



Division of Health Service Regulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR:  <b>MHL # 043-039</b>	(X2) Multiple Construction A. Building: 01 B. WING _____	(X3) DATE SURVEY  COMPLET ED  <b>01/03/2022</b>
NAME OF PROVIDER:  <b>SIERRA'S RESIDENTIAL SERVICES, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY ORLSC IDENTIFYING INFORMATION)		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPL ETE
V 000	Deficiencies were cited. INITIAL COMMENTS An annual, complaint, and follow up survey was completed 11/23/21. The complaint (Intake # NC00182052) was unsubstantiated  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000	Indicate what measures will be put in place to <b>correct</b> the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).  <input type="checkbox"/> Indicate what measures will be put in place to <b>prevent</b> the problem from occurring again. <input type="checkbox"/> Indicate <b>who will monitor</b> the situation to ensure it will not occur again. <input type="checkbox"/> Indicate <b>how often</b> the monitoring will take place.
V 108	27G .0202 (F-I) Personnel Requirements  This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited staff (#5, #6, #7) received training to meet the MH/DD/SA needs of the clients.	V 108	On 12/13/2021, All Staff to include the Qualified Professional (DM), Associate Professional (LM) and Para-Professionals received Sexualized Aggressive Behavior Training from the Online Curriculum Sponsor by (VLS) Ohio State University.  The Sexualized Aggressive Behavior Training has been added to SRS' Orientation Training and will be conducted on an Annual Basis for SRS' QPs, APs and PPs.  SRS' will conduct a Peer Review of 30% of SRS Employees' Personnel Records on a Random and Quarterly Basis to Ensure Compliance of Specific Training Requirements of the Aforementioned.  Please see Attachments for Verification. 1. Sexualized Aggressive Behavior Training and Certificate 2. Sign-in Sheet for Staff Members Sexualized Aggressive Behavior Training 3. SRS' Risk Management Policy

Division of Health Service Regulation

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

Date: 12/13/21

Sexualized Aggressive Behavior  
Sign in sheet

Kenneth Daniels

Linda McPhatter

Stirling McLean

Dalena Gawe

David McAlister

Cedric Thomas

Shanna Hodges

Crystal Autry

Candice Taylor

Kenneth Daniels

Linda McPhatter

Stirling McLean

Dalena Gawe

David McAlister

Cedric Thomas

Shanna Hodges

Crystal Autry

Candice Taylor

CERTIFICATE OF COMPLETION

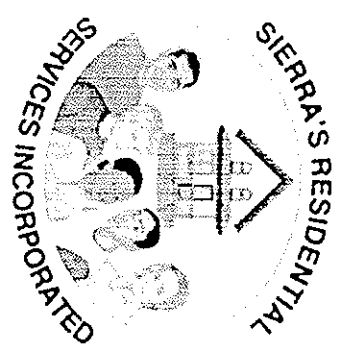
THIS CERTIFIES THAT

DAVID MCALLISTER

Has successfully completed Interventions for Children and  
Youth with Sexualized Behavior Training (Hour:4)

*Mrs. Van Dumb, Office  
Administrator*

Presenter and Title



12/13/2021

Date

~~CONFIDENTIAL - STUDENT USE ONLY~~

Q1

True or false? Every child who exhibits sexual behavior challenges has been abused.

True

False

Q2

Complete the sentence. When helping children with sexual behavior challenges, mental health professionals (such as counselors, psychologists, psychiatrists, social workers) use intervention methods that ...

aim for a one-size-fits-all method; that is, the same intervention will work for every child.

are intended to be least restrictive for the child.

never consider the parenting style a child receives.

Q3

This year, Georgina, a preschool teacher, aims to address challenging sexual behavior in her classroom by sharing with her class rules for expected behavior around the subject of private parts and safe touch. What can you reasonably expect might happen in the classroom when Georgina implements her plan?

Because she is bringing up the topic of private parts with her class, you can expect to see an increase in occurrences of challenging sexual behavior.

Students will use more inappropriate or slang terms for private parts.

Georgina may actually be able to prevent sexual behavior challenges in her classroom

Childhood Sexual Behaviors

Q1

When talking about children and youths' challenging sexual behavior, several factors affect their behavior. Which two factors will direct care staff likely need the most help from you on?

- Environment and redirection
- Frequency and participation
- Development and function of the behavior

Q2

True or false? When a child or youth displays sexual behaviors, the following three questions help guide staff members as they think about the child or youth's developmental abilities: What behavior occurred? What do we want to happen? What can the child do?

True

False

Q3

Trinka is a coach at a child care program and has been receiving a lot of questions from direct care staff about sexual behaviors. Which strategy should Trinka use to best support the program staff?

- Make sure that sexual development is not discussed in the program.
- Designate one staff member to be responsible for handling all sexual behavior concerns.
- Provide professional development opportunities on childhood sexual development for all program staff.

Name: David M. M. M. M. M. Date: 12-13-21

Score: 100

## Sexual Behaviors Reflection Tool

Q1

True or false? It is best practice to always remove children who exhibit sexual behavior challenges from other children in the classroom or program.

- True
- False

Q2

You are supporting staff who work with children and youth who exhibit sexual behavior challenges. Which strategy is least helpful?

- Assess program wide needs (for example, ask staff to complete a self-assessment tool to gauge their knowledge about and comfort level with supporting children's healthy sexual development).
- Ignore behavior you don't want repeated.
- Address the behavior early.

Q3

You have asked Pauline and Jackie, two teachers in your yellow daisy room to complete the Sexual Behaviors Reflection Tool because at lunch today, a 3-year-old exhibited a sexual behavior challenge. Which option is a best practice for your teaching team?

