for overseeing that client's medical needs including keeping their scripts up to date. Goal Planner Training is being scheduled to facilitate proper implementation of renewing prescriptions that have expired and discontinuing scripts that are no longer needed.

If a PRN script has not been used since the client's lasts doctor visit, the manager will consult with the physician to see if he/she wants them to keep that prescription on their MAR. This information will be shared with the Lighthouse staff by SComm.

Medication Error Reporting:
Staff will check the drawer for loose pills before and after each shift. Staff will also check pill pack dates after med pass to make sure that no medications were missed. If a medication error occurs, a GER (electronic record) medication error report will be filled out when the error is discovered. The nurse and on call staff will be notified for further direction. This information will be communicated to staff through an Scomm. Follow up will be provided at the next Lighthouse staff meeting."

Describe your plans to make sure the above happens.

"Documentation Errors:
As soon as QP returns from vacation next week, we will set up a time for med (medication) administration and med error training for group

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V 118	Continued From page 11 home staff. We will begin updating policies to reflect changes and will submit changes to the Summit Board of Directors for approval. A "checklist" of all necessary actions will be created, and QPs/Director will check items off the list as actions are completed. Results of ongoing random MAR checks will be documented in the Lighthouse Meeting Notes on the Company server and staff supervision will be documented in supervision notes. Future actions will include updating the medication administration and med error policy to reflect recent changes in the way med errors are reported in Therap (electronic health record) and how documentation errors are reported. Also, policies regarding the handling of med errors and supervision of staff will be reviewed and revised. Staff will receive comprehensive training on medication administration, medication errors, and disciplinary action as soon as possible." Missing scripts (prescriptions) & DC order: Summit Support Services has a nurse that reviews MARs quarterly. We had suspended her services during the COVID pandemic and just contacted her for medication errors and medical questions. We will be rescheduling quarterly MAR reviews to ensure that scripts are up to date and documentation is correct. Medication Error Reporting: GER Medication Error Reports Medication Error Reports will be reviewed by QP staff and followed up with staff committing the medication error to provide training. Medication Error Reporting will be covered at the next staff training in November. Future actions will include updating the medication administration and med error policy to	V 118		

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reflect recent changes in the way med errors are reported Therap and how documentation errors are reported. Also, policies regarding the handling of med errors and supervision of staff will be reviewed and revised. Staff will receive comprehensive training on medication administration, medication errors, and disciplinary action as soon as possible."

Review on 10/7/21 of revised Plan of Protection written by Staff #1 and dated 10/6/21 revealed:

"Documentation Errors
Staff will be sent a fax and SComm by QP on 10-6-21 to alert them about the citation and new documentation that is being implemented. Training was provided at the Lighthouse staff meeting on 9/29/21 to address medication administration and documentation. When a medication is administered, the pill packs will be compared to the MAR. When the pill is popped, staff will initial the pill packet. When the medication is given to the client, the MAR will be initialed by staff. In the event that staff misses initialing the MAR, the documentation error form was generated to track documentation errors. The staff that discovers the documentation error will fill out that form and give it to the QP over that group home when they drop off the keys. The staff that committed the documentation error will document the error on the back of the MAR, sign and date. This form will be sent out this afternoon.

Missing scripts & DC order
The client was taken to his family physician to get his prescriptions updated.

Each client has a manager (goal planner) at the facility that is responsible for overseeing that

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V 118	Continued From page 13 client's medical needs including keeping their scripts up to date. Goal Planner Training is being scheduled to facilitate proper implementation of renewing prescriptions that have expired and discontinuing scripts that are no longer needed. Two training dates will be scheduled and completed before November 5th by QPs. If a PRN script has not been used since the client's lasts doctor visit, the manager will consult with the physician to see if he/she wants them to keep that prescription on their MAR. This information will be shared with the Lighthouse staff by SComm. Medication Error Reporting Staff are checking the drawers for loose pills before and after each shift. Staff will also check pill pack dates after med pass to make sure that no medications were missed. If a medication error occurs, a GER medication error report will be filled out when the error is discovered. The nurse and on call staff will be notified for further direction. This information will be communicated to staff through an SComm on 10-11-21. Follow up will be provided at the next Lighthouse staff meeting October 28th. Describe your plans to make sure the above happens. "Documentation Errors As soon as QP returns from vacation next week, we will set up a time for med administration and med error training for group home staff to be completed by QPs no later than October 28th. We will begin updating policies to reflect changes and will submit changes to the Summit Board of Directors for approval. This will be completed by director no later than October 19. A "checklist" of	V 118		

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all necessary actions will be created, and QPs/Director will check items off the list as actions are completed. This will be completed by QPs no later than Oct 12. Results of ongoing random MAR checks will be documented in the Lighthouse Meeting Notes on the October 28th staff meeting on the Company server and staff supervision will be documented starting with October supervision notes starting.

Future actions will include updating the medication administration and med error policy to reflect recent changes in the way med errors are reported Therap and how documentation errors are reported will be completed by QPs no later than Oct 19th. Also, policies regarding the handling of med errors and supervision of staff will be reviewed and revised completed by QPs no later than Oct 19th. Staff will receive comprehensive training on medication administration, medication errors, and disciplinary action to be completed by QPs no later than Oct 28th.

Missing scripts & DC order
Summit Support Services has a nurse that reviews MARs quarterly. We had suspended her services during the COVID pandemic and just contacted her for medication errors and medical questions. We will be rescheduling quarterly MAR reviews to ensure that scripts are up to date and documentation is correct.

Medication Error Reporting
GER Medication Error Reports are reviewed by QP staff and followed up with staff committing the medication error and training is being provided. Medication Error Reporting will be covered at the next staff training on October 28th.

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V 118	Continued From page 15	V 118		

Future actions will include updating the medication administration and med error policy to reflect recent changes in the way med errors are reported in Therap and how documentation errors are reported will be completed by QPs no later than Oct 19th. Also, policies regarding the handling of med errors and supervision of staff will be reviewed and revised completed by QPs no later than Oct 19th. Staff will receive comprehensive training on medication administration, medication errors, and disciplinary action to be completed by QPs no later than Oct 28th."

This facility serves 6 adult clients whose diagnoses included Intellectual Disability, Hyperlipidemia, Adjustment Disorder with Mixed Disturbance of Conduct and Emotions, Binge Eating Disorder, Insomnia, Allergic Rhinitis, Hypothyroidism, Obesity, Vitamin B12 Disorder, Obstructive Sleep Apnea, and Vitamin D Deficiency. The clients were prescribed fluoxetine, levothyroxine, simvastatin, vitamin B-12, fluticasone, melatonin hydrocortisone, triamcinolone, montelukast, sertraline, famotidine, levocetirizine. Client #2 received 4 medications (levothyroxine, simvastatin, vitamin B-12, and fluticasone) for which there were no current orders for a total of 76 days for each of the four medications. There were 4 medications (sertraline, melatonin, montelukast, levocetirizine) that were not documented as administered for 2 consecutive days. Both doses of famotidine were not given for one day, and only 1 dose was given for 2 days. Facility staff addressed missing initials on the MAR by leaving sticky notes on the MARs highlighting the blanks and asking staff who had worked on that shift to initial the blanks on the MARs. There were two medication errors that were not immediately reported to the

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V 118	Continued From page 16 physician or pharmacist. Because of the blanks on the MAR, it could not be determined if medications were administered as ordered. 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 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record reviews, the facility failed to report medication errors immediately to a physician or pharmacist affecting 2 of 3 audited clients (Client #2, Client #3). The findings are: Review on 9/16/21 of Client#2's record revealed: -admission date of 6/27/18. Review on 9/22/21 of electronic health record for Client#2 revealed: -entry on 8/22/21: medication error discovered on	V 123		

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8/22/21 at 5:00pm;
-staff noticed there was a loose pill at the bottom of the folder;
-"medication error is unassigned as there is no way of knowing exactly what happened;"
-no evidence the physician or pharmacist was contacted.

Review on 9/16/21 of Client#3's record revealed:
-admission date of 12/12/16.

Review on 9/22/21 of electronic health record for Client#3 revealed:
-entry on 7/11/21: medication error discovered on 7/11/21 at 8:20pm;
-manager noticed client's Align 4mg was still in the pill pack for July 11th;
-no evidence the physician or pharmacist was contacted.

Review on 10/5/21 of the facility's Medications and Medication Administration policy revealed:
A medication error is defined as:
"1. Any error that reaches the client, specifically:
-Missed (omitted) medication
-Incorrect dose administered
-Wrong medication administered
-Given without following specific physician's instructions
-Incorrect time of administration, i.e. more than an hour before or after the scheduled time of administration
-Missing dose(s) of medication
-Administering outdated medications"

"2. Document error in Medication Administration Record (MAR)
-Signed but did not administer a medication
-Did not sign
-Did not count or sign off on controlled

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V 123	Continued From page 18 medications. Any employee of Summit Support Services who is responsible for a medication administration error will review the Medication Error Report form with their supervisor or designee and documentation will be made in the supervision record." This deficiency is cross referenced into 10A NCAC 27G .0209 (c) Medication Administration (V118) for a Type B violation and must be corrected within 45 days.	V 123		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the	V 290		

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V 290	Continued From page 19 emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews, interviews, and observation, the facility failed to ensure a minimum of one staff member present at all times when any adult client is on the premises, except when a client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision for 3 of 3 audited clients (Client #1, Client #2, Client #3). The findings are: Review on 9/16/21 and 9/21/21 of Client #2's record revealed: -admission date of 6/27/18; -diagnoses of Moderate Intellectual Disability, adjustment disorder (d/o) with mixed disturbance	V 290		

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of conduct and emotions, binge eating disorder, insomnia, allergic rhinitis, hyperlipidemia, hypothyroidism, obesity, vitamin B12 d/o, Obstructive sleep apnea, vitamin D deficiency;
-Certification form documented that client "is not certified to be left alone for any length of time at the group home or in the community" due to explosive behaviors including but not limited to yelling and verbal aggression.
-certification form signed by the guardian on 6/20/21 and by the QP (Qualified Professional) 6/26/21.

Interview on 9/17/21 with Client #2 revealed:
-he doesn't like wearing his mask and he has to wear a mask on the van;
-he walked to and from the group home to his day program on some days of the week.

Interview on 9/22/21 with the Site Coordinator for the day program revealed:
-Client #2 has been walking between the group home and day program for about 2 months;
-he asked if he could walk home because he wants to get home quickly rather than wait on van;
-client has choice of when he walks rather than ride van;
-one reason client chooses to walk is because he has to wear a face mask on the van and he doesn't like wearing a mask;
-client told her "the other day" that he yelled at people in the community because they waved at him and he didn't want to talk.

Interview on 9/17/21 with the QP revealed:
-the client's mother gave approval for client to walk to increase his amount of exercise;
-she acknowledged there is no documentation in the file that approved client to have unsupervised

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V 290	Continued From page 21 time in the community; -staff watch client when he leaves the group home to walk to the day program; -client is out of site only very briefly, "maybe just a few seconds." Review on 9/22/21 of electronic health record for Client #2 revealed: -entry on 9/7/21: property damage to storm door located at front entrance of facility which occurred 9/7/21; -client was "cursing and ranting" to his therapist over the phone about how he believed on duty Manager made another staff quit in the past; -manager usually drives him to day program after client's phone call with therapist; -manager did not feel safe driving client to day program due to client's state of aggression and asked client if he would like to walk to day program; -client yelled at Manager using profanities; -client walked out front door and slammed it as hard as he could which resulted in damage making door inoperable; -client walked to day program as Manager supervised from the group home; -Manager notified the QP on 9/7/21 at 10:15am; -the QP planned to follow-up with client's co-guardians about the incident. Observation on 9/17/21 at 12:30 pm revealed: -the walking distance from the faclity to the day program was 0.2 miles along a sidewalk; -the last part of the walk involved crossing a local street that was not observed to have a lot of traffic; -the building next to the day program is the building staff referred to where Client #2 would be out of sight temporarily;	V 290		

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Review on 10/6/21 of the Plan of Protection written by Staff #1 dated 10/6/21 revealed:

What immediate action will the facility take to ensure the safety of the consumers in your care?

"Even though the client is only unsupervised for a brief distance, Summit Support Services will not allow the client to walk to STEP (day program) unsupervised. He will ride the van until it is determined that it is safe for him walk alone. This will be communicated to Lighthouse staff, both van drivers, the line supervisor at STEP and his guardians via Scomm (electronice communication)/email."

Describe your plans to make sure the above happens.

"His anger issues will be documented in Therap (electronic health record) so his progress can be evaluated. [Client #2] progress towards being able to walk to STEP by himself will be monitored by his staff/QP and discussed monthly at the Lighthouse staff meeting."

Review on 10/7/21 of revised Plan of Protection written by Staff #1 on 10/6/21 revealed:

"Even though the client is only unsupervised for a brief distance, Summit Support Services will not allow the client to walk to STEP unsupervised starting immediately. He will ride the van until it is determined that it is safe for him walk alone. This has been communicated to Lighthouse staff, both van drivers, the line supervisor at STEP via SComm. His guardians will be notified by email on Oct 11th when his QP returns from vacation."

Describe your plans to make sure the above

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V 290	Continued From page 23 happens. "His anger issues will continue to be documented in Therap so his progress can be evaluated. [Client #2's] progress towards being able to walk to STEP by himself will be monitored by his staff/QP and discussed monthly at the Lighthouse staff meeting." This facility serves 6 adult clients whose diagnoses included Intellectual Disability, Hyperlipidemia, Adjustment Disorder with Mixed Disturbance of Conduct and Emotions, Binge Eating Disorder, Insomnia, Allergic Rhinitis, Hypothyroidism, Obesity, Vitamin B12 Disorder, Obstructive Sleep Apnea, and Vitamin D Deficiency. Client #2 had exhibited verbally aggressive behavior and property damage in the group home and was not allowed to have unsupervised time in the community. Client #2 informed staff that he has yelled at community members when walking between the day program and group home. This deficiency constitutes a Type B rule violation and must be corrected within 45 days. 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 290		