PRINTED: 12/03/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)
PROVIDER/SUPPLIER/
CLIA IDENTIFICATION
NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: _ B. WING __ R 12/02/2021 MHL063-089 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2251 LINDEN ROAD LINDEN LODGE ABERDEEN, NC 28315 (X4) ID PREFI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD (X5) COMPLET E DATE PREFIX TAG X BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

V 000

INITIAL COMMENTS

An annual and follow up survey was completed on December 2, 2021 Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adult with Mental Illness.

The survey sample consisted of audits of three current

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 bloodbome 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 Helmlich 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

V 000 V108 Violation:

V 108

 What measures will be put in place to correct the deficient area of practice?

Answer: We have added necessary training material on mental illness in the group home, specifically Schizoaffective Disorder to each employee for required reading. In addition, The Executive Director and House manager have signed up and paid for a training through AHEC in Greensboro "Key Issues in Assessing and Treating Serious Mental Illness"on 2/11/2021 that is the only one listed on AHEC website currently for Mental Health- specifically Schizophrenia. We will be putting together a training from the information we learn at the Greensboro training and sharing with the employees.

In addition, we have received copies of all employees' highest education level and have added them to the employee files.

> What measures will be put in place to prevent the problem from occurring again?

Answer: We have added these items to our onboarding process of new employees. I have attached for reference. We will update the paperwork after February training.

> Who will monitor the situation to ensure it will not occur again?

Answer: The Executive Director will monitor and has added to the employee file checklist for all new hires.

How often will monitoring take

Answer: The ED will monitor upon each new employee as well as yearly in November,

Dec 13 2021 2:4	3pm Linden Lodge, Inc.		9102950600
V 108 Continue	d From page 1	V 108	
implemer identifyin controllin	nt policies and procedures for g, reporting, investigating and g infectious and communicable of personnel and clients.	V 105	
Based on facility fal staff (Staff #6) met th requireme needs of titreatment/ Review on file revealStaff #4 hStaff #4 h StaffThe diploma of -There was health/deveabuse trail	ad a hire date of 2/9/18. vas hired as a Group Home Relief re was no evidence of a high school degree, no evidence of mental elopmental disability/substance ning.		
Director's -She had a -She was h -There was diploma or -There was	personnal file revealed: hire date of 5/26/21. ired as the Executive Director. no evidence of a high school degree no evidence of mental lopmental disability/substance		
	12/2/21 of Staff #6's personnel file		
Division of Health Service Reg	ulation	NP11 ^{If continuation sheet 2} of 8	PRINTED: 12/03/2021
Division of Health Serv	ice Regulation		FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL063-069	B. WING	R 12/02/2021
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p.4

Jec 13 2021 2:49pm	Linden Lodge, Inc.		9.	1029506
NAME OF PROVIDER OR SUPPLIER LINDEN LODGE	STREET	ADDRESS, CITY	STATE, ZIP CODE	
	ABER	DEEN, NC 2	8315	
TAG FULL REGULATOR INFORMATION)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY Y OR LSC IDENTIFYING	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETE DATE
or degree. -There was no evide health/development abuse training. Interview on 12/2/21 Director revealed: -She had not been to needed to be complete clies. The confirmed the earth trainings were record. 27G .0205 (C-D) Assessment/Treatment and trainings were record. 27G .0205 (C-D) Assessment/Treatment and Inport legally responsible 30 days of admission expected to receive set (d) The plan shall inclied (1) client outcome(s) to be achleved by provise a projected date of ac (2) strategies; (3) staff responsible	date of 6/18/21. as a Direct hal ence of a high school ence of mental al disability/substance I with the Executive rained on things that letted for staff prior of as not aware that staff ent specific training. educational credentials not in the personnel SASSESSMENT AND ITATION OR SERVICE developed based on the artnership with the client or person or both, within in for clients who are services beyond 30 days. ude: that are anticipated to sion of the service and chievement; ew of the plan at least on with the client or	V 108	V112 Violation 1. What measures will be put in place to correct the deficient area of practice? Answer: PCPs are finished and signed by clients. 2. What measures will be put in place to prevent the problem from occurring again? Answer: We will have PCPs at least annually, preferably every 6 months. 3. Who will monitor the situation to ensure it will not occur again? Answer: The Executive Director will be responsible. 4. How often will monitoring take place? Answer: We will review PCPs every 6 months with clients have them sign the PCP.	

Division of Health Service Regulation

STATE FORM 6889 JGNP 11 If continuation sheet 3 of 8

PRINTED: 12/03/2021

	3 2021 2:49pm	Linden Lodge, Inc.			9	1029506
STATEM	n of Health Service F				FORM	APPROVE
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LINDE	N LODGE	2251 LI	DORESS, CITY, ST.	ATE, ZIP GODE		
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V 112	Continued From pa		V 112	APPROPRIATE DEFICIENCY)		
	(6) written consent or responsible part	tion or assessment ement; and or agreement by the client y, or a written statement by why such consent could				
1		view and interview, the				
t	or responsible party,	or a written statement by the client or a written statement by the such consent could				
1	Review on 12/2/21 of evealed: -Admission Diagnoses of Schizo Other specified Anxie	date of 3/30/16 affective Disorder;				
-C	Client #1 had a Perso ated 5/8/20. Client #1's Person Ce urrent written consen- ient or responsible p	intered Plan had no				
-D	eview on 12/2/21 of (evealed: -Admission d biagnoses of Schizoat ther specified Ankiet lient #3 had a Persor	ate of 6/1/15. ffective Disorder;				

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NAME	OF PROVIDER OR SUPPLI	ER .			
		STREET A	DDRESS, CITY,	STATE, ZIP CODE	
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V 114	Continued From p	age 5	V 114		
	that simulate eme each shift. The fit	rgencies quarterly and for ndings are:			
	-3/26/21- 1st shift, -6/2/21- 2nd shift,	,			
	the 2nd shift for the	saster drills performed on the first quarter of 2021.			
	the 2nd shift for the	saster drills performed on se second quarter of 2021.			
	- There were no dis	saster drills performed on			
	the 1st shift for the	third quarter of 2021.			
131	Interview on 12/2/2 Director and Staff -They had been co often the disaster of -They had been ins drill per quarter and -They confirmed conduct disaster	21 with the Executive #4 revealed: revealed: nfused on when and how drills had to be conducted, structed to do one disaster d to alternate them. the facility failed to drills under conditions rgencies quarterly and	V 131		
	G.S. 131E-256 (D2) Employment Verific) HCPR - Prior	V 131	V131 7	
	at a health care facility of Care Personnel Rec	ALTH CARE PISTRY Sealth care personnel into a reservice, every employer litty shall access the Health gistry and shall note each the appropriate business			

Division of Health Service Regulation

STATE FORM 6899 JGNP11 If continuation sheet 6 of 8

Division of Health Service Regulation

PRINTED: 12/03/2021 FORM APPROVED

OF CORRECTION MH1.063-0889 STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LINDEN CODE 2351 LINDEN CODE 2351 LINDEN ROAD (ALL DESCRIPTION (ALL DE	De		2021 4:00pm	Linden Lodge, Inc.	1 -			91	02950600
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Schizoaffective Disorder

Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression.

Many people with schizoaffective disorder are often incorrectly diagnosed at first with bipolar disorder or schizophrenia. Because schizoaffective disorder is less well-studied than the other two conditions, many interventions are borrowed from their treatment approaches:

Schizoaffective is relatively rare, with a lifetime prevalence of only 0.3%. Men and women experience schizoaffective disorder at the same rate, but men often develop the illness at an earlier age. Schizoaffective disorder can be managed effectively with medication and therapy. Co-occurring substance use disorders are a serious risk and require integrated treatment.

Symptoms

The symptoms of schizoaffective disorder can be severe and need to be monitored closely. Depending on the type of mood disorder diagnosed, depression or bipolar disorder, people will experience different symptoms:

- Hallucinations, which are seeing or hearing things that aren't there.
- Delusions, which are false, fixed beliefs that are held regardless of contradictory evidence.
- Disorganized thinking. A person may switch very quickly from one topic to another or provide answers that are completely unrelated.
- Depressed mood. If a person has been diagnosed with schizoaffective disorder depressive type they will experience feelings of sadness, emptiness, feelings of worthlessness or other symptoms of depression.
- Manic behavior. If a person has been diagnosed with schizoaffective disorder: bipolar type
 they will experience feelings of euphoria, racing thoughts, increased risky behavior and other
 symptoms of mania.

Causes

The exact cause of schizoaffective disorder is unknown. A combination of causes may contribute to the development of schizoaffective disorder.

Genetics. Schizoaffective disorder tends to run in families. This does not mean that if a relative
has an illness, you will absolutely get it. But it does mean that there is a greater chance of you
developing the illness.

- Brain chemistry and structure. Brain function and structure may be different in ways that science is only beginning to understand. Brain scans are helping to advance research in this area.
- Stress. Stressful events such as a death in the family, end of a marriage or loss of a job can trigger symptoms or an onset of the illness.
- Drug use. Psychoactive drugs such as LSD have been linked to the development of schizoaffective disorder.

Diagnosis

Schizoaffective disorder can be difficult to diagnose because it has symptoms of both schizophrenia and either depression or bipolar disorder. There are two major types of schizoaffective disorder: bipolar type and depressive type. To be diagnosed with schizoaffective disorder a person must have the following symptoms.

- A period during which there is a major mood disorder, either depression or mania, that occurs at the same time that symptoms of schizophrenia are present.
- Delusions or hallucinations for two or more weeks in the absence of a major mood episode.
- Symptoms that meet criteria for a major mood episode are present for the majority of the total duration of the illness.
- The abuse of drugs or a medication are not responsible for the symptoms.

Treatment

Schizoaffective disorder is treated and managed in several ways:

- Medications, including mood stabilizers, antipsychotic medications and antidepressants
- Psychotherapy, such as cognitive behavioral therapy or family-focused therapy
- Self-management strategies and education

People with schizoaffective disorder are often treated with a combination of medications and psychotherapy. How well treatment works depends on the type of schizoaffective disorder, its severity and its duration.

Medications

Doctors and other mental health professionals will often prescribe <u>medications</u> to relieve symptoms of psychosis, stabilize mood and treat depression. The only medication approved by the FDA to treat schizoaffective disorder is the antipsychotic drug paliperidone (Invega).

However, some medications approved for the treatment of other mental health conditions may be helpful for schizoaffective disorder. These medications include:

- Antipsychotics. A health care provider will prescribe antipsychotics to relieve symptoms of psychosis, such as delusions and hallucinations.
- Antidepressants. When schizoaffective disorder is depressive-type antidepressants can alleviate feelings of sadness, despair and trouble concentrating.
- **Mood stabilizers.** When bipolar disorder is the underlying mood disorder, mood stabilizers can help stabilize the highs and lows.

Psychotherapy

Family involvement, <u>psychosocial</u> strategies, self-care peer support, psychotherapy and integrated care for co-occurring substance use disorders can all be part of an individual support plan.

Cognitive behavioral therapy (CBT) helps change the negative thinking and behavior
associated with feelings of depression. The goal of this therapy is to recognize negative
thoughts and to teach coping strategies. With conditions like schizoaffective disorder
that have symptoms of psychosis, additional cognitive therapy is added to basic CBT (CBTp).
CBTp helps people develop coping strategies for persistent symptoms that do not respond to
medicine.

Alternative Treatment Options

For cases where medication and psychotherapy do not work for a person with schizoaffective disorder, <u>ECT</u> may be worth considering. ECT involves transmitting short electrical impulses into the brain. Although ECT is a highly effective treatment for severe depression, it is not the first choice in treating schizoaffective disorder.

Cultural Considerations

Research has shown that African Americans and Latinos are more likely to be misdiagnosed with schizoaffective disorder, so people who have been diagnosed should make sure that their mental health professional understands their background and shares their expectations for treatment.

Helping A Client in need

Recognize early symptoms. You may be able to prevent a serious episode of the illness before it happens. Symptoms of mania and depression often have warning signs. The beginnings of mania typically feel good and that means your family member may not want to seek help. Identify signals such as lack of sleep and speaking quickly that signal impending mania. A deep depression often only begins with a low mood, feeling fatigued or having trouble sleeping.

Communicate. Not everyone enjoys confronting problems head on but doing so is critical to healthy communication. Make time to talk about problems, but know that not just any time is right. For example, if a client has bipolar II and becomes angry, it might be safe to try and talk through the situation. But if your friend with bipolar I becomes angry, your reaction may need to be different. It's more likely that this anger will turn to rage and become dangerous, including physical violence.

React calmly and rationally. Even in situations where your family member or friend may "go off," ranting at you or others, it's important to remain calm. Listen to them and make them feel

Additional information can be found online at NAMI or the Mayo Clinic.

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Ashley Baker <ashleyatlinden@gmail.com>

Registration Confirmation: Key Issues in Assessing and Treating Serious Mental Illness

registration@ahectools.com <registration@ahectools.com> To: ashleyatlinden@gmail.com

Tue, Dec 7, 2021 at 9:05 AM

Registrant: Ashley Baker 4989 Vass Carthage Road Cathage, NC 28327

Employer: Linden Lodge Foundation, Inc.
Registrant's Email Address: ashleyatlinden@gmail.com

Event Name: Key Issues in Assessing and Treating Serious Mental Illness

Amount Paid: \$90.00 Payment Method: Mastercard Account Ending in: 7691

Event Details Available Here

Selected Credits

Credit Name Credit Hours

Contact Hours 5.000

Important: Please do not reply to this automated message. Contact the AHEC by phone if you need to make changes to your registration. All replies to this message

CANCELLATION/SUBSTITUTIONS

Registrants cancelling between two weeks and two business days prior to the first day of the event will incur a 30% cancellation fee (\$25 minimum). No refunds will be given for cancellations received less than two business days prior to the event. No refunds or credits will be given for no-shows.

Substitutes are welcome (please notify us in advance of the event).

Cancellations MUST be made in writing by mail or email at easternahec@ecu.edu.

From: registration@ahectools.com

Subject: Registration Confirmation: Key Issues in Assessing and Treating Serious Mental Illness

Date: December 7, 2021 at 9:13 AM To: rebecca_sparks@ymail.com

> Registrant: Rebecca Sparks 104 Pineland Dr. Hamlet, NO 28345

Employer: Linden Lodge Foundation

Registrant's Email Address: rebecca_sparks@ymail.com

Event Name: Key Issues in Assessing and Treating Serious Mental Illness

Amount Paid: \$90.00 Payment Method: Mastercard Account Ending in: 7667

Event Details Available Here

Selected Credits

Credit Name **Credit Hours**

Contact Hours 5.000

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Linden Lodge, Inc.

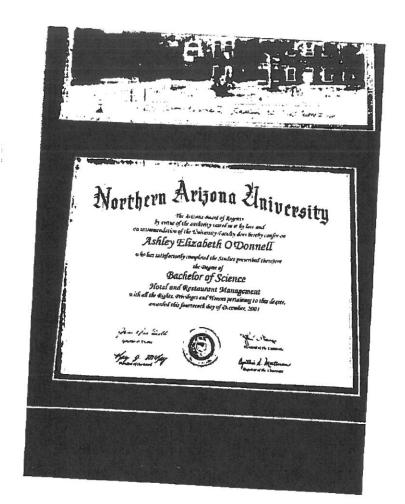
Linden Lodge Foundation, Inc.

P. O. Box 4153 Pinehurst, NC 28374 (910) 295-0600

Employee File Checklist

	Employee the checklist							
Employee	Name							
Hire Date								
	Last Day UI Ellipipyment							
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	Job Description Signed							
	Confidentiality Statement/Media Release Form							
	Lodge House Rules							
	Covid Vaccine copy							
	Background Check							
	Reference Check							
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	Registry Check within 5 days of hire							
	High School Diploma or highest level completed							
	Client Rights Signed							
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	CPR Certification							
	NCI Certification							
	First Aid Certification							
	Medication Review Certificate							
	Yearly Mental Health Certificate of Training							





Kirhmond Community College

Richmond County

North Carolina

By authority of the State Board of Community Colleges and upon the recommendation of the Faculty, the Board of Trustees hereby confers upon

Rebecca Anne Sparks

the degree of

Associate in Applied Science

Human Services Technology

together with all the rights, honors and privileges appertaining thereto. Sixteenth Day of May Two Thousand Fifteen

> Charles Lounces Chan man, Roard of Trustees

William DM Janis

The University of North Carolina at Pembroke

by action of the Board of Trustees upon recommendation of the Vaculty has conferred upon

Amber Chavis

the degree of ---

Bachelor of Arts Sociology

with all the rights, honors and privileges thereunto appertaining. In witness whereof, this Diploms has been signed and the Seal of the University affixed at Pembroke. North Carolina, this, the twenty-second day of May, two thousand and twenty-one.

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Chancellar, The Naturenth of North Catalina

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NORTH CAROLINA

Nurse Aide I Registry Medication Aide Registry Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at https://mats.dhhs.state.nc.us/. Social Security Number:

The listing verification is completed. Please record confirmation number 122582767W in your business files to validate this inquiry which was made on 12/02/2021.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a

(To print this verification, please click on the Print button in your browser.)

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Verify More Listings

Honley Baker



NORTH CAROLINA

Nurse Aide I Registry Medication Aide Registry Health Care Personnel Registry

Verification of Listing/Search Results:

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Social Security Number:

The listing verification is completed. Please record confirmation number 181949101W in your business files to validate this inquiry which was

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a

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Verify More Listings

Rebecca Sparks



NORTH CAROLINA

Nurse Aide I Registry Medication Aide Registry Health Care Personnel Registry

Verification of Listing/Search Results:



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Social Security Number:

The listing verification is completed. Please record confirmation number <u>224771501W</u> in your business files to validate this inquiry which was made on 12/02/2021.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

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Verify More Listings

Name:		OB:	Medica	nid ID:	Record #:
Li contra de la contra del la contra de la contra del la contra del la contra de la contra de la contra del l	dge-Residential tinues managing the	weight he has I	ost.		Record #.
0.	OBSERVATION/JUST ng his symptoms by c naining medication co	OHIDIVINE WILL	R THIS GOAL: recommendation	has been hospitalized with so s from his providers, participati	hizophrenia on and off sinc ng in treatment with his
	WHAT (Short Ran			WHO IS RESPONSIBLE	SERVICE & FREQUENC
management skills or participating in trea	ontinue to demonstra complying with the re tment, remaining me or the next six consec	commendation dication complete	ns of providers.	family, Linden Lodge Staff, Primary care provider, psychiatrist	Ongoing supervised living 24/7. Medication routine, outpatient therapy
Make appo Keep track Communica Help Assist Educate Assist Other service provide Provide ong	ntments to address of appointments/coote his concerns/need dentify signs of moote with keeping track of with making & att with transportation ers will: iodic evaluations/ass toing medication markets in the same of the sam	to staff including concerns. perate with product of the providers. d deterioration of appointment to appointm	ing side effects from the comment of	ications, and side effects. om his medication and any moo dations & evaluations.	d symptom increase.
Target Date (Not to exceed 12 months	Date Goal was	Status Code		ess toward goal and justification or discontinuation of g	for continuation
05/04/0000				750	
05/01/2019	11/28/2018	0	Linden Lodge &	es to see a therapist, but he com is medication compliant and se	es to all the classes at
10/15/2019	05/31/2019	0	still refuse	es to see a therapist, but he com is medication compliant and see	es to all the classes at
11/15/2020	05/15/2020	0	still refuse	es to see a therapist, but he com	es to all the classes at
6/8/2022	12/08/2021	0	still refuse	is medication compliant and sec es to see a therapist & is medica	is his PMINP. tion compliant and sees his
Status Codes:	R=Revised	O=Ong		A=Achieved D=Disconti	nued
CHARACTERISTICS/C	BSERVATION/JUSTIF			has gained about 20 pounds in WHO IS RESPONSIBLE	the last year (2016-2017)
Goal #2 ///////////////////////////////////	rticipate in exercise/pase week over the next	hysical activitie	es at least 30	Linden Lodge staff	Ongoing Supervised
	Dell of the HEAL	o consecutive i	monuts.		living 24/7

lame:				DOI	D.		_		_	
HOW (Suppo	iir/int	ervention	1)	DOI	9.	Medic	caid ID:			Record #:
vill:	ago in								_	
Linden Lodge	staff	the phys	ical act	tivities of	f walking an	d yard maintena	nce.			
• Rem	Stair	to us		1						
		ort and	e our t	weimess	Center					
Supe	rvise	in	vard &	home m	aintenance.					
Target Date	Not	to Da	te Goa	was	Status					
exceed 12 n	onth		review	1	Codes	Prog	gress toward	goal and justific	ation fo	or continuation
					77405		0	discontinuation	of goal.	•
05/02/20	017	1	2/02/2	016	0	Since Decemi				
						yoga.	na na	is met his goal thr	rough ya	ard work, walking and
11/05/20	17	0	5/05/2	017	0	Since May,	has mo	bio seed the		
= 10= 10=	<u> </u>						walking with	the other reside	yard wo	ork, Linden Lodge
5/17/20	18	1	1/17/2	017	0	Since Novemi	ber. h	as met his goal th	nts.	ard work, Linden
		ii				Lodge project	s and walking	ng with the other	rough v	ard work, linden
05/01/20	10	-	. /2.2. /-			OACL MEIBLIT OF	ia suii in ne	ed of exercise.		
03/01/20	TA	13	1/28/2	018	0	as don	e well with	nis yard work and	exercis	ing in the Wellness
10/15/20	19	-	124 15	020		CCITECI DX a W	eek.			
-0/ 10/ 20	-	05	5/31/20	U2U	0	has con	tinued to do	well working out	t in the I	LL wellness center
-		17	2/08/20	021		without proffi	pus and nas	been very active	in the ve	ard
		14	./00/20	021	D	is at 216	pounds. He	is happy with his	s weight	Loosing weight his
tatus Codes:		R=R	evised			iongci a go	at or hitotif	y for		ooming weight his
		11-11	SAIDER		O=On	going	A=Achieved	D=Disco	ontinued	1
CHARACTERIS	TICS/	OBSERVA	TION/ 1 fails	JUSTIFIC to join in	ATION FOR		spends to			e couch in the living
CHARACTERIS room or in his		OBSERVA He ofter	(Short	Range (CATION FOR on informa	THIS GOAL:			ne on th	e couch in the living
CHARACTERIS room or in his	er to k	OBSERVA He often WHAT	(Short	Range (CATION FOR on informa Goal)	THIS GOAL: I group conversa	WHO	oo much time alo	ne on th	e couch in the living
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ne:	DOB:		Medicaid		Record #:		
			important mem	ber of our Linden Lodge Family	1.		
6/8/2022	12/08/2021 O enjoys going on group outgoings with residents and staff. During the day he stays in his room most of the time.						
St. A. Cadam	R=Revised	O=Ong		=Achieved D=Discont	inued		
Status Codes:				pages as needed.			
HARACTERISTICS/OF		ATION FOR T	THIS GOAL: There	have been occasions when	has had verbal		
	WHAT (Short Range (Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY		
Goal #4 will stud communicate his need family and others.	dy how families opera ds, desires, and frustra	te so that he ations more o	can clearly with his	Linden Lodge staff	Ongoing Supervised living 24/7		
HOW (Support/Interv will: Attend family	systems each week						
 Facilitate class 	sses				- for anali		
Target Date (Not to	Date Goal was	Status	Progre	ess toward goal and justification			
exceed 12 months)	reviewed	Codes		or discontinuation of g	goal.		
11/05/2017	05/05/2017	0	ame to 21 out of 21 family systems classes in this time-period ar regularly contributed.				
F/17/2019	11/17/2017	0	attended	35 of 36 family systems- posit	ive psychology classes in		
5/17/2018	11/1//2017	O		d and regularly contributed.			
11/11/2018	05/11/2018	R	The goal has b	een revised to reflect new class	at Linden Lodge.		
10/15/2019	05/15/2020	0	nas very	good communication with his	Mom and Dad and has		
10/15/2015	00, 20, 202		spoken to ther	n often. He does not speak with	n his brother		
6/8/2022	12/08/2021	D	We no longer oneeds with his	offer this program; seems family.	s to be communicating his		
Status Codes:	R=Revised	O=On		A=Achieved D=Discon	tinued		
Status Coues:	V-Venien	0 0	808				
CHARACTERISTICS/O maintenance busines	BSERVATION/JUSTIFIES. It is important for h	im to be able	t THIS GOAL: Before to use his gifts in	ore the onset of his brain illness of this area. WHO IS RESPONSIBLE	nad a successful law SERVICE & FREQUEN		
Goal #9 will he	lp maintain the groun	ds of Linden	lodge	Linden Lodge staff	Ongoing Supervised living 24/7		
Suggest was Linden Lodge staff was Suggest tas Listen to Target Date (Not to	ard maintenance at the yest of improve the yest of ill: ks for to perform ideas on yard many of the control was to be the control w	maintenance. Status	e of Linden Lodge	gress toward goal and justifica	tion for continuation		
exceed 12 months) reviewed	Codes		or discontinuation			
	05/05/2017	0		ne a wonderful job of taking ca			

ec 13 2021 3:40	0pm	Linden Lod	ge, Inc.				9102950600	p.7
201			1					
Name:			DO	B:	Mo	diesid ID		
5/17/2	018	11/17	/2017	To		dicaid ID:		Record #:
22/22/	-				l maintain	s done a wond	erful job of taking ca	re of the yard.
11/11/2	-		/2018	0				
05/11/2			/2018	Ō	has	done a wonde	erful job of taking ca	re of the yard.
10/15/2	019	05/15	/2020	0	has	done very we	erful job of taking car	re of the yard.
6/8/20	22	17/00			has begu	n to do some w	reeding as well.	grounds at Linden Lodge and
3,0,20	22	12/08	/2021	0	cor	tinues to do a	good ich with this a	nd is a part of the household
Status Codes:		R=Revise	-			ons. He has act	nieved this goal.	id is a part of the household
		W-WEARSE	4	0=0	ingoing	A=Achieved	d D=Discont	inued
spend more ti	me ir	OBSERVATION teracting in pu	JUSTIFIC olic. This	CATION FO	R THIS GOAL: m overcome his	spends to	oo much time at Lind solate.	en Lodge and needs to
Goal #6	v Iliw	WHAT (Shor	ouis -			WHO	IS RESPONSIBLE	SERVICE & FREQUENCY
Health of the C week. HOW (Support	,u, 011		onal Hos	nt delivery point of the point	person at First ree hours per	Lind Health Vol	len Lodge staff, First unteer Services	Ongoing Supervised living 24/7
Linden Lodge st	taff v e tra	sport to and fr	being s	uitable dres Health	ssed and being	ready to go on	time.	
Target Date (N		with supervision Date Goal	ion for h	is voluntee				
exceed 12 mo	nths	reviewe		Status Codes	Pro	ress toward g or d	oal and justification iscontinuation of go	for continuation
5/17/201	3	11/17/20	13					ui.
		11/1//20	1	0	From Novem	ber 25-May8	did not miss a v	olunteer assignment and
11/11/201	8	05/11/20	19		it seems to b	e a good fit.		
10/15/2019	9	05/15/20		0	has no	missed a sche	duled date for volun	teering
	- 1			O	COLLECT	IES LO VOIUNTAA	rat First Hankle	
					declined.	vell. We encou	raged him to add a r	new day but he has
10/15/2020)	08/31/20	20	0				
6/0/2025					home.	es to voluntee	r at First health at th	is time we are on Stay
6/8/2022	- 1	12/08/20:	21	0	has don	e great with w	olunteering, he is cor	
	1							
	- 1				past summer	he is back to 1	day a week	ered 2 days a week this as potential to do more
Status Codes:	-	R=Revised				g on opportun	itles to further his re	as potential to do more
	-	n-kevised		O=Ongo	oing	A=Achieved	D=Discontinu	ed.
CHARACTERISTIC	5/0	SERVATION	CTIPIA	Nov				
continues to gain	weig	ht. He is curren	tly six fee	et tall and v	HIS GOAL: Tho veighs 236 pou	ughhad nds for an obe:	met his exercise goa se BMI of 32.	on a regular basis, he
Soal #7 will had		WHAT (Short R	ange Goa	al)				SERVICE & FREQUENCE
nd diet until he g IOW (Support/In	301611	is weight unde	control.	month thro	ugh exercise	Linden	Lodge staff	Ongoing Supervised living 24/7
will:								
• Limit his	intak	e of carbohydra	ites and s	sugar				
• Exercise	regul	ariy						

Dr. Scott Michael Luneau

Dr. Mary Mandel

Spectrum Eye

910-244-4400

910-715-3370

Regular Doctor

Psychiatrist

He doesn't have to go

me:	DOB	3:	Medicaid ID:	Record #:			
inden Lodge staff will:							
	nal food for dinner	r.					
Target Date (Not to	Date Goal was	Status		al and justification for continuation			
exceed 12 months)	reviewed	Codes	or als	scontinuation of goal.			
11/11/2018	05/11/2018	0	has done well with this goal.				
10/15/2019	05/15/2019	0		ous about his intake of carbs and has done			
			well eliminating dark fluids a	nd sugars from his diet.			
6/8/2022	12/08/2021	0		oal and make more of an effort to watch			
				e more as in goal# 2. Currently			
				d he watches his sugar and is loosing weight			
			gradually.				
itatus Codes:	R=Revised	O=On	going A=Achieved	D=Discontinued			
Significant event(s) that	may create increa	sed stress a	nd trigger the onset of a crisis.	(Examples include: Anniversaries, holidays,			
noise change in routine	inability to expres	ss medical pr	oblems or to get needs met, etc	c. Describe what one may observe when the			
person goes into crisis.	Include lessons lea	rned from pr	evious crisis events):				
Events that may create i	ncreased stress &	trigger the or	nset of a crisis for are get	ting up to early, people being critical of him,			
witnessing poor food pr	eparation and peo	ple being me	an to him.				
Crisis prevention and ea	arly intervention s	trategies tha	t were effective. (List everythin	ng that can be done to help this person			
AVOID a crisis):							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Effective crisis prevention	on and early interve	ention strate	gies for are reading the b	ible, praying, taking a ride with others, callin			
his mother, and listenin	g to music.						
Charles for print and	and stabilize	tion /Focus	first on natural and community	y supports. Begin with least restrictive steps			
Include process for obta	ining back-up in ca	se of emerg	ency and planning for use of res	spite if an option. List everything you know			
that has worked to help				, page 11 and 12 and 13 and 14 and 15			
Depending on the situat	tion. likes to	be by himsel	f and listen to Christian music.				
		ş					
				individual. (i.e. Who should be called and			
when, how can they be	reached? Include	contact nam	es, phone numbers, hours of of	peration, etc. Be as specific as possible.)			
Who	P	hone	When can we contact	Support type/Comment			
Linden Lodge Staff	910-295	5-0600	24/7				
Moore County Sherriff	FCIT 910-947	7-2931	24/7				
Moore Regional Inpati	ent 910-715	5-1500	24/7				
Ashley Baker	910-691		24/7				
Trevis & Vickie Averet	t 919-478	3-3142	24/7				

8-5 M-F

8-5 M-F

Name:		DOB: (Medicaid ID:	
	21-22		The state of the s	He doesn't have to will be
Pinehurst Neur	ology, P.A.	910-295-6868	8-5 M-F	He doesn't have to go/ he just went to him
Specific recomm	endations for i			
	endacions for in	teracting with the per	son receiving a Crisis Service	ce:
The best way to a				
• Have a c	alm, non-threat	Pring manner		
- Kemove	by standers from	n the situation		*
Worth w	ith other staff &	significant others to d	iffuce the exist-	
Zilcoula	o work	things out on his own		
- Maintain	Respect for	throughout the crici	s	
Call for o	utside help as a	last resort		
İ				
I. SPERSON REA		P	LAN SIGNATURES	
I. VERSUN RE	CEIVING SERVICE	ic.		
services	/supports to bo	nmy involvement in th	ne development of this PCP	. My signature means that I agree with the
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Stand that I have	the choice of annian	AMERICAN A MODELLO CO. 122	and ragice with the
person i	esponsible for t	his PCP.	providers and may change:	service providers at any time, by contacting the
ER FOLLA	'-MR/DD service	sonly I confirm and	e e e e e e e e e e e e e e e e e e e	
facility f	or individuals wi	th mental retardation	instead of nacticinating in the	hoice of seeking care in an intermediate care he Community Alternatives Program for
individu	als with Mental !	Retardation/Developm	instead of participating in the ental Disabilities (CAP-MR/	ne Community Alternatives Program for
			- is a similar (CAI - WIV)	<i>DD</i>).
Legally Responsible	e Person: Self:	Yes 💟 No 🗌		
Signature:	ervices: (Requir	ed when person is his	her own legally responsible	paperson).
1/			- 5950x /	Date: (2/92)
Legally Responsible	Person (Requir	ed if other than perso	(Print Nam	ie)
Signature:		an outer than betso	n receiving Services)	
21			(Print Nam	Date: _/_/
Relationship to the	Individual:		- trint Nam	e,
II. PERSON PECD				
of this pro	UNSIBLE FOR TH	E PCP: The following	signature confirms the res	ponsibility of the QP/LP for the development
Mal	he signature inc	licates agreement wit	signature confirms the res h the services/supports to	be provided.
Signature: 910	WW BULL	1	Lindonloda	1
(Pe	erson responsible	for the PCP)	Milania	Date: 12/9/9
CILITA INTENTAL HEART	Dervices Only:	111	(Name of Case	Management Agency)
For individuals	who are less th	an 21 years of age (les		services) and who are receiving or in need of
ennanced serv	ices and who are	actively involved wit	h the Department of Juven	services) and who are receiving or in need of nile Justice and Delinquency Prevention or the
requirements	ourt system, th	e person responsible f	or the PCP must attest tha	tile Justice and Delinquency Prevention or the the or she has completed the following
Met with	the Child and Fa	w: 		manufacted the following
OR Child	and Family Team	meeting scheduled fo		Date:/_/
OR Assign	ed a TASC Care	Manager -	r-	Date: _/_/
AND conf	erred with the c	inical staff of the appli	cable LME to conduct care	Date: _/ /
The measure of	THE GOOD GO ISO	I dudiv. Diease check th	O hay halam and the	0.000 LECT 120
This child	is not actively in	volved with the Depar	tment of Juvenile Justice ar	as the Person Responsible for the PCP: nd Prevention or the adult criminal court
			The state of the s	to Prevention of the adult criminal court
Signature:		1		Date: / /
(Per	son responsible	for the PCP)	(Print Name)	
III. SERVICE ORDER	S PENUDED 6			
SECTION A): For se	vices ordered h	one of the Madical	services; RECOMMENDED	for State funded services.
	AICCS OF RELEGIO	lowing: (Check all app	annroyed licensed start	for State funded services. ries (see Instruction Manual).
			ropriate boxes.) t, and constitutes the Service	
			, and constitutes the Service	ce Order(s).

Name:		DOB:	Medicaid ID:	Record #:
Name.	The licensed	professional who signs this service	order has had direct contact with the inc	ividual. L Yes L
	No		order has reviewed the individual's asse	
Signatur	No e:			Date:/_/
	(Name/Title Required)	(Print Name)	
(SECTION	B): For Qua	lified Professionals (QP) / Licensec	Professionals (LP) ordering:	
	CAP-MR/DD Medicaid Tar	or geted Case Management (TCM) ser ended for any state-funded services	vices (if not ordered in Section A)	
My signa	ture below	confirms the following: (Check all a	ppropriate boxes.) Signatory in this sect	ion must be a Qualified or Licensed
Professio	onal.			
	Medical ne	ecessity for the CAP-MR/DD services	requested is present, and constitutes t	ne Service Order.
	Medical ne	ecessity for the Medicaid TCM servi	ce requested is present, and constitutes	the Service Order.
	Medical n	ecessity for the State-funded service	e(s) requested is present, and constitute	s the Service Order
Signatur	e:		License #:	Date:/_/
Signatur		(Name/Title Required)	(Print Name)	(If Applicable)
IV. S	IGNATURES (OF OTHER TEAM MEMBERS PARTIC	IPATING HI DEVELOPMENT OF THE PLA	
Other To	eam Membe	r (Name/Relationship):	ed Sources	Date: 12/8/21
		r (Name/Relationship):		Date:/_/

- The schedule has now is working well.
- gets along well with people.
- enjoys her therapist Marianne McCrary
- Things are going great with her family.
- ** Please see the attached file for a list of current medication

feels right now everything is going well.

ACTION PLAN

The Action Plan should be based on information and recommendations from: the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.

Linden Lodge, Inc.

ame	DOB:	Medic	aid ID:	Recor	d #:	
Long Range Outcome: (I would like to learn App.	Ensure that this is ar another language-	outcome des German (Beca	ired by the indiv use her great gr	ridual, and not a g andparents are G	oal belonging to terman). Specifica	others). Illy interested in Babble
Where am I now in the is going to work w		g this outcome on this goal.	e? (include progi	ress on goals over	the past years, a	s applicable).
CHARACTERISTICS/OBS her diagnosis; hearing v to her schizoaffective di	oices, having racing	CATION FOR TO thoughts, etc.				Symptoms related to the symptoms related
,	WHAT (Short Range	Goal)		WHO IS RE	SPONSIBLE	SERVICE & FREQUENCY
Goal #1 will continued will continued will compart skills comparticipating in treatme being hospitalized for the	plying with the reco ent, remaining medic	mmendations cation complia	of providers,	Staff, Other Service propriet of the primary care propriet of the propriet of	ovider, ntal health	Ongoing supervised living 24/7. Medication routine, outpatient therapy
Communicate Make appoints Keep track of a Communicate Take medication Linden Lodge Staff will: Help dee Assist with Educate Assist with Cother service provide period Provide ongoing medic	ntify signs of mood ith keeping track of with making & atte lth transportation to will: dic evaluations/asseation management	o staff including concerns. The staff with properties of the providers. The staff including appointment of appointment of appointment of appointment of appointments to and education and education.	dates/times ments as needed	om his medication dations & evalua	and any mood s	
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progr	ess toward goal a or disco	and justification in ntinuation of goa	
9/15/2019	4/13/2019	0	Continue	es to do well with	Medication Man	agement
04/01/2022	10/01/2021	A	Continue	es to do well with	Medication Man	agement
Status Codes:	R=Revised	O=Ong	going	A=Achieved	D=Discontin	ued
CHARACTERISTICS/OB communicating with h				ere are occasions	when has a	hard time
	WHAT (Short Range	e Goal)	•	WHO IS RE	SPONSIBLE	SERVICE & FREQUENCY

Name:		DOB:	Me	edicaid ID:	Re	ecord #:	
Goal # 2: with techniques to help	h st	udy Positive Psych	nology and use	mindfulness	Deb Holmes		Ongoing supervised living 24/7.
HOW (Support/Interwill: Attend Pos Maintain of	sitiv	ention) /e Psychology clas tact with each me	ses weekly mber of her far	mily.	House Mang	ger	11116 2477.
Target Date (Not to exceed 12 months	.0	Date Goal was reviewed			ogress toward go or di	pal and justification scontinuation of go	for continuation
2/20/2019		8/22/2018	0	one.	ad a few differen	t visits with her fan	nily and has enjoyed each
9/15/2019		4/13/2019	0		one well in the C	acc and using to the	
04/01/2022		10/01/2021	D	We no long	er offer psycholo	an classes	niques being discussed.
Status Codes:		R=Revised	O=On	going	A=Achieved		wed.
					71 Memered	D=Discontin	uea
CHARACTERISTICS/ communicating with	 -	- ranning in an ope	- separate and	THIS GOAL: T d equal way.	here are occasion	ns when has a	hard time
Goal # 3: will y		WHAT (Short Rang			WHO IS	RESPONSIBLE	SERVICE & FREQUENCY
variety of life's anxie	tie	i.	fectively cope	hen under with the full	Linden Lodge	Staff	Ongoing supervised living 24/7 Outpatient Therapy
 Work with the 	npl alle	ement calming ski	lls to reduce or iased, fearful s	verall anxiety a self-talk with p	and manage anxie ositive, realistic, a	ety symptoms. and empowering se	
 Linden Lodge Staff w Teach Teach Reinforce 	rel	axation skills and limplement a thou	ght stopping to	echnique for w	er daily life. orries that have b ain and present a	peen addressed but	persist.
Ask	de	velop and process	a list of key na	est and presons	life conflicts the	anxiety. t continue to cause	
	П	Date Goal was	Status	Pros	ress toward goa	I and justification f	her worry.
exceed 12 months	11	reviewed	Codes		or disc	ontinuation of goa	or continuation
9/15/2010	$^{+}$						
8/16/2018		2/16/2018	0	in paycitolog	y classes at Linger	with her therapist. n Lodge, reads, ride urch, School and in	Is a regular participant is her moped and has
2/20/2019	#	8/22/2018	0	We are study	ing Positive Psyc	hology in class and	
0/15/2010	+	1/15/15		awareness			0.000
9/15/2019 04/01/2022	+	4/13/2019	0	has imp	olemented Cognit	tive Behaviors to re	place some of her ticks
Status Codes:	╀	10/01/2021	D	Program is Di	scontinued		of fiel ticks
	+	R=Revised	O=Ongo	oing	A=Achieved	D=Discontinue	ed
CHARACTERISTICS/OF	SE	RVATION/JUSTIFI	CATION FOR T	HIS GOAL:	is a hard work	ker, but enjoys ridii	ng her moped in her

Medicaid ID: Record #: Name: spare time. WHAT (Short Range Goal) WHO IS RESPONSIBLE SERVICE & FREQUENCY Ongoing supervised Goal #4: will insure and maintain her moped that she can enjoy living 24/7. Linden Lodge Staff at her leisure. HOW (Support/Intervention) Pay for her insurance Maintain her moped so that it is in good working order. Linden Lodge Staff will: Provide advice to assist **Transport** for Supplies Progress toward goal and justification for continuation Status Target Date (Not to **Date Goal was** or discontinuation of goal. Codes exceed 12 months) reviewed moped has a dead battery in September, She got it fixed in 0 8/16/2018 2/16/2018 October and really enjoyed riding it until it became too cold to ride. 0 filled the gas tank on her moped and it was overfilled which has 2/20/2019 8/22/2018 caused it to flood. will get the renewal done and be able to keep using her moped. 0 9/15/2019 4/13/2019 04/01/2022 10/01/2021 A O=Ongoing A=Achieved D=Discontinued Status Codes: R=Revised CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: enjoys cooking. She helps out with making all nights except Free for all Fridays. WHO IS RESPONSIBLE **SERVICE & FREQUENCY** WHAT (Short Range Goal) Ongoing supervised will help prepare meals at Linden Lodge every day. Goal # 5: living 24/7. Linden Lodge Staff HOW (Support/Intervention) Look for fun recipes to test Linden Lodge Staff will: Assist with preparation as needed Progress toward goal and justification for continuation Target Date (Not to **Date Goal was** Status or discontinuation of goal. exceed 12 months) reviewed Codes enjoys making meals. 2/16/2018 0 8/16/2018 enjoys making meals. 2/20/2019 8/22/2018 0 0 enjoys making meals. 9/15/2019 4/13/2019 enjoys making meals. 10/01/2021 04/01/2022 A D=Discontinued R=Revised O=Ongoing A=Achieved Status Codes:

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: enjoys cooking. She helps out with making all nights except Free for all Fridays.

111			caid ID: Record #:	
Goal #6:	WHAT (Short Ran		WHO IS RESPONSIBLE	SERVICE & FREQUEN
Journ #0.	like to lose a few p	ounds.	Linden Lodge Staff	Ongoing supervised
HOW (Support/Interve	ention)		- Be stary	living 24/7.
will:	I her goal and eat h	ealthier and exer	cise more	
Target Date (Not to	Date Goal was	FA-1		
exceed 12 months)	reviewed	Status Codes	Progress toward goal and justification of discontinuation of	on for continuation goal.
9/15/2019	4/13/2019	0	has done well with this goal and is work	ring out 4 times a week.
04/01/2022	10/01/2021	Α	is currently happy with her weight.	
Status Codes:	R=Revised	O=Ongoi		
			ng A=Achieved D=Discont	inued
CHARACTERISTICS/OBS	SERVATION/JUSTIF	FICATION FOR TH	S GOAL: Managing OCD symptoms	
	WHAT (Short Range	e Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENC
Goal #7: Continue to we	ork toward managi	ng OCD symptom		Ongoing supervised
HOW (Support/Interver	ntion)		Linden Lodge Staff	living 24/7.
Target Date (Not to	sonal plates, silven Continue to suppo Date Goal was	Status Status	to help with anxiety with OCD. personal items and replace if needed. Progress toward goal and justification	living 24/7.
will: Use your per Linden Lodge Staff will: Target Date (Not to exceed 12 months)	sonal plates, silven Continue to suppo Date Goal was reviewed	Status Codes	to help with anxiety with OCD. personal items and replace if needed. Progress toward goal and justification or discontinuation of go	living 24/7.
will: Use your persuinden Lodge Staff will: Target Date (Not to exceed 12 months) 06/01/2022	Continue to support Date Goal was reviewed 11/01/2021	Status Status	to help with anxiety with OCD. personal items and replace if needed. Progress toward goal and justification	living 24/7.
will: Use your persuinden Lodge Staff will: Target Date (Not to exceed 12 months) 06/01/2022	sonal plates, silven Continue to suppo Date Goal was reviewed	Status Codes	personal items and replace if needed. Progress toward goal and justification or discontinuation of goal continues to make progress recognizing to the progress recognizing the progress recognizing to the progress recognizing the progress recognizing the progress recognizing the progress recognizing the progress recognizing the progress recognizing the progress recognizing the progress recognizing the progress recognizing the progress recognized the progress recognized the progress recognized the progress recognized the progress recognized the progress recognized the progress recognized the progress recognized t	for continuation pal. hings that may help her.
will: Use your persuinden Lodge Staff will: Target Date (Not to exceed 12 months) 06/01/2022	Continue to support Date Goal was reviewed 11/01/2021 R=Revised	Status Codes O O=Ongoing	to help with anxiety with OCD. personal items and replace if needed. Progress toward goal and justification or discontinuation of go continues to make progress recognizing to the progress recognized to the progress recognized to the progress recognized to the progress recognized to the progress recognized to the progress recognized to the progress recognized to the progress recognized to th	for continuation pal. hings that may help her.
will: Use your persuinden Lodge Staff will: Target Date (Not to exceed 12 months) 06/01/2022 Status Codes:	Date Goal was reviewed 11/01/2021 R=Revised ERVATION/JUSTIFIC	Status Codes O=Ongoing CATION FOR THIS	personal items and replace if needed. Progress toward goal and justification or discontinuation of go continues to make progress recognizing to the continues to the contin	living 24/7. for continuation pal. hings that may help her.
will: Use your persinden Lodge Staff will: Target Date (Not to exceed 12 months) 06/01/2022 tatus Codes: HARACTERISTICS/OBSE Woodl #8: Continue to work	Date Goal was reviewed 11/01/2021 R=Revised ERVATION/JUSTIFIC	Status Codes O=Ongoing CATION FOR THIS	personal items and replace if needed. Progress toward goal and justification or discontinuation of go continues to make progress recognizing to the continues to the contin	for continuation pal.
will: Use your persuinden Lodge Staff will: Target Date (Not to exceed 12 months) 06/01/2022 Status Codes: CHARACTERISTICS/OBSE Word OW (Support/Intervent will: When people in the content of th	Date Goal was reviewed 11/01/2021 R=Revised ERVATION/JUSTIFIC What (Short Range of the toward managing and going and going and going at think, just voices of think, just vo	Status Codes O=Ongoing CATION FOR THIS Goal) g psychosis symptoming has some coming in her hea	personal items and replace if needed. Progress toward goal and justification or discontinuation of go continues to make progress recognizing to the continues to the continues	living 24/7. for continuation pal. hings that may help her. nued SERVICE & FREQUENCY Ongoing supervised living 24/7.

lame:	DOB:	Med	licaid ID:	Rec	ord #:
06/01/2022	11/01/2021	0	work thr		ress recognizing things that she needs to
Status Codes:	R=Revised	O=On	going	A=Achieved	D=Discontinued
	CR	ISIS PREVEN	ITION AND	on Plan pages as nee INTERVENTION PLAN your crisis plan.)	
noise, change in rou person goes into cri	tine, inability to express sis. Include lessons lear	medical pro ned from pr	oblems or to evious crisis	get needs met, etc. events):	Examples include: Anniversaries, holidays, Describe what one may observe when the perceives to be a series of criticisms.
	nd early intervention str	ategies that	were effec	tive. (List everything	that can be done to help this person
AVOID a crisis):					
It is important for st	raff to observe when	is tired. C	n those oc	casions, she needs to	be given some space.
Include process for	obtaining back-up in cas help this person to beco	e of emerge me stable):	ncy and pla	aral and community s nning for use of respi	upports. Begin with least restrictive steps te if an option. List everything you know
The best way to ne	p stabilize is to giv	e her rest ar	na space.		
Describe the system when, how can they	ns prevention and inter	vention back	k-up protoc	ols to support the incombers, hours of oper	dividual. (i.e. Who should be called and ation, etc. Be as specific as possible.)

Who	Phone	When can we contact	Support type/Comment
Linden Lodge Staff	910-295-0600	24/7	
Moore County Sherriff CIT	910-947-2931	24/7	
Moore Regional Inpatient	910-715-1500	24/7	
Ashley Baker	910-691-2810	24/7	
		24/7	Longtime friend
Mary Ann McCrary	910-528-0991	M-F 8am-5pm	LCSW (Licensed Clinical Social Worker)
Julie Thomas	910-295-5511	M-F 8am-5pm	PA, Pinehurst Medical
		M-F 8am-5pm	Home Phone
		24/7	Dad
		24/7	Mom
Sandhills Family Dentistry	(919) 499-9950	M-F 8am-5pm	Dentist

Specific recommer	ndations for interacting with the person receiving a Crisis Service:
The best way to ap	proach in a crisis is to:
 Have a cal 	m, non-threatening manner
 Remove b 	ystanders from the situation
Work one	person at a time with

Name: DOB Medicaio	d ID
	vecold #;
 Encourage to solve the situation on her own. Give time and space to calm down. 	
Maintain respect for throughout the crisis.	
throughout the crisis.	
I. PERSON RECEIVING SERVICES:	SIGNATURES
confirm and agree with my involve	
services/supports to be provided.	velopment of this PCP. My signature means that I agree with the
understand that I have the choice of service provide	dore and
person responsible for this PCP.	ders and may change service providers at any time, by contacting the
L FOR CAPHMR/DD services only I confirm and	Annual Annual Control of the Control
facility for individuals with mental retardation instead	stand that I have the choice of seeking care in an intermediate care of of participating in the Community Alternatives Program for
individuals with Mental Retardation/Developmental	Disabilities (CAP-MR/DD)
Legally Perpensible Para	(or a many bb).
Legally Responsible Person: Self: Yes X No	
Person Receiving Services: (Postuired when person is his/her of Signature:	own legally responsible person)
	Date: 11/01/2021
Legally Responsible Person (Required if other than person rec	(Print Name)
Signature:	eiving Services)
	Date: _/ /
Relationship to the Individual:	(Print Name)
	_
II. PERSON RESPONSIBLE FOR THE PCP: The following signa	ture confirms the responsibility of the QP/LP for the development
of this PCP. The signature indicates agreement with the	services/supports to be provided
MARON 13	10/34
Signature: Ashley Baller	1, 1, 1
Signature. Toppe of Daner	Linden Lodge Foundation Inc Date: 11/01/2021
(Person responsible for the PCP)	
Child Mental Health Services Only:	(Name of Case Management Agency)
or individuals who are less than 21 years of age (less than	n 18 for State funded services) and who are receiving or in need of
adult criminal active and who are actively involved with the	Department of Juvenile Justice and Delinquency Prevention or the
requirements as specified below.	Department of Juvenile Justice and Delinquency Prevention or the PCP must attest that he or she has completed the following
Met with the Child and Family Team	to the following
OR Child and Family Team meeting scheduled for -	Date:/_/
LI SK ASSIGNED a TASC Care Manager	Date: _ / /
AND conferred with the clinical staff of the analysis	Date: / /
If the statements above do not apply, please check the box	LME to conduct care coordination. A below and then sign as the Person Responsible for the PCP:
Inis child is not actively involved with the Department	tof Juvenile Justice and Prevention or the adult criminal court
system. Signature:	and revention or the adult criminal court
(Person responsible for the PCP)	Date:/ /
(, cishi resholisible tor the PCb)	(Print Name)
III. SERVICE ORDERS: REQUIRED for all Madigaid for	
III. SERVICE ORDERS: REQUIRED for all Medicaid funded service (SECTION A): For services ordered by one of the Medicaid appropriation of the Medicaid appropriation of the Medicaid appropriation of the Medicaid appropriation of the Medicaid appropriation of the Medicaid appropriation of the Medicaid appropriation of the Medicaid funded services or th	ces; RECOMMENDED for State funded services.
My signature below confirms the following: (Check all and	icensed signatories (see Instruction Manual).
 Medical necessity for services requested is present. 	ite boxes,)
The licensed professional who signs this service order ha	IS find direct contact with the individual
NO	Yes Yes
The licensed professional who signs this service order ha	s reviewed the individual's assessment
	Yes Yes
Signature:	License #:
(Name/Title Required)	(Print Name) License #: Date: _ / _/
(SECTION B): For Qualified Professionals (QP) / Licensed Professionals	ionals (LP) ordering:
	1- / vivoling,

Name:	DOB:	Medicaid ID: Record #:	
My signature belo Professional. Medical Medical	Targeted Case Management (TCN mended for any state-funded ser v confirms the following: (Check necessity for the CAP-MR/DD ser necessity for the Medicaid TCM s	vices requested is present, and constitutes the service requested is present, and constitutes the service requested is present, and constitutes ervice(s) requested is present, and constitutes	he Service Order.
Other Team Member	or OTHER TEAM MEMBERS PAR er (Name/Relationship):	er Janks House Mana	Date: _/_/_

1.



		DOB:	Medicald ID:	Record #:
Non - CAP-MR/D	Plans ONLY)	(CAP MR /DD D		
PCP Completed or	09/01/2021	(CAP-MR/DD P		
-			ate: 12/07/2021 Effective Da	ate: 12/8/2021
NHAT PEOPLE LIK	AND ADMIRE A	BOUT		
Mhat poople admi				
What people admi	e about	is the following:		
• The artwo	ong well with oth	iers.		
• The electr				
• The portfo	lio of graphic de	composes		
His helpful	stritude	sign that has produce	d.	
	accitade.			
HAT'S IMPORTAL	VT TO			-
nings that are imp	ortant to	include:		
 Fulfillment 	from electronic r	music composition		Access on the second
 Website D 	esign	,		
 Graphic de 	sign			*
• Dreams				
 Well-being 				
OW BEST TO SUPP	ORT			
• 1 Fe	els most supporte	ed by having a network of peop	ple who are supportive and carir	
Lodge.		σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ	pie wito are supportive and carir	ng like the people at Linden
* lik	es living in a safe	environment that provides sta		
is	ack in school and	d would like to be supported in	n this decision	
D WHAT'S WORK	NG / WHAT'S NO	DT WORKING		
things that are w	orking for	are:		
	e has been essen	tial in his recovery from	_1 *11	
 Linden Lodg 	ents at Linden Lo	dge are helpful	al illness.	
CHOW TEST	en Lodge is awas	ome.		
Staff at Lind	LIL FORBE 12 GMERE			
 Staff at Lind Consistent n 	nedication.			
 Staff at Lind Consistent Therapy who 	nedication. on needed			
 Staff at Lind Consistent n Therapy who Establishing 	nedication. en needed a safe schedule			
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Staff at Lind Consistent n Therapy whe Establishing Dedicating h attached for a list at is not working f	nedication. an needed a safe schedule imself to school a of school school	rrent medication.	els he is in a good place every	
Staff at Lind Consistent n Therapy whe Establishing Dedicating h attached for a list at is not working f	nedication. an needed a safe schedule imself to school a of school school	rrent medication.	eels he is in a good place current	ly and does not want to mess
Staff at Lind Consistent n Therapy whe Establishing Dedicating h attached for a list at is not working f	nedication. an needed a safe schedule imself to school a of school school	rrent medication.	eels he is in a good place current	ly and does not want to mess
Staff at Lind Consistent n Therapy whe Establishing Dedicating h attached for a list at is not working f	nedication. an needed a safe schedule imself to school a of school school	rrent medication.	eels he is in a good place current	ly and does not want to mess
Staff at Lind Consistent n Therapy whe Establishing Dedicating h attached for a list at is not working f	nedication. an needed a safe schedule imself to school a of school school	rrent medication.	eels he is in a good place current	ly and does not want to mess

Dec 13 2	2021	3:48pm	Linden Lodge, Inc.	9102950	p.20
Name:			DOB:	Medicaid ID:	Record #:
			ACTION	PLAN	
The Actio	on Pl e Pr o	an should	be based on information and recommendation acteristics/Observations/Justifications for Go	ons from: the Comprehensive Cli pals, and any other supporting do	nical Assessment (CCA), the ocumentation.
Long Ra	ange	Outcome	(Ensure that this is an outcome desired by the	ne individual, and not a goal belor	nging to others).
	wo	ould like t	o become independent.		
Where	am I	now in t	ne process of achieving this outcome? (Includ	e progress on goals over the past	years, as applicable).
At the	prese	ent time			
			ides at Linden Lodge	C-166	
		is n	the support of his mother, stepdad, father in redication compliant.	California, staff, and friends	
•			working with PMHNP and his psychologist- Joe	Monroe	
•			been diagnosed with Schizoaffective Paranoid		
•			ds to coordinate between the following agend		
	a.		care physician		
	b.	First He	alth medication management		
	C.		alth Outpatient		
	d.	Linden l	odge- Residential		
•	CH	ARACTER	ISTICS/OBSERVATION/JUSTIFICATION FOR TH	IIS GOAL: suffers from S	chizoaffective Paranoid Type

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR	THIS GOAL: suffers from Schizoaffective Paranoid Type.
WHAT (Short Range Goal)	WHO IS RESPONSIBLE SERVICE & FREQUENCY
Goal #1 manage symptoms of his mental illness by complying with provider recommendations, participating in treat taking medications as prescribed and no psychiatric hospitalizations.	ing, Linden Lodge Staff Supervised Living 24/27

HOW (Support/Intervention)

will:

- Be educated on different diagnoses, treatment options, medications, and side effects.
- Communicate his medical issues with staff including side effects from his medication
- With assistance, keep track of his appointments
- Cooperate with provider recommendations and evaluations.
- Communicate any mental/physical health concerns/needs to providers.
- Take medications as prescribed with assistance from staff.

Linden Lodge Staff will:

- Help dentify signs of mood deterioration
- Assis with Keeping track of appointment dates/times
- Provide assistance and transportation as needed
- Provide education about diagnosis, treatment options, medications, and side effects.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
9/15/2019	01/15/2019	0	continues to do well with symptom management
9/15/2019	10/15/2019	0	continues to do well with symptom management

9/13/2019	2/45/200	DOB		Medicaid ID:	Dec
3/15/2020	3/15/2019		cor	tinues to do well with sympton	Record #:
6/7/2022	09/15/2019			with cumpta-	
Status Codes:	12/7/2021	0	con	tinues to do well with symptor	n management
Status Codes:	R=Revised	0=0	Ongoing		
				N-Actieved D=Disc	ontinued
family members as w			R THIS GOAL: Be	yond issues with his father,	is distant from other
Goal # 2: will	WHAT (Short Range			WHO IS RESPONSIBLE	SERVICE & FREQUEN
communicate his need	study how families				Ongoing,
Janeson to ARCH DELLIS	based students n	neditations more	clearly.	Deb Holmes	Supervised Living 24/
0 0011013.	1	neuitations, m	indfulness, and		Supervised Living 24/
inden Lodge staff will: Deb Holmes w	e psychology class	his family mer	mbers		
larget Date (Not to	Date Goal was				
exceed 12 months)	reviewed	Status Codes	Progra	ess toward goal and justification of discontinuation of	on for continuation
2/25/18	8/25/17	0	with his family.	ded 10 of 12 classes. He continu	
9/9/2018	3/9/2018	0			
2/2/			continues to ha	led 17 of 27 classes because of	his job at Food Lion. He
3/9/2018	8/31/2018	0		ve good contact with his family tended all the positive psychological	
8/15/2019	3/15/2019	R	This goal has be	en revised to reflect classes ar by the Exec. Director Deb Holm	e now well-being based
3/15/2020	09/15/2019	0	doin	g well with the Wellness classe are being suggested.	s and utilizing the
atus Codes:	12/7/2021	D	We no longer of	fer this class	
atus Codes:	R=Revised	O=Ongo	oing A		
				=Achieved D=Disconti	nued
ARACTERISTICS/OBSE ough these particular ars are realistic and wh	nich of his fears are	because of his unrealistic.	THIS GOAL:	nas had unrealistic fears of anoid schizophrenia	being attacked or shot. eeds to know which of his
al#3 will se	HAT (Short Range of	-6	ormal	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Cities and remove dist	ress caused by fear	red objects or	Situations		Ongoing,
1 Photo Murrel Actif	ion)		Situations.		Supervised Living 24/27
will:					
phobic objects a	nd situations	to reduce and	mange anxiety s	and their treatment. Imptoms that may emerge dur	ing encounters which
a Ilnda	of exposures that h	ave a high like	lihood of boing	Suggest 1	
 Undergo repeate Work with his the 	erapist.	are a mgn nke	amood of being a	successful experience to feare	d objects or situations.
Undergo repeate Work with his the en Lodge staff will MH/DD/SAS PCP: (3/		are a mgm like	-miled of being a	successful experience to feare	d objects or situations.

me:		DOB:	1810-011-001	ecord #:
 Discuss with t 	how phobias	are very comm	on, a natural but irrational expression of our f	ight or flight response.
They are not a	sign of weakness, b	ut they cause u	nnecessary distress and disability.	
 Teach 		nt skills to addr	ess anxiety symptoms that may emerge during	g encounters with phobic
objects or situ	iations.			1 . '- f
 Assign 	a worksheet in wh	ich he does situ	ational exposures and records responses. Revi	ew and reinforce success
	rrective feedback tov		ent.	- for continuation
Target Date (Not to	Date Goal was	Status	Progress toward goal and justification or discontinuation of g	n for continuation
exceed 12 months)	reviewed	Codes	or discontinuation of g	Oai.
			reported being afraid of empty cars in	the parking let, guns and
2/25/18	8/25/17	0	getting into accidents. These fears have starte	
			works at Food Lion and spends more time in the	
0/0/2019	3/9/2018	0	still fears empty cars in the parking lo	t, guns and getting into a
9/9/2018	3/9/2016		accident. He left his job on 2/3/2018 because	of this fear.
3/9/2018	8/31/2018	0	still has fears that he struggles with,	and we are working with
3/3/2018	0/31/2010		mindful techniques to help with the stress of t	his.
8/15/2019	3/15/2019	0	s paranoia continues, we are helping	him maintain control.
3/15/2020	09/15/2019	0	is doing well managing his paranoia a	nd addressing his fears.
6/7/2022	12/7/2021	0	continues to struggle with Paranoia.	Covid did not help or the
5,7,2322			gas scare. He continues to work on this. He fe	els he is being responsible
	}		by being aware of his surroundings.	
Status Codes:	R=Revised	O=Ongoi	ing A=Achieved D=Discont	inued
CHARACTERISTICS/OF			HIS GOAL: has learned that becoming	
	WHAT (Short Range	Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENC
	uld like to further his	website,		Ongoing,
as a hobby	uld like to further his y. Revised Goal:	website, would like	to be	Ongoing,
as a hobby successful entreprene	uld like to further his y. Revised Goal:	website, would like	to be	Ongoing,
as a hobby successful entreprene financially.	uld like to further his y. Revised Goal: eur by obtaining weal	website, would like	to be	Ongoing,
as a hobby successful entreprene financially. HOW (Support/Interv	uld like to further his y. Revised Goal: eur by obtaining weal	website, would like	to be	Ongoing,
as a hobby successful entreprene financially. HOW (Support/Interview will:	uld like to further his y. Revised Goal: eur by obtaining weal ention)	website, would like th to support its	to be	Ongoing,
as a hobby successful entreprene financially. HOW (Support/Interview Will: Attend semin	uld like to further his y. Revised Goal: eur by obtaining weal ention)	website, would like the to support its	to be self	Ongoing,
as a hobby successful entreprene financially. HOW (Support/Interviel) will: Attend seminated Attend classes	uld like to further his y. Revised Goal: eur by obtaining weak ention) hars on becoming an es on studying to bec	website, would like the to support its	to be self	Ongoing,
as a hobby successful entreprene financially. HOW (Support/Interview) will: Attend seminated Attend classes Linden Lodge staff will	uld like to further his y. Revised Goal: eur by obtaining weak ention) mars on becoming an es on studying to bec ll:	website, would like the to support its entrepreneur ome an entrepreneur	to be self	Ongoing,
as a hobby successful entreprene financially. HOW (Support/Interview will: Attend semine Attend classe Linden Lodge staff will Provide trans	uld like to further his y. Revised Goal: eur by obtaining weal ention) hars on becoming an es on studying to bec li: sportation to semina	website, would like the to support its entrepreneur ome an entrepreneur	reneur n becoming an entrepreneur.	Ongoing, Supervised Living 24/2
as a hobby successful entreprene financially. HOW (Support/Interview) will: Attend seminated Attend classes Linden Lodge staff will	uld like to further his y. Revised Goal: eur by obtaining weal ention) hars on becoming an es on studying to bec li: sportation to semina	website, would like the to support its entrepreneur ome an entrepreneurs and classes of	to be self	Ongoing, Supervised Living 24/2
as a hobby successful entreprene financially. HOW (Support/Interview) will: Attend semin Attend classes Linden Lodge staff will Provide trans Target Date (Not to	uld like to further his y. Revised Goal: eur by obtaining weal ention) hars on becoming an es on studying to bec ll: sportation to semina Date Goal was	website, would like the to support its entrepreneur ome an entrepreneur ome an entrepreneur of status	to be self reneur n becoming an entrepreneur. Progress toward goal and justification	Ongoing, Supervised Living 24/2
as a hobby successful entreprene financially. HOW (Support/Interview) will: Attend semin Attend classe Linden Lodge staff will Provide trans Target Date (Not to exceed 12 months)	uld like to further his y. Revised Goal: eur by obtaining weak ention) mars on becoming an es on studying to bec ll: sportation to semina Date Goal was reviewed	website, would like the to support its entrepreneur ome an entrepreneur ome an entrepreneur of status	to be self reneur n becoming an entrepreneur. Progress toward goal and justification	Ongoing, Supervised Living 24/2 on for continuation goal.
as a hobby successful entreprene financially. HOW (Support/Interview) • Attend semin • Attend classe Linden Lodge staff will • Provide trans Target Date (Not to exceed 12 months)	uld like to further his y. Revised Goal: eur by obtaining weak rention) mars on becoming an es on studying to bec ll: sportation to semina Date Goal was reviewed 3/9/2018	website, would like the to support its entrepreneur ome an entrepreneur ome an entrepreneur ome and classes of Status Codes	reneur n becoming an entrepreneur. Progress toward goal and justification of discontinuation of the factor of th	Ongoing, Supervised Living 24/2 on for continuation goal. more of a hobby. bsite and enjoys it.
as a hobby successful entreprene financially. HOW (Support/Interview will: Attend semine Attend classe Linden Lodge staff will Provide transmers Target Date (Not to exceed 12 months) 9/9/2018 3/9/2018	uld like to further his y. Revised Goal: eur by obtaining weal ention) hars on becoming an es on studying to becomina Date Goal was reviewed 3/9/2018 8/31/2018	website, would like the to support its entrepreneur ome an entrepreneur one an entrepreneur ors and classes of Status Codes	reneur n becoming an entrepreneur. Progress toward goal and justification of discontinuation of the following that this website is	Ongoing, Supervised Living 24/2 on for continuation goal. more of a hobby. bsite and enjoys it.
as a hobby successful entreprene financially. HOW (Support/Interview) Attend semine Attend classes Linden Lodge staff will Provide transtarget Date (Not to exceed 12 months) 9/9/2018 3/9/2018 8/15/2019	uld like to further his y. Revised Goal: eur by obtaining weal ention) nars on becoming an es on studying to becomina Date Goal was reviewed 3/9/2018 8/31/2018 3/15/2019	website, would like the to support its entrepreneur ome an entrepreneur ors and classes of Status Codes R R	reneur n becoming an entrepreneur. Progress toward goal and justification of discontinuation of the factor of th	Ongoing, Supervised Living 24/2 on for continuation goal. more of a hobby. bsite and enjoys it. bsite and enjoys it.
as a hobby successful entreprene financially. HOW (Support/Interviell) Attend semin Attend classe Linden Lodge staff will Provide trans Target Date (Not to exceed 12 months) 9/9/2018 3/9/2018 3/9/2019 3/15/2020	uld like to further his y. Revised Goal: eur by obtaining weal ention) mars on becoming an es on studying to bec ll: sportation to semina Date Goal was reviewed 3/9/2018 8/31/2018 3/15/2019 09/15/2019	website, would like to support its entrepreneur ome an entrepr rs and classes of Status Codes R R O	reneur In becoming an entrepreneur. Progress toward goal and justification of discontinuation of the factor of t	Ongoing, Supervised Living 24/2 on for continuation goal. more of a hobby. bsite and enjoys it. bsite and enjoys it. bsite and enjoys it.
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as a hobby successful entreprene financially. HOW (Support/Interview) will: Attend semine Attend classe Linden Lodge staff will Provide transtaget Date (Not to exceed 12 months) 9/9/2018 3/9/2018 8/15/2019 3/15/2020 6/7/2022 Status Codes: CHARACTERISTICS/O	uld like to further his y. Revised Goal: eur by obtaining weal ention) mars on becoming an es on studying to becoming bate Goal was reviewed 3/9/2018 8/31/2018 3/15/2019 09/15/2019 12/7/2021 R=Revised	website, would like to support its entrepreneur ome an entrepr rs and classes of Status Codes R R O O R O=Ongo	reneur In becoming an entrepreneur. Progress toward goal and justification of discontinuation of the first part of the	Ongoing, Supervised Living 24/2 on for continuation goal. more of a hobby. bsite and enjoys it. bsite and enjoys it. bsite and enjoys it. epreneur. tinued

Of all mentilling	his te	eth, and chan	rsonal hygiene b	y showering,		Record #: Ongoing,
more than 3 verba	pror	nots.	ging his clothes	daily with no	Linden Lodge Staff	Supervised Living 24
HOW (Support/Int	erven	tion)				Jubel Alsed Flyllig 24
will:						
• Complete	daily	hygiene routi	ne			
 Let staff ki 	now v	when he need	s clothing			
ruiden roage stan	WIII:					
 Remind ve 	rbally	/ prompt	to complete	e daily hygiene r	outing	
	P. C U	ing curcomage	ment for	,, g. c. i.c i	Same	
Target Date (Not i	to	Date Goal w		Pro	ogress toward goal and justificat	
CACCEU 12 MONTH	S)	reviewed	Codes		or discontinuation of	ion for continuation
0/0/2010					a disperial deficit by	goal.
9/9/2018 3/9/2018	+	3/9/2018	0	has	done a great hob with this goal	
8/15/2019	++	8/31/2018		has	done a great hob with this goal	
3/15/2020	-	3/15/2019		has	done a great hob with this goal.	
6/7/2022	++	09/15/2019		has	needed promoting on his clean	inece
5/1/2022		12/7/2021	0	has	done a great job with this !	
				to be remind	led to change shoes the typically	the state of the s
Status Codes:		R=Revised	0.0		THE PARTOL THE SOAS THEY BLE MOLK	shoes and this is his home
	<u> </u>	· victised	U=0r	going	A=Achieved D=Discon	tinued
	WH	IAT (Short Rar	nge Goal)		WHO IS RESPONSIBLE	SERVICE & EDECUENA
Goal # 6: For			· 8899	lle to to	WHO IS RESPONSIBLE	SERVICE & FREQUENC
important for	o le	earning indepe	endent living ski	lls, it is	WHO IS RESPONSIBLE	Ongoing,
important for HOW (Support/Inter	o le	earning indepe	· 8899	lls, it is s each day.	WHO IS RESPONSIBLE	Ongoing,
important for HOW (Support/Intervill:	o le to e	earning indepo complete his f on)	endent living ski household chore	s each day.		Ongoing,
important for HOW (Support/Intervill: Consult the	o le to e ventio	earning indepo complete his f on)	endent living ski household chore	s each day.		Ongoing,
important for HOW (Support/Intervill: Consult the Linden Lodge staff wi	o le to e vention chore	earning indepo complete his f on)	endent living ski household chore forning and make	es each day.	s are complete that day	Ongoing,
important for HOW (Support/Intervill: Consult the Linden Lodge staff will)	o le to e vention chore II:	earning indepo complete his l on) chart each m	endent living ski household chore forning and make is chores if they	e sure his chores	s are complete that day ompleted.	Ongoing, Supervised Living 24/2
important for HOW (Support/Intervill: Consult the Linden Lodge staff wi	o le to e vention chore II:	earning indepo complete his lon) chart each m co complete his	endent living skinousehold chore forning and make is chores if they is Status	e sure his chores	ompleted. ress toward goal and justification	Ongoing, Supervised Living 24/2
important for HOW (Support/Intervill: Consult the Linden Lodge staff with Prompt Target Date (Not to exceed 12 months)	o le to e vention chore II:	earning indepo complete his l on) chart each m	endent living ski household chore forning and make is chores if they	e sure his chores	s are complete that day	Ongoing, Supervised Living 24/2
important for HOW (Support/Intervill: Consult the Linden Lodge staff will Prompt Target Date (Not to	o le to e vention chore II:	earning indepo complete his lon) chart each m co complete his	endent living skinousehold chore forning and make is chores if they Status Codes	e sure his chores have not been c	ompleted. ress toward goal and justification of g	Ongoing, Supervised Living 24/2 n for continuation oal.
important for HOW (Support/Intervill: Consult the Linden Lodge staff will Prompt Target Date (Not to exceed 12 months)	o le to e vention chore II:	earning indepondent in the complete his form of the chart each management in the complete his co	endent living skinousehold chore forning and make is chores if they is Status	e sure his chores have not been c Progr	ompleted. ress toward goal and justification or discontinuation of goal attentive to his charge while	Ongoing, Supervised Living 24/2 n for continuation oal.
important for HOW (Support/Intervill: Consult the Linden Lodge staff with Prompt Target Date (Not to exceed 12 months) 9/9/2018	o le to e vention chore II:	earning independent of the complete his lon) chart each man to complete his loate Goal was reviewed 3/9/2018	endent living skinousehold chore forning and make is chores if they Status Codes	e sure his chores have not been c Progr was r Once he left hi	ompleted. ress toward goal and justification or discontinuation of goal attentive to his chores while is job, he was better at completic	Ongoing, Supervised Living 24/2 n for continuation oal. working at Food Lion.
important for HOW (Support/Intervill: Consult the Linden Lodge staff with Prompt Target Date (Not to exceed 12 months) 9/9/2018 3/9/2018 8/15/2019	o le to e ventio	complete his lon) chart each mode complete his lond complete his	endent living skinousehold chore forning and make is chores if they Status Codes	e sure his chores have not been c Progr was r Once he left hi	ompleted. ress toward goal and justification or discontinuation of guarantees while is job, he was better at completinues to need reminding to complete the state of the stat	Ongoing, Supervised Living 24/2 In for continuation to the continuation oal. Working at Food Lion, and his chores.
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important for HOW (Support/Intervill: Consult the Linden Lodge staff will) Prompt Target Date (Not to exceed 12 months) 9/9/2018 3/9/2018 8/15/2019 3/15/2020	o le to de vention chore	complete his lon) chart each mode of complete his lone of complete his	endent living skinousehold chore forning and make is chores if they Status Codes O O O O O	e sure his chores have not been c Progr was r Once he left his contin	ompleted. ress toward goal and justification or discontinuation of goal and statement of goal and statement of goal and justification or discontinuation of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and justification of goal an	Ongoing, Supervised Living 24/2 In for continuation oal. working at Food Lion, ng his chores. lete his chores.
important for HOW (Support/Intervill: Consult the Linden Lodge staff with Prompt Target Date (Not to exceed 12 months) 9/9/2018 3/9/2018 8/15/2019	o le to de vention chore	complete his lon) chart each mode complete his lond complete his	endent living skinousehold chore forning and make is chores if they Status Codes O O O	e sure his chores have not been c Progr was r Once he left hi has in has de the upkeep of	ompleted. ress toward goal and justification or discontinuation of goal and statement of goal and statement of goal and justification or discontinuation of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and statement of goal and justification of goal an	Ongoing, Supervised Living 24/2 In for continuation oal. working at Food Lion. Ing his chores. lete his chores. lete his chores. less. productive participant in
important for HOW (Support/Intervill: Consult the Linden Lodge staff will) Prompt Target Date (Not to exceed 12 months) 9/9/2018 3/9/2018 8/15/2019 3/15/2020	o le to de vention chore	complete his lon) chart each mode of complete his lone of complete his	endent living skinousehold chore forning and make is chores if they Status Codes O O O O O	e sure his chores have not been c Progr was r Once he left hi contii has in has de the upkeep of	ompleted. ress toward goal and justification or discontinuation of goal and justification of goal and justification of goal and justification of goal and justification or discontinuation or disco	Ongoing, Supervised Living 24/2 In for continuation oal. working at Food Lion, ng his chores. lete his chores. es. productive participant in
important for HOW (Support/Intervill: Consult the Linden Lodge staff will) Prompt Target Date (Not to exceed 12 months) 9/9/2018 3/9/2018 8/15/2019 3/15/2020	o le to de vention chore	complete his lon) chart each mode of complete his lone of complete his	endent living skinousehold chore forning and make is chores if they Status Codes O O O O O	e sure his chores have not been c Progr was r Once he left hi contin has in has de the upkeep of keeping his roo	ompleted. ress toward goal and justification or discontinuation of goal and justification of goal and justification of goal and justification of goal and justification or discontinuation or disco	Ongoing, Supervised Living 24/2 In for continuation oal. working at Food Lion. ng his chores. lete his chores. es. productive participant in
important for HOW (Support/Intervill: Consult the Linden Lodge staff will) Prompt Target Date (Not to exceed 12 months) 9/9/2018 3/9/2018 8/15/2019 3/15/2020	o le to o ventio	earning indepondent of the complete his form. In chart each mass of complete his reviewed 3/9/2018 8/31/2018 8/31/2019 09/15/2019 12/7/2021	endent living skinousehold chore forning and make is chores if they Status Codes O O O O O O O O O O O O O O O O O O	e sure his chores have not been continued has in has do the upkeep of keeping his roomorning vape.	ompleted. ress toward goal and justification or discontinuation of goal and justification of goal and justification of goal and justification of goal and justification or discontinuation of goal and justification or discontinuation of goal and justification or discontinuation of goal and justification	Ongoing, Supervised Living 24/2 In for continuation oal. working at Food Lion. ng his chores. lete his chores. es. productive participant in
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ame:			DOB		Nedicald	ID.	140	cord #:
Goal # 7	will pa	rticipate in exercise	/physical acti	vities at least		ı		Ongoing,
30 minutes three		a week over the ne			Linden I	odge Staff		Supervised Living 24/27
would I	like to p	ush himself to work	out more.					
HOW (Support/I will: En and home maint	gage in	physical activities o	f walking, wor	king out on exe	ercise mad	chines at the Li	nden Lodg	ge Wellness Center, yard
Linden Lodge sta	more and a second							
		and encouragement				1 1 1	416-41	for continuation
Target Date (N		Date Goal was	Status	Prog		ra goai ana jus or discontinua		for continuation
exceed 12 moi	ntnsj	reviewed	Codes			or discontinua	don or go	odi.
0/22/2017	,	2/22/2017	0	did :	ant most	nis goal during	this time	
8/22/2017 2/25/2018		3/9/2018	0			with his exerc		
9/9/2018		3/9/2018	0			with his exerc		
		8/31/2018	0			with his exerc		
3/9/2018		3/15/2019	0			with his exerc		
8/15/2019		09/15/2019	0			with his exerc		
3/15/2020	_	12/7/2021	R					nile and is encouraged to
6/7/2022		12///2021	N.					oing Jane and Dakota in
								rate and not be subjected
				to the finality				•
		R=Revised	O=Ong		A=Achie		=Discontin	nued
	This isola	ates him from the s	ocial support		and staff	at Linden Lodg	ge.	
CHARACTERIST(this computer.	This isola	NHAT (Short Range	ocial support (of the residents	and staff		ge.	e in his room working on SERVICE & FREQUENC
CHARACTERIST(this computer.] Goal # 8: To imp	This isola V prove his	WHAT (Short Range	Goal) receive more	of the residents	and staff	at Linden Lodg	ge.	SERVICE & FREQUENC
CHARACTERIST(this computer.] Goal # 8: To impresidents and st	This is old V prove his taff,	WHAT (Short Range s social skills and to will spend no	Goal) receive more more than 2 h	of the residents support from	and staff	at Linden Lodg	ge.	SERVICE & FREQUENC
CHARACTERIST(this computer.] Goal # 8: To impresidents and st alone in his roo	This isola V prove his taff, m unless	WHAT (Short Range s social skills and to will spend no s he is working on h	Goal) receive more more than 2 h	of the residents support from	and staff	at Linden Lodg	ge.	SERVICE & FREQUENC
CHARACTERISTS this computer. This computer. The computer of th	This isola V prove his taff, m unless	WHAT (Short Range s social skills and to will spend no s he is working on h	Goal) receive more more than 2 h	of the residents support from	and staff	at Linden Lodg	ge.	SERVICE & FREQUENC
CHARACTERISTS this computer. This computer. The computer of th	orove his taff, m unless	WHAT (Short Range s social skills and to will spend no s he is working on h	Goal) receive more more than 2 has class or bus	support from nours at a time iness.	will Linden	at Linden Lodg	ge.	SERVICE & FREQUENC
CHARACTERISTS this computer. This computer. The computer of th	orove his taff, m unless	WHAT (Short Range s social skills and to will spend no s he is working on hotion)	Goal) receive more more than 2 his class or bus	support from nours at a time siness.	will Linden	at Linden Lodg	ge.	SERVICE & FREQUENC
Goal # 8: To impresidents and stalone in his room HOW (Support/ Will: Keep to Look for	orove his taff, m unless track of horopoor	WHAT (Short Range s social skills and to will spend no s he is working on h	Goal) receive more more than 2 his class or bus	support from nours at a time siness.	will Linden	at Linden Lodg	ge.	SERVICE & FREQUENC
Goal # 8: To impresidents and stalone in his roo HOW (Support/ will: Keep to Look for	orove his taff, m unless track of horopoortaff will:	WHAT (Short Range s social skills and to will spend no she is working on hotion) now much time he is tunities to socially in	Goal) receive more more than 2 has class or buses spending alcointeract with received.	support from nours at a time siness.	will Linden	at Linden Lodg	ge.	SERVICE & FREQUENC
Goal # 8: To impresidents and stalone in his roo HOW (Support/ will: Keep to Look for Linden Lodge st	orove his taff, m unless rack of hor opportaff will:	WHAT (Short Range s social skills and to will spend no she is working on hotion) now much time he is trunities to socially in the socially in the socially in the socially in the socially in the socially in the social s	Goal) receive more more than 2 has class or buses spending alounteract with rothers.	support from nours at a time siness.	will Linden	at Linden Lodg	ge.	SERVICE & FREQUENC
Goal # 8: To impresidents and stalone in his roo HOW (Support/ will: Keep to Look for Linden Lodge st Promp Provide	orove his taff, m unless vinterver rack of hor opportaff will:	WHAT (Short Range s social skills and to will spend no she is working on hotion) now much time he is tunities to socially in	Goal) receive more more than 2 has class or buses spending alounteract with rothers.	support from nours at a time siness.	winden Linden	HO IS RESPONS Lodge Staff	ge.	SERVICE & FREQUENC
Goal # 8: To impresidents and stalone in his roo HOW (Support/ will: Keep to Look for Linden Lodge st	orove his taff, m unless vinterver rack of hor opportaff will:	WHAT (Short Range s social skills and to will spend no s he is working on hation) now much time he is tunities to socially in social opportunities	Goal) receive more more than 2 has class or buses spending alounteract with receive more than 2 has class or buses.	support from nours at a time siness.	winden Linden	HO IS RESPONS Lodge Staff	ge. SIBLE	SERVICE & FREQUENCE Ongoing, Supervised Living 24/2
Goal # 8: To impresidents and stalone in his room HOW (Support/ will: Keep to Look for Linden Lodge st Promp Provide Target Date (N	orove his taff, m unless taff, will: track of hor opportaff will: e more select to onths	WHAT (Short Range s social skills and to will spend no s he is working on hation) now much time he is tunities to socially it is o interact with a social opportunities. Date Goal was	Goal) receive more more than 2 his class or buses spending alconteract with receivers. for Status	support from fours at a time siness. one in his room, residents and siness.	Will Linden	HO IS RESPONS Lodge Staff ard goal and ju or discontinua	stification	SERVICE & FREQUENCE Ongoing, Supervised Living 24/2
Goal # 8: To impresidents and stalone in his roo HOW (Support/ will: Keep to Look for Linden Lodge st Promp Provide Target Date (Nexceed 12 mo	orove his taff, m unless finterver rack of horopoor taff will:	WHAT (Short Range social skills and to will spend no she is working on hotion) now much time he is tunities to socially interact with a social opportunities Date Goal was reviewed	Goal) receive more more than 2 his class or bus s spending alconteract with rothers. for Status Codes	support from nours at a time siness. one in his room residents and siness are sidents and siness.	Linden taff.	ard goal and ju or discontinua	stification ation of go	SERVICE & FREQUENCE Ongoing, Supervised Living 24/2
Goal # 8: To impresidents and stalone in his room HOW (Support/ will: Keep transport Look for Linden Lodge stalone Promp Providents Date (Next Promp 2/25/18	orove his taff, m unless finterver rack of hor opportaff will:	WHAT (Short Range s social skills and to will spend no she is working on hotion) now much time he intunities to socially interact with a social opportunities Date Goal was reviewed 8/25/17	Goal) receive more more than 2 his class or bus spending alointeract with rothers. for Status Codes	support from fours at a time siness. one in his room. residents and state open. Since leaving goal.	Linden taff. gress towards to be a t	ard goal and ju or discontinua	stification ation of go during the	SERVICE & FREQUENCE Ongoing, Supervised Living 24/2 on for continuation oal. e day when it should be
Goal # 8: To impresidents and stalone in his room HOW (Support/ will: Keep to Look for Linden Lodge st Promp Provide Target Date (Nexceed 12 more) 2/25/18	orove his taff, m unless finterver rack of hor opportaff will:	WHAT (Short Range social skills and to will spend no she is working on hition) now much time he intunities to socially interact with a social opportunities Date Goal was reviewed 8/25/17 3/09/2018	Goal) receive more more than 2 his class or buses spending alconteract with recothers. Status Codes R	support from fours at a time siness. one in his room, residents and state open. Since leaving goal. has spending time.	Linden Linden taff. ress towards to be outside tinues to	ard goal and ju or discontinua om door closed Food Lion, I interacting wi his room. do well; he atte	stification ation of go during the has th others	SERVICE & FREQUENCE Ongoing, Supervised Living 24/2 In for continuation oal. e day when it should be done better with this and making sure he is
Goal # 8: To impresidents and stalone in his room HOW (Support/ will: Keep to Look for Linden Lodge st Promp Provide Target Date (Nexceed 12 more) 2/25/18	orove his taff, m unless finterver rack of hor opportaff will:	what (Short Range social skills and to will spend no she is working on hotion) now much time he is tunities to socially in the social opportunities Date Goal was reviewed 8/25/17 3/09/2018	Goal) receive more more than 2 his class or bus s spending alconteract with receive more than 2 his class or bus s spending alconteract with receive more than 2 his class or bus s spending alconteract with receive more services. Status Codes R O O	support from fours at a time siness. Program eaving goal. Since leaving goal. has spending time con and often ke	Linden Linden taff. ress towards to be outside tinues to	ard goal and ju or discontinua om door closed Food Lion, I interacting wi his room. do well; he atte	stification ation of go during the has th others	SERVICE & FREQUENCE Ongoing, Supervised Living 24/2 In for continuation total. It done better with this and making sure he is toutings with the group working on his class.

now needs to we	rk on	his next step tow	DOB:		Medicaid ID:	Record #:
Goal #9		WHAT (Short Ran	ge Goal)		WHO IS RESPONS	SIBLE SERVICE & FREQUE
employment.		begun applying to	jobs locally ar	d hopes to gain		Ongoing,
HOW (Support/Ir	terve	ention)				Supervised Living 2
Linden Lodge staf	fwill:	lunteer position at				
		Date Goal was	Status	position by acce	ssing paperwork needed.	
exceed 12 mont	hs)	reviewed	Codes	Proj	ress toward goal and just or discontinuat	tification for continuation ion of goal.
9/9/2018		3/9/2018	0			
3/9/2018		8/31/2018	0			
8/15/2019		3/15/2019	0			
3/15/2020	4	09/15/2019	0			
	6/7/2022 12/7/2021 R Maryland Manager		Management	s. He states his teachers of	egree through University of schelors in Information Systems ay he is doing well. He has agre I apply at Habitat for Humanity	
Status Codes:	Н.	R=Revised	O=On	oing	A=Achieved D=D	rapply at Habitat for Humanity Discontinued
IOW (Support/Inte	rvent	d like to start gett tion) get up in the morr		age	Linden Lodge Staff	Ongoing, Supervised Living 24/
nden Lodge staff v Be sure Target Date (Not t	yın:	s up by 8:30am Date Goal was				
exceed 12 months)	reviewed	Status Codes	Progra	ess toward goal and justifi or discontinuatio	ication for continuation n of goal.
3/15/2020	+	09/15/2019	0	has de	one well with this goal and	will continue to improve.
atus Codes:	₩.	12/7/2021	D	1103 110	ot showed any interest in c	Continuing with the
codes.		R=Revised	O=Ongo	ing A	A=Achieved D=Dis	scontinued
IARACTERISTICS/Offects on him now	DBSEF	RVATION/ILISTIFIC e is in his	ATION FOR T	HIS GOAL:	nas been smoking sind	ce 2009. Smoking is taking its
al # 11: Brendan	1	IAT (Short Range G			WHO IS RESPONSIBLE	E SERVICE & FREQUENC
		4	smoking.			Ongoing,
OW (Support/Inter endan will:	entic	on)		<u>T</u>		Supervised Living 24/2
i						
DMH/DD/SAS PC	7: (3/	1/10 Version				

DOB Medicaid ID: Name: Record #: Try to cut back on his smoking. Linden Lodge staff will Remind of his goal. Invite him to try different ways of quitting- First Health Stop Smoking Class, Patches, gum, hypnosis **Target Date (Not to Date Goal was** Status Progress toward goal and justification for continuation exceed 12 months) reviewed Codes or discontinuation of goal. 9/9/2018 3/9/2018 0 3/9/2018 8/31/2018 0 has made no progress toward this goal. 8/15/2019 3/15/2019 0 is not actively pursuing this goal 3/15/2020 09/15/2019 0 is not actively pursuing this goal 6/7/2022 is not committed to this goal because he no longer smokes 12/7/2021 D cigarettes he vapes. **Status Codes:** R=Revised O=Ongoing A=Achieved D=Discontinued CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: feels he is overweight, and it is affecting his health. WHAT (Short Range Goal) WHO IS RESPONSIBLE SERVICE & FREQUENCY will seek to lost 1 or 2 pounds per month until he Ongoing, reaches a healthy weight range. Linden Lodge Staff Supervised Living 24/27 HOW (Support/Intervention) Try and eat no more than 150 grams of carbs a day and no more than 10g of sugar at a meal, Linden Lodge staff will: Remind of his goal. Provide a nutritionally balanced meal at dinner time. Target Date (Not to **Date Goal was** Status Progress toward goal and justification for continuation exceed 12 months) reviewed Codes or discontinuation of goal. 9/9/2018 3/9/2018 0 is doing well maintaining his weight. 3/9/2018 8/31/2018 0 is doing well maintaining his weight. 8/15/2019 3/15/2019 0 is doing well maintaining his weight. 3/15/2020 09/15/2019 0 is doing well maintaining his weight. 6/7/2022 12/7/2021 0 would like to maintain a healthy diet. Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

^{**} Copy and use as many Action Plan pages as needed.

Name: DOB: Medicald ID: Record #:

CRISIS PREVENTION AND INTERVENTION PLAN

(Use this form or attach your crisis plan.)

Significant event(s) that may create increased stress and trigger the onset of a crisis. (Examples include: Anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, etc. Describe what one may observe when the person goes into crisis. Include lessons learned from previous crisis events): lifestyle currently.

ccasionally has issues with authority figures, he has really worked on this. Confrontations with people to jeopardize his

Crisis prevention and early intervention strategies that were effective. (List everything that can be done to help this person

The best way for

- to avoid a crisis is to Stability he feels good with where he is at
- Continue to be medication compliant
- To engage in physical activity daily
- Consult staff if he is having any difficulty

Strategies for crisis response and stabilization. (Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite, if an option. List everything you know

Leave surroundings for a brief period of time.

Isolate in his room until he feels safe.

Describe the systems prevention and intervention back-up protocols to support the individual. (i.e. Who should be called and when, how can they be reached? Include contact names, phone numbers, hours of operation, etc. Be as specific as possible.)

Who	Phone	When can we contact	
Linden Lodge Staff	910-295-0600		Support type/Comment
Moore County Sherriff CIT	910-947-2931	24/7	
Moore Regional Inpatient	910-715-1500	24/7	
Ashley Baker		24/7	
	910-691-2810	24/7	
or. Joel Monroe	0.0	24/7	I am all a second
Dr. David Hipp	910-715-3370	M-F 8am-5pm	Longtime friend
Or. Joel Monroe	910-295-5511	M-F 8am-5pm	Therapist with First Health Behavioral
	010 715 2275	M-F 8am-5pm	Internal Medicine, Pinehurst Medical
		24/7	Psychologist
		24/7	Stepdad Mom

Specific recommendations for inter-	acting with the person receiving a Crisis Service:
	setting with the person receiving a Crisis Service:

The best way to approach n a crisis is to:

- Have a calm, non-threatening manner
- Remove bystanders from the situation
- Work one person at a time with
- Encourage o solve the situation on his own.
- time and space to calm down.
- Maintain respect for hroughout the crisis.

NC DMH/DD/SAS PCP: (3/1/10 Version)

lame:			DOB:	Medicaid ID:	Record #	#:
			PLAN SI	GNATURES		
1.	PERSON RECEIV	ING SERVICES:				
1	🗹 i confirm a	nd agree with my	nvolvement in the dev	elopment of this PCP. My	signature means that I a	gree with the
		ports to be provid				
- 1				lers and may change service	e providers at any time,	by contacting the
		onsible for this PC				
L				tand that I have the choice		
				d of participating in the Co		rogram for
	individuals	with Mental Retard	dation/Developmental	Disabilities (CAP-MR/DD).		
Locally	Posnonsihlo B	erson: Self: Yes	No			
				wn legally responsible per	son)	
Signati		rees: Treadited II	ach person is morner	THE PERSON NAMED IN COLUMN 1	Date: 12	17/2521
o.gc.	-1.5.		40.00	(i initiatio)		
Legally	Responsible P	erson (Required if	other than person rec	eiving Services)		
Signat	ure:				Date: _	
				(Print Name)		
Relatio	nship to the In	dividual:				
	EDCON DECDO	ICIDI E FOR THE N	D. The following sign:	ature confirms the respons	cibility of the OD/I P for	the development
				services/supports to be p		the development
	or dis PCA. Tile	A .A .	es agreement what the	services/supports to be		1
Signa	ture: NS	very bar	er	Linden Loag	e Date: Z	17,21
		on responsible for	the PCP)	(Name of Case Ma	anagement Agency)	
Child 1	Viental Health S	ervices Only:	M	MARI	12/12/ 24	M
				an 18 for State funded ser		
			TO CONTROL OF THE PARTY OF THE	e Department of Juvenile		
1	econocialistic contra presentation and an experience of the contract of the co	received the configuration of the product of the con-	erson responsible for t	he PCP must attest that he	e or she has completed t	the following
re	The state of the s	specified below:	· T		Date: /	,
		he Child and Famil	y ream - eeting scheduled for -		Date:/ Date:/	
		ed a TASC Care Mai			Date:/	
			The state of the s	le LME to conduct care co	The state of the s	
				ox below and then sign as		for the PCP:
		transporter and the control of the c		ent of Juvenile Justice and I	Name (1996) - Architect (Name (1996) - Parket (1996) - Architect (1996) - Architect (1996) - Architect (1996)	
sy	stem.					
Signat					Date: _	1_1_
ĺ	(Pers	on responsible for	the PCP)	(Print Name)		
	EDVICE ORDER	C. DECLUBED for	II Madigaid fundad co	nings DECOMMENDED fo	z Stato fundad capiicas	
				rvices; RECOMMENDED for proved licensed signatorie		nal)
			ving: (Check all appro		s (see mondedon mand	iai).
			 	nd constitutes the Service	Order(s).	
				has had direct contact wit		☐ Yes ☐
İ	No		•			
	 The licensed 	professional who	signs this service order	has reviewed the individu	al's assessment.	Yes
	No					
Signa	ture:			Licens	e #: Date:	
		Name/Title Requir		(Print Name)		
2000			ls (QP) / Licensed Prof	essionals (LP) ordering:		
1	CAP-MR/DD			ne		
1				(if not ordered in Section A	A)	
1		5907 10 CM - 500	e-funded services not o			
			wing: (Check all appro	priate boxes.) Signatory in	this section must be a Q	
NC DM	IH/DD/SAS PCF	P: (3/1/10 Version)				10.

Name: DOB:	Medicaid ID:	Record #:
Medical necessity for the CAP-MR/DD service. Medical necessity for the Medicaid TCM service. Medical necessity for the State-funded service. Signature:	e(s) requested is present, and constitutes the	Service Order. Service Order
(Name/Title Required)	License #:	Date:/ / (If Applicable)
IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICI	PATING IN DEVELOPMENT OF THE DI ANI	
Other Team Member (Name/Relationship):	e Sparks House Marage	Date: 12/8/02/
construction is the second is		Date:/ /



Linden Lodge Foundation, Inc.

P. O. Box 4153 Pinehurst, NC 28374 Phone (910) 295-0600 Fax (910) 420-2590

To:	DHHS Attention: Caitlin Hicks	From:	Ashley Baker
Fax:	919-715-8078	Pages:	56_, including this one
Phone	e: Office: 919-855-3963	Date:	12/14/2021
Re:	Mental Health Licensure and Certification	cc:	
☐ Urg	ent ⊠ For Review □ Please Comme	nt 🗆 P	lease Reply Please Recycle
WE HA	VE A NEW FAX NUMBER 910-420-2590		
Hello C	aitlin,		
Please	see the attached documents for our annua	al survey	plan of correction.
Should	you require any additional information, pl	ease let	me know.
Thank	you,		
Ashley	Baker		
Linden	Lodge		
	ive Director		
0:910-2	295-0600		
c: 910-6	691-2810		
ashleva	atlinden@gmail.com		