- Remind Pauline and Jackie that when they review the child's behavior and development to only use age-based developmental guidelines.
- Ask Pauline and Jackie to take the paperwork home and complete it there.
- You will want to be part of the process as Pauline and Jackie fill out this paperwork

CERTIFICATE OF COMPLETION

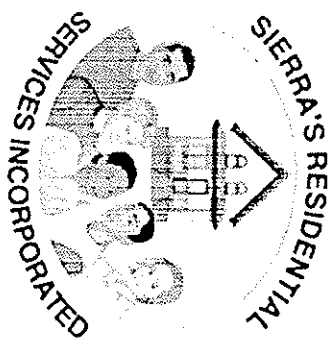
THIS CERTIFIES THAT

LINDA MCPHATTER

Has successfully completed Interventions for Children and  
Youth with Sexualized Behavior Training (Hour:4)

*Miss, Veva Dunde, Office  
Administrator*

Presenter and Title



12/13/2021

Date

FORNITZER AS A RESEARCH COLLEGE

Q1

True or false? Every child who exhibits sexual behavior challenges has been abused.

True

False

Q2

Complete the sentence. When helping children with sexual behavior challenges, mental health professionals (such as counselors, psychologists, psychiatrists, social workers) use intervention methods that ...

aim for a one-size-fits-all method; that is, the same intervention will work for every child.

are intended to be least restrictive for the child.

never consider the parenting style a child receives.

Q3

This year, Georgina, a preschool teacher, aims to address challenging sexual behavior in her classroom by sharing with her class rules for expected behavior around the subject of private parts and safe touch. What can you reasonably expect might happen in the classroom when Georgina implements her plan?

Because she is bringing up the topic of private parts with her class, you can expect to see an increase in occurrences of challenging sexual behavior.

Students will use more inappropriate or slang terms for private parts.

Georgina may actually be able to prevent sexual behavior challenges in her classroom.



Linda McPhatter  
12-13-21

## Environment and Redirection

Q1

When talking about children and youths' challenging sexual behavior, several factors affect their behavior. Which two factors will direct care staff likely need the most help from you on?

- Environment and redirection
- Frequency and participation
- Development and function of the behavior

Q2

True or false? When a child or youth displays sexual behaviors, the following three questions help guide staff members as they think about the child or youth's developmental abilities: What behavior occurred? What do we want to happen? What can the child do?

- True
- False

Q3

Trinka is a coach at a child care program and has been receiving a lot of questions from direct care staff about sexual behaviors. Which strategy should Trinka use to best support the program staff?

- Make sure that sexual development is not discussed in the program.
- Designate one staff member to be responsible for handling all sexual behavior concerns.
- Provide professional development opportunities on childhood sexual development for all program staff.

Name: Linda McPhatter Date: 12-16-21

Score: 100

Linda McPhetres  
12-13-21

Sexual Behaviors Reflection Tool

Q1

True or false? It is best practice to always remove children who exhibit sexual behavior challenges from other children in the classroom or program.

True

False

Q2

You are supporting staff who work with children and youth who exhibit sexual behavior challenges. Which strategy is least helpful?

Assess program wide needs (for example, ask staff to complete a self-assessment tool to gauge their knowledge about and comfort level with supporting children's healthy sexual development).

Ignore behavior you don't want repeated.

Address the behavior early.

Q3

You have asked Pauline and Jackie, two teachers in your yellow daisy room to complete the Sexual Behaviors Reflection Tool because at lunch today, a 3-year-old exhibited a sexual behavior challenge. Which option is a best practice for your teaching team?

Remind Pauline and Jackie that when they review the child's behavior and development to only use age-based developmental guidelines.

Ask Pauline and Jackie to take the paperwork home and complete it there.

You will want to be part of the process as Pauline and Jackie fill out this paperwork

CERTIFICATE OF COMPLETION

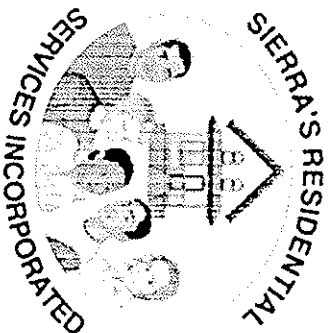
THIS CERTIFIES THAT

DALENA GAUSE

Has successfully completed Interventions for Children and  
Youth with Sexualized Behavior Training (Hour:4)

*Mrs. Van Daele, Office  
Administrator*

Presenter and Title



12/13/2021

Date

Dalena Bause  
12/13/17

FOR THE YEAR: 2016-2017

Q1

True or false? Every child who exhibits sexual behavior challenges has been abused.

- True
- False

Q2

Complete the sentence. When helping children with sexual behavior challenges, mental health professionals (such as counselors, psychologists, psychiatrists, social workers) use intervention methods that ...

- aim for a one-size-fits-all method; that is, the same intervention will work for every child.
- are intended to be least restrictive for the child.
- never consider the parenting style a child receives.

Q3

This year, Georgina, a preschool teacher, aims to address challenging sexual behavior in her classroom by sharing with her class rules for expected behavior around the subject of private parts and safe touch. What can you reasonably expect might happen in the classroom when Georgina implements her plan?

- Because she is bringing up the topic of private parts with her class, you can expect to see an increase in occurrences of challenging sexual behavior.
- Students will use more inappropriate or slang terms for private parts.

Georgina may actually be able to prevent sexual behavior challenges in her classroom

Dalera  
Gause  
12/13/21

Family of Approaches & Assessment Tools

Q1

When talking about children and youths' challenging sexual behavior, several factors affect their behavior. Which two factors will direct care staff likely need the most help from you on?

- Environment and redirection
- Frequency and participation
- Development and function of the behavior

Q2

True or false? When a child or youth displays sexual behaviors, the following three questions help guide staff members as they think about the child or youth's developmental abilities: What behavior occurred? What do we want to happen? What can the child do?

- True
- False

Q3

Trinka is a coach at a child care program and has been receiving a lot of questions from direct care staff about sexual behaviors. Which strategy should Trinka use to best support the program staff?

- Make sure that sexual development is not discussed in the program.
- Designate one staff member to be responsible for handling all sexual behavior concerns.
- Provide professional development opportunities on childhood sexual development for all program staff.

Name: Dalera Gause Date: 12/16/21

Score: 100

Dakota Craven  
12/13/17

## Sexual Behaviors Reflection Tool

Q1

True or false? It is best practice to always remove children who exhibit sexual behavior challenges from other children in the classroom or program.

- True
- False

Q2

You are supporting staff who work with children and youth who exhibit sexual behavior challenges. Which strategy is least helpful?

- Assess program wide needs (for example, ask staff to complete a self-assessment tool to gauge their knowledge about and comfort level with supporting children's healthy sexual development).
- Ignore behavior you don't want repeated.
- Address the behavior early.

Q3

You have asked Pauline and Jackie, two teachers in your yellow daisy room to complete the Sexual Behaviors Reflection Tool because at lunch today, a 3-year-old exhibited a sexual behavior challenge. Which option is a best practice for your teaching team?

- Remind Pauline and Jackie that when they review the child's behavior and development to only use age-based developmental guidelines.
- Ask Pauline and Jackie to take the paperwork home and complete it there.
- You will want to be part of the process as Pauline and Jackie fill out this paperwork.

<b>Sierra's Residential Services, Inc.</b>	<b>Policy No: SD 32</b> <b>Page 1 of 10</b>
<b>Subject: Suicide Screening, Assessing Risk &amp; Prevention</b>	<b>Effective Date: 12/15/2021</b>
	<b>Scope: All Programs</b>

**POLICY TITLE: SUICIDE SCREENING, ASSESSING RISK & PREVENTION**

**POLICY:** Sierra's Residential Services shall create a safe environment for SRS' Consumers through appropriate screening of risk, maintenance and supervision while providing treatment in SRS' Level III Residential Treatment Facilities, training of Staff and encouragement of Parental and Family Involvement.

**PURPOSE:** To ensure that all of SRS' Consumers are Safe Upon Admission and throughout the Service Delivery Process.

**I. SUICIDE RISK SCREENING AND REFERRAL FOR ASSESSMENT**

- A.  Standard Risk Assessment:
- B.  Six Suicide Risk Questions on the Intake Form
- C.  Columbia-Suicide Severity Rating Scale (C-SSRS)

**A. The Standard Risk Assessment Form Shall to be Used For:**

- New Service Users at First Clinical Interview/Meeting.
- For Standard Care
- For Emergency/Crisis Situations when No Other, or Up to Date Risk Assessment is Available.

**B.** There shall be six suicide questions on the Sierra's Residential Services Intake Form to be reviewed as a part of the Initial Intake and Screening Process. The results of the screening shall be reviewed and signed by the Agency's Supervisor (Qualified Professional) and placed in the Consumer's Medical Record.

Sierra's Residential Services Intake Form--Risk Screening section contains the following six questions and will be asked of each Consumer or Consumer:

1. Have you ever attempted to kill yourself?

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2. Are you thinking about killing yourself now?
3. Do you have a plan (specific method) to kill yourself?
4. Do you feel that life is not worth living or wish you were dead?
5. Have you recently been in a situation where you did not care whether you lived or died?
6. Have you felt continuously sad or hopeless?

If the Consumer answers "yes" to any of the six questions:

An assessment shall be completed by (1) a Licensed Mental Health Professional or (2) a Non-Licensed Mental Health Qualified Professional under the direct supervision of a Licensed Mental Health Professional. The assessment will occur no later than 24 hours after the screening, unless the following exception exists:

**EXCEPTION:** If the screening occurs between 5 PM on Friday and 9AM on Monday and there is no access to Staff to conduct an assessment within 24 hours, the assessment shall be completed by the morning of the first business day. Consumer awaiting an assessment by a by (1) a Licensed Mental Health Professional or (2) a Non-Licensed Mental Health Qualified Professional under the direct supervision of a Licensed Mental Health Professional will be placed on Constant Sight and Sound Supervision.

If at any time during the screening any SRS Staff observes or believes a Consumer presents as an immediate threat to themselves or others, the Consumer or Consumer will be placed on One-to-One Supervision and SRS Staff will immediately call 911 and/or follow the Consumer's /or Consumer's Individual Crisis Plan.

In the event psychiatric hospitalization is warranted, the Consumer or Consumer shall be transported by Law Enforcement or by Ambulance or by 2 of SRS' Staff.



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Upon the Consumer's return to a SRS' Level III Residential Treatment Facility, the Consumer or Consumer will be placed on Constant Sight and Sound Supervision until an assessment of suicide risk can be completed a by licensed mental health professional or unlicensed professional working under the direct supervision of the licensed mental health professional to determine further supervision needs.

For Consumer's identified as not at risk of suicide after the suicide screening, no further assessment, referral or services are required. The Consumer may be placed in the general population for purposes of supervision and service delivery.

**C.** Consumer shall be administered the Columbia-Suicide Severity Rating Scale (C-SSRS) to be reviewed as a part of the Initial Intake and Screening Process. The results of the screening shall be reviewed and signed by the Agency's Supervisor (Qualified Professional) and placed in the Consumer's Medical Record.

When the screening identifies a Consumer for being at risk of suicide, SRS Staff will ensure that an assessment of suicide risk is completed for that Consumer within the timeframes outlined in this policy by (1) a Licensed Mental Health Professional or (2) a Non-Licensed Mental Health Qualified Professional under the direct supervision of a Licensed Mental Health Professional.

**EXCEPTION:** If the screening occurs between 5 PM on Friday and 9AM on Monday and

there is no access to Staff to conduct an assessment within 24 hours, the assessment shall be completed by the morning of the first business day. The Consumer awaiting an assessment by (1) a Licensed Mental Health Professional or (2) a Non-Licensed Mental Health Qualified Professional under the direct

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	<b>Scope: All Programs</b>

supervision of a Licensed Mental Health Professional will be placed on Constant Sight and Sound Supervision.

If at any time during the screening, any SRS Staff observes or believes a Consumer presents as an immediate threat to themselves or others, the Consumer shall be placed on One-to-One Supervision and SRS Staff will immediately call 911 and/or follow the Consumer's Individual Crisis Plan.

In the event psychiatric hospitalization is warranted, the Consumer shall be transported by Law Enforcement or by Ambulance or by 2 of SRS' Staff.

Upon a Consumer's return to a SRS' Level III Residential Treatment Facility, the Consumer will be placed on Constant Sight and Sound Supervision until an assessment of suicide risk can be completed a by licensed mental health professional or an unlicensed professional working under the direct supervision of the licensed mental health professional to determine further supervision needs.

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## **II. SUICIDE ASSESSMENT**

An Assessment of Suicide Risk and Follow-Up Assessments of Suicide Risk to determine supervision needs shall be documented clearly and consistently. The assessment of suicide risk and the follow-up assessment of suicide risk shall provide details of the information obtained by the assessment (Consumer's statements, behavioral observations, collateral information).

Information gathered should include an evaluation of current mental status, determination of dangerousness to self, current/recent suicide risk indicators, the degree of risk that Consumer presents, supervision recommendations and recommendations for treatment or Follow-Up.

When a Consumer has received an assessment of suicide risk, and has been determined by a (1) Licensed Mental Health Professional or (2) a Non-Licensed Mental Health Qualified Professional under the direct supervision of a Licensed Mental Health Professional to be a potential suicide risk and is being maintained on increased supervision, follow-up assessment of suicide risk shall be provided to determine the Consumer has continued risk before increased supervision is discontinued and Consumer is returned to general population.

All suicide assessments and follow-up assessments shall be signed and dated by the Licensed Professional completing the suicide assessment. If a non-licensed Staff completes the suicide assessment, a Licensed Staff shall sign as a reviewer and date the assessment. Suicide assessment and follow-up results should also be clearly documented in the SRS Agency Daily Log Book.

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	<b>Scope: All Programs</b>

**PROCEDURES:**

**1. TRAINING OF STAFF**

All SRS Staff who works with a Consumer shall be trained to recognize verbal and behavioral cues that indicate suicide risk. Sierra's Residential Services shall provide a minimum of four hours of training annually on the prevention of suicide. This training shall address suicide risk factors including verbal and behavioral suicide warning signs so that SRS Staff can maintain a heightened awareness at all times when interacting with the Consumer. SRS Staff shall follow the communication protocols (e.g. shift meetings, log book entries), and clinical and safety protocols (Screenings and Levels of Supervision) required when SRS Staff suspect a Consumer is at risk. Staff should be able to identify specific prevention strategies and understand the impact of the Consumer's feelings of self-worth, belonging and membership.

**2. ENVIRONMENTAL SAFETY**

Although it is important to maintain a homelike environment in each Level III Residential Facility, the safety of Consumer is the primary issue of importance for each Level III Residential Treatment Facility.

Satisfactory safety inspections through local health and fire departments shall occur to ensure the physical safety of the Level III Residential Treatment Facility is equipped to ensure monitoring of all appropriate areas. Rooms/closets containing hazardous materials shall be locked at all times and keys should be assigned to specific Staff for accounting purposes. Objects containing sharp edges shall be strictly controlled by Staff and accounted for at all times. Prescription medications shall be contained in double locked environments and inventoried daily. Over the counter medication shall be contained in double locked environments and inventoried weekly.

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The SRS Agency's' Safety Committee that consist of (SRS Group Home Managers, QPs) shall be responsible for conducting regular inspections of SRS' Level III Residential Facility's safety issues, accountability and testing of procedures and protocols and review of safety related incident reports and trends.

**3. LEVELS OF CONSUMER SUPERVISION**

One-to-One Supervision – This is the most intense level of supervision and will be used while waiting for the removal of the Consumer from the program by Law Enforcement or Parent/Legal Guardian.

**The Level of Supervision Shall be Used:**

For those Consumer(s) whose behavior has escalated to making suicidal or homicidal statements or gestures, and/or stating a specific plan to carry out a suicide/homicide.

At the direction of the Licensed Mental Health Professional or the Unlicensed Mental Health Professional under the direct supervision of the Licensed Mental Health Professional completing or approving the assessment One Staff Member, who shall be of the same gender as the Consumer when possible and clinically appropriate, will remain within arm's length of the Consumer at all times. Documentation should exist in the case file and/or log book as to why a same gender Staff as the Consumer is not clinically appropriate. The SRS Staff shall continually observe the Consumer's demeanor, actions, conversations and behavior.

If this closeness to Consumer creates or heightens the Consumer's statements of self-harm or harm to others, SRS Staff may give more space, not to exceed 5 feet. During all activities, including sleeping, bathing, using restroom, eating,

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dressing, etc., the Consumer will be monitored in a way that preserves their privacy as much as possible without jeopardizing the their safety.

Continuous sound supervision shall be maintained at all times. Constant Sight and Sound Supervision – This level of supervision is for Consumer(s) who are identified as being at risk of suicide but are not expressing current suicidal thoughts or threats. An SRS Staff Member shall have continuous, unobstructed and uninterrupted sight of the Consumer and be able to hear him at all times.

During all activities, including sleeping, bathing, using restroom, eating, dressing, etc..., the Consumer will be monitored in a way that preserves their privacy as much as possible without jeopardizing their safety.

Continuous sound supervision shall be maintained. Constant supervision **cannot** be accomplished through video/audio surveillance. If video/audio surveillance is utilized in a program, it can be used only to supplement physical observation by SRS Staff.

Documentation of One-to-One Supervision and Constant Sight and Sound Supervision - The SRS Staff Person(s) assigned to monitor the Consumer shall document his/her observations of the Consumer's behavior at 30 minute or less intervals using either an Observation Log. Documentation should include time of day, behavioral observations, any warning signs observed and the observers' initials. Documentation shall be reviewed by SRS Supervisory Staff each shift.

If using an Observation Log, once it is completed, it shall be placed in the Consumer's Medical Record.

The SRS Agency shall also ensure that there is communication between shifts regarding the Consumer who are on One-to-One Supervision and Constant Sight and Sound Supervision through Alert Systems and Log Books.

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#### **4. ON-GOING STAFF EVALUATION OF SUICIDE RISK BEHAVIORS**

The SRS Agency's Personnel shall monitor all Consumers throughout the period the Consumer is receiving services. In addition to the utilization of screening tools to determine a Consumer's suicide risk, the SRS Agency Staff shall immediately document, report and refer the Consumer for an assessment of suicide risk when SRS Staff observe any indicators (behaviors, actions, Consumer's demeanor, conversations, etc.) subsequent to the Consumer's admission into the facility or program that may reflect an increased risk of suicide. Some of these indicators may include, but are not limited to, the following:

- Statements suggesting lack of hope or preoccupation with death or dying.
- Extreme withdrawal or lack of interest in surroundings.
- Significant loss of appetite or unexplained loss of weight.
- Major change in mood or demeanor, or extreme withdrawal.
- Giving away possessions.

A suicide risk screening may be performed at any time by the SRS Agency's Personnel in accordance with this policy. When indicated, an assessment of suicide risk shall be completed by a Licensed Mental Health Professional or a Non-Licensed Mental Health Professional within the time frames established by this policy.

#### **5. NOTIFICATION OF AGENCY OFFICIAL(S), OUTSIDE AUTHORITIES AND PARENT/GUARDIANS**

At any time a Consumer has made suicide gestures or attempted suicide, the SRS Agency's Program Supervisor (QP) shall be notified. Parents or Guardians

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of the Consumer shall be notified and informed of what procedures have been put into place to ensure the Consumer's Protection.

**6. THE SRS AGENCY'S RESPONSIBILITY FOR STAFF TRAINING**

Sierra's Residential Services shall ensure that SRS Staff are trained in the use of this policy, the tools it encompasses and the procedures contained herein.





Sierra's Residential Services  
1995 US 421 N  
Lillington, NC 27546

North Carolina Division of Mental Health  
Developmental Disabilities and  
Substance Abuse Services

### INTAKE SUICIDE RISK SCREENING

**Risk Screening Section contains the following six questions and will be asked of the Consumer during the Initial Interview.**

1. Have you ever attempted to kill yourself?  **Yes**  **No**
2. Are you thinking about killing yourself now?  **Yes**  **No**
3. Do you have a plan (specific method) to kill yourself?  **Yes**  **No**
4. Do you feel that life is not worth living or wish you were dead?  **Yes**  **No**
5. Have you recently been in a situation where you did not care whether you lived or died?  **Yes**  **No**
6. Have you felt continuously sad or hopeless?  **Yes**  **No**

## SIERRA'S RESIDENTIAL SERVICES, INC.

### Standard Risk Assessment Tool Mental Health Services

This form is to be used for:

- New Service Users at First Clinical Interview/Meeting.
- For Standard Care
- For Emergency/Crisis Situations when No Other, or Up to Date, Risk Assessment is Available.

Date of this Assessment: \_\_\_\_\_

Service users name, Address, Date of Birth or Hospital Number  
Please Print

#### 1. Health and Safety - Risk to Staff

Additional or specific risk to the Health and Safety of Staff.

Yes / No / None Apparent

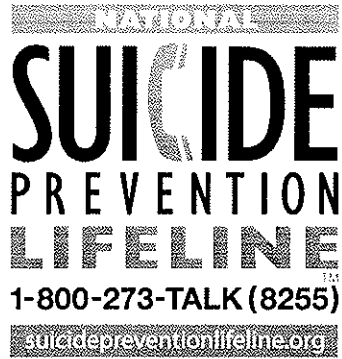
If "Yes" please describe and suggest possible strategies to manage.

#### 2. Behavior that Causes Concern

Please Circle as Appropriate

	Yes	No	
A. Record of previous self harm	Yes	No	
B. Currently threatening suicide and/or self harm	Yes	No	
C. Previous or current incidents of actual or threatened violence	Yes	No	
D. Previous dangerous and impulsive acts	Yes	No	
E. Previous use or current threat to use weapons	Yes	No	
F. Threatened or actual aggression to care giver(s)	Yes	No	
G. Arson (deliberate act) or Accidental fire risk	Yes	No	
H. Misuse of drugs (prescribed or illegal)	Yes	No	
I. Excessive use of alcohol	Yes	No	
J. Evidence of self neglect (such as poor hygiene)	Yes	No	
K. Evidence of risk through abuse /exploitation by others	Yes	No	
L. Sexually inappropriate behavior	Yes	No	
M. Other reports or evidence of current risk behavior	Yes	No	

Please comment on "Yes" and "Insufficient Information" answers. Also consider recent, frequency, and severity and pattern.



## **COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)**

Risk Assessment (Lifeline crisis center version)

**NATIONAL SUICIDE PREVENTION LIFELINE**

## Columbia-Suicide Severity Rating Scale (C-SSRS)

The **Columbia-Suicide Severity Rating Scale (C-SSRS)** is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research.

Several versions of the C-SSRS have been developed for clinical practice. The **Risk Assessment** version is three pages long, with the initial page focusing on a checklist of all risk and protective factors that may apply. This page is designed to be completed following the client (caller) interview. The next two pages make up the formal assessment. The C-SSRS Risk Assessment is intended to help establish a person's immediate risk of suicide and is used in acute care settings.

In order to make the C-SSRS Risk Assessment available to all Lifeline centers, the Lifeline collaborated with Kelly Posner, Ph.D., Director at the Center for Suicide Risk Assessment at Columbia University/New York State Psychiatric Institute to slightly adjust the first checklist page to meet the Lifeline's Risk Assessment Standards. The following components were added: helplessness, feeling trapped, and engaged with phone worker.

**The approved version of the C-SSRS Risk Assessment follows.** This is one recommended option to consider as a risk assessment tool for your center. If applied, it is intended to be followed exactly according to the instructions and cannot be altered.

Training is available and recommended (though not required for clinical or center practice) before administering the C-SSRS. Training can be administered through a 30-minute interactive slide presentation followed by a question-answer session or using a DVD of the presentation. Those completing the training are then certified to administer the C-SSRS and can receive a certificate, which is valid for two years.

To complete the C-SSRS Training for Clinical Practice, visit <http://c-ssrs.trainingcampus.net/>

For more general information, go to <http://cssrs.columbia.edu/>

Any other related questions, contact Gillian Murphy at [gmurphy@mhaofnyc.org](mailto:gmurphy@mhaofnyc.org).

# COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann  
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## RISK ASSESSMENT VERSION

(\* elements added with permission for Lifeline centers)

<b>Instructions:</b> Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.			
<b>Suicidal and Self-Injury Behavior (Past week)</b>		<b>Clinical Status (Recent)</b>	
<input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Aborted attempt	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Self-injury behavior w/o suicide intent	<input type="checkbox"/>	Lifetime
<b>Suicide Ideation (Most Severe in Past Week)</b>		<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Wish to be dead	<input type="checkbox"/>	Helplessness*
<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	Feeling Trapped*
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)	<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Suicidal intent (without specific plan)	<input type="checkbox"/>	Mixed affective episode
<input type="checkbox"/>	Suicidal intent with specific plan	<input type="checkbox"/>	Command hallucinations to hurt self
<b>Activating Events (Recent)</b>		<input type="checkbox"/>	Highly impulsive behavior
<input type="checkbox"/>	Recent loss or other significant negative event	<input type="checkbox"/>	Substance abuse or dependence
	Describe:	<input type="checkbox"/>	Agitation or severe anxiety
		<input type="checkbox"/>	Perceived burden on family or others
<input type="checkbox"/>	Pending incarceration or homelessness	<input type="checkbox"/>	Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)
<input type="checkbox"/>	Current or pending isolation or feeling alone	<input type="checkbox"/>	Homicidal ideation
<b>Treatment History</b>		<input type="checkbox"/>	Aggressive behavior towards others
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments	<input type="checkbox"/>	Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Hopeless or dissatisfied with treatment	<input type="checkbox"/>	Refuses or feels unable to agree to safety plan
<input type="checkbox"/>	Noncompliant with treatment	<input type="checkbox"/>	Sexual abuse (lifetime)
<input type="checkbox"/>	Not receiving treatment	<input type="checkbox"/>	Family history of suicide (lifetime)
<b>Other Risk Factors</b>		<b>Protective Factors (Recent)</b>	
<input type="checkbox"/>		<input type="checkbox"/>	Identifies reasons for living
		<input type="checkbox"/>	Responsibility to family or others; living with family
		<input type="checkbox"/>	Supportive social network or family
		<input type="checkbox"/>	Fear of death or dying due to pain and suffering
		<input type="checkbox"/>	Belief that suicide is immoral, high spirituality
		<input type="checkbox"/>	Engaged in work or school
		<input type="checkbox"/>	Engaged with Phone Worker *
		<b>Other Protective Factors</b>	
		<input type="checkbox"/>	
Describe any suicidal, self-injury or aggressive behavior (include dates):			

<b>SUICIDAL IDEATION</b>			
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.		Lifetime: Time He/She Felt Most Suicidal	Past 1 month
<b>1. Wish to be Dead</b> Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>  If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<b>2. Non-Specific Active Suicidal Thoughts</b> General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. <i>Have you actually had any thoughts of killing yourself?</i>  If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<b>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</b> Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it." <i>Have you been thinking about how you might do this?</i>  If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<b>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan</b> Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <i>Have you had these thoughts and had some intention of acting on them?</i>  If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<b>5. Active Suicidal Ideation with Specific Plan and Intent</b> Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i>  If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<b>INTENSITY OF IDEATION</b>			
The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.			
<b>Lifetime - Most Severe Ideation:</b> _____ <small>Type # (1-5) Description of Ideation</small>		Most Severe	Most Severe
<b>Recent - Most Severe Ideation:</b> _____ <small>Type # (1-5) Description of Ideation</small>			
<b>Frequency</b> <i>How many times have you had these thoughts?</i> (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day		_____	_____
<b>Duration</b> <i>When you have the thoughts how long do they last?</i> (1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day (2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous (3) 1-4 hours/a lot of time		_____	_____
<b>Controllability</b> <i>Could/can you stop thinking about killing yourself or wanting to die if you want to?</i> (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty (2) Can control thoughts with little difficulty (5) Unable to control thoughts (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts		_____	_____
<b>Deterrents</b> <i>Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?</i> (1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you (3) Uncertain that deterrents stopped you (0) Does not apply		_____	_____
<b>Reasons for Ideation</b> <i>What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?</i> (1) Completely to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (2) Mostly to get attention, revenge or a reaction from others (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (0) Does not apply		_____	_____

<b>SUICIDAL BEHAVIOR</b> <i>(Check all that apply, so long as these are separate events; must ask about all types)</i>	Lifetime		Past 3 months	
<b>Actual Attempt:</b> A potentially self-injurious act committed with at least some wish to die, <i>as a result of act</i> . Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is <b>any</b> intent/desire to die associated with the act, then it can be considered an actual suicide attempt. <b>There does not have to be any injury or harm</b> , just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. <b>Have you made a suicide attempt?</b> <b>Have you done anything to harm yourself?</b> <b>Have you done anything dangerous where you could have died?</b> <i>What did you do?</i> <i>Did you _____ as a way to end your life?</i> <i>Did you want to die (even a little) when you _____?</i> <i>Were you trying to end your life when you _____?</i> <i>Or Did you think it was possible you could have died from _____?</i> <b>Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)?</b> (Self-injurious Behavior without suicidal intent) If yes, describe:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Total # of Attempts _____	Total # of Attempts _____
<b>Interrupted Attempt:</b> When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act ( <i>if not for that, actual attempt would have occurred</i> ). Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. <b>Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?</b> If yes, describe:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Total # of interrupted _____	Total # of interrupted _____
<b>Aborted or Self-Interrupted Attempt:</b> When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. <b>Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?</b> If yes, describe:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Total # of aborted or self-interrupted _____	Total # of aborted or self-interrupted _____
<b>Preparatory Acts or Behavior:</b> Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). <b>Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?</b> If yes, describe:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Total # of preparatory acts _____	Total # of preparatory acts _____
<b>Actual Lethality/Medical Damage:</b> 0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; <i>medical</i> hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; <i>medical</i> hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 5. Death  <b>Potential Lethality: Only Answer if Actual Lethality=0</b> Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).  0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care	Most Recent Attempt Date: <i>Enter Code</i> _____	Most Lethal Attempt Date: <i>Enter Code</i> _____	Initial/First Attempt Date: <i>Enter Code</i> _____	



Sierra's Residential Services  
1995 US 421 N  
Lillington, NC 27546

North Carolina Division of Mental Health  
Developmental Disabilities and  
Substance Abuse Services

Name:

Record Number:

**MENTAL HEALTH ASSESSMENT – CHILD**

Assessment Date:						
Address:		City:	State	Zip:		
Phone Number:	Date of Birth	Medicaid #	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Am <input type="checkbox"/> African Am <input type="checkbox"/> Other(Biracial)	
	Age	SS#				
Payment Method:	<input type="checkbox"/> Self Pay <input type="checkbox"/> Sliding Fee	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Tricare	<input type="checkbox"/> BC/BS	<input type="checkbox"/> Other: Heath Choice
Presenting problem (s) / Primary reason(s) for seeking services-						
<input type="checkbox"/> Anger management (as evidenced by quickly becoming disrespectful and oppositional with authority figures) <input type="checkbox"/> Anxiety <input type="checkbox"/> Coping <input type="checkbox"/> Depression <input type="checkbox"/> Eating disorder <input type="checkbox"/> Fear/phobias <input type="checkbox"/> Sexual concerns <input type="checkbox"/> Sleeping problems <input type="checkbox"/> Addictive behaviors <input type="checkbox"/> Alcohol/drugs <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Other mental health concerns (specify) below:						
<input type="checkbox"/> Onset:	<input type="checkbox"/> Severity:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	Remission: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Duration:					If yes, how long?	
Previous History of Mental Health / Substance Abuse Treatment: <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No						
Provide a descriptive story about the consumer beginning with any birth experience information; include developmental information, and present descriptive narrative about the consumer.)						
Social Strengths:	<input type="checkbox"/> Movies <input type="checkbox"/> Dining Out <input type="checkbox"/> Religious / Spiritual Involvement <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Recreational Sports <input type="checkbox"/> Shopping <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Sewing <input type="checkbox"/> Crafts <input type="checkbox"/> Collector <input type="checkbox"/> Peer Group <input type="checkbox"/> Strong Peer Relationships <input type="checkbox"/> Strong Mentor Relationships <input type="checkbox"/> Vacationing <input type="checkbox"/> Swimming <input type="checkbox"/> Riding Bikes <input type="checkbox"/> Other:					





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<b>Social Weaknesses</b>	<input type="checkbox"/> Inability to make eye contact <input type="checkbox"/> Difficulty with expressing feelings effectively <input type="checkbox"/> Lack of support system <input type="checkbox"/> Does not make friends easily <input type="checkbox"/> Does not like to participate in social activities <input type="checkbox"/> Difficulty with handling stressors <input type="checkbox"/> Impulsive <input type="checkbox"/> Other:
<b>Environmental Strengths</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Enjoys the outdoors <input type="checkbox"/> Safe / clean neighborhood <input type="checkbox"/> Supportive family / network <input type="checkbox"/> Has positive friends <input type="checkbox"/> Basic needs met <input type="checkbox"/> Attending school <input type="checkbox"/> Stable housing <input type="checkbox"/> Positive natural supports <input type="checkbox"/> Financially stable <input type="checkbox"/> Positive role models <input type="checkbox"/> Resourceful <input type="checkbox"/> Sanitary housing conditions <input type="checkbox"/> Attends church for worship <input type="checkbox"/> Other:
<b>Environmental Weaknesses</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Difficulty controlling impulses <input type="checkbox"/> Does not like the outdoors <input type="checkbox"/> Poor sanitary housing <input type="checkbox"/> Basic needs are not met <input type="checkbox"/> No support system <input type="checkbox"/> Negative role models <input type="checkbox"/> Financially unstable <input type="checkbox"/> Poor school attendance <input type="checkbox"/> Lack of friends <input type="checkbox"/> Transportation barriers <input type="checkbox"/> Other: Negative friends
<b>Biological Strengths</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Good Health <input type="checkbox"/> Exercise <input type="checkbox"/> Drug free <input type="checkbox"/> Good Nutrition <input type="checkbox"/> Tobacco Free <input type="checkbox"/> Adequate Sleep <input type="checkbox"/> Receives regular check ups <input type="checkbox"/> Takes Medication As Prescribed <input type="checkbox"/> Follows regular diet <input type="checkbox"/> Other:
<b>Biological Weaknesses</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Poor health condition <input type="checkbox"/> Does not exercise <input type="checkbox"/> Poor Nutrition <input type="checkbox"/> Alcohol problems <input type="checkbox"/> Tobacco Usage <input type="checkbox"/> Does not take Medication as Prescribed <input type="checkbox"/> Does not follow a regular diet <input type="checkbox"/> Other:
<b>Familial Strengths</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Basic needs met <input type="checkbox"/> Able to advocate for services <input type="checkbox"/> Financially stable <input type="checkbox"/> Open to suggestions <input type="checkbox"/> Seeking assistance <input type="checkbox"/> Strong supportive network <input type="checkbox"/> Actively involved in services <input type="checkbox"/> Resourceful <input type="checkbox"/> Resilient <input type="checkbox"/> Optimistic <input type="checkbox"/> Caring <input type="checkbox"/> Affectionate <input type="checkbox"/> Hopeful to positive change <input type="checkbox"/> Other:



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<b>Familial Weaknesses</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Basic needs unmet <input type="checkbox"/> Unable to advocate for services <input type="checkbox"/> Financially unstable <input type="checkbox"/> Narrow minded <input type="checkbox"/> Does not want help <input type="checkbox"/> No Support System <input type="checkbox"/> Refuses Treatment <input type="checkbox"/> Lack of resource <input type="checkbox"/> Poor outlook on life <input type="checkbox"/> Pessimistic <input type="checkbox"/> Insensitive <input type="checkbox"/> Poor role model <input type="checkbox"/> Refuses to accept positive change <input type="checkbox"/> Other:
<b>Psychological Strengths</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Strong will <input type="checkbox"/> Willing to make positive changes <input type="checkbox"/> Positive out look on life <input type="checkbox"/> Resilience <input type="checkbox"/> Optimistic <input type="checkbox"/> Capable of accepting criticism <input type="checkbox"/> Spiritual <input type="checkbox"/> Sense of Humor <input type="checkbox"/> Creative <input type="checkbox"/> Flexible <input type="checkbox"/> Motivated <input type="checkbox"/> Hopeful <input type="checkbox"/> Patience <input type="checkbox"/> Ethical <input type="checkbox"/> Educational Achievement <input type="checkbox"/> Other:
<b>Psychological Weaknesses</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Gives up easily <input type="checkbox"/> Inflexible <input type="checkbox"/> Negative Out look on life <input type="checkbox"/> Pessimistic <input type="checkbox"/> Does not handle disappointment and criticism well <input type="checkbox"/> Impulsive <input type="checkbox"/> Unmotivated <input type="checkbox"/> Engages in Unethical practices <input type="checkbox"/> Other:
<b>Developmental Strengths</b>	<input type="checkbox"/> None known <input type="checkbox"/> Has met developmental milestones <input type="checkbox"/> Is progressing towards developmental milestones <input type="checkbox"/> Exhibits age-appropriate behaviors <input type="checkbox"/> Other:
<b>Developmental Weaknesses</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Developmental delays <input type="checkbox"/> Poor social skills <input type="checkbox"/> Poor coping skills when dealing with frustrations <input type="checkbox"/> Poor interpersonal skills <input type="checkbox"/> Inability to make rational decisions <input type="checkbox"/> Other:
<b>Family Health History:</b>	
Have any of the following diseases occurred among the child's blood relatives? (parents, siblings, aunts, uncles or grandparents)  Check those which apply:	



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<input type="checkbox"/> None Known <input type="checkbox"/> Allergies - Seasonal <input type="checkbox"/> Anemia <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding tendency <input type="checkbox"/> Blindness <input type="checkbox"/> Cancer <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cleft lips <input type="checkbox"/> Cleft palate	<input type="checkbox"/> Deafness <input type="checkbox"/> Diabetes <input type="checkbox"/> Glandular problems <input type="checkbox"/> Heart diseases <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kidney disease <input type="checkbox"/> Mental illness <input type="checkbox"/> Migraines <input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Nervousness <input type="checkbox"/> Perceptual Motor D / S <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Seizures <input type="checkbox"/> Spinal Bifida <input type="checkbox"/> Suicide <input type="checkbox"/> Other (specify):
--	---	---

Family Mental Health History:  Unknown  Yes  No

If Yes, describe:

Family Substance Abuse History:  Unknown  Yes  No

If Yes, describe:

Family Legal History:  Unknown  Yes  No

If Yes, describe:

Family Domestic Violence History:  Unknown  Yes  No

If Yes, describe:

Client's Siblings and Others Who Live in the Household:

Siblings noted as "brother" or "sister,"	Age	Gender		Outcome of progress
		<input type="checkbox"/> F	<input type="checkbox"/> M	
		<input type="checkbox"/> F	<input type="checkbox"/> M	
		<input type="checkbox"/> F	<input type="checkbox"/> M	
		<input type="checkbox"/> F	<input type="checkbox"/> M	
		<input type="checkbox"/> F	<input type="checkbox"/> M	
		<input type="checkbox"/> F	<input type="checkbox"/> M	

Educational History:	Current school:			School phone number:	
	Type of school:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Home Schooled	<input type="checkbox"/> Other (specify):



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Name:

Record Number:

	Grade:	Teacher	School Counselor:
	In special education? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
	In gifted program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
	Has child ever been held back in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
	Which subjects does the child dislike in school?		
	What grades does the child usually receive in school?		
	Have there been any recent changes in the child's grades?		
Issues in School:	<input type="checkbox"/> School suspension(s) <input type="checkbox"/> School Expulsion <input type="checkbox"/> School Truancy <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Other:		
Developmental History:	Mental Retardation <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe		
	Physical Impairment <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
	Hearing Impairment <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
	Vision Loss <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
	Motor Impairment <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Signs of Autism <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		



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 Developmental Disabilities and  
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	Head Injury <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe:
	Other: <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe

(Check all that apply)

**SYMPTOMOLOGY ASSOCIATED WITH PROBLEM(S)/PREVIOUS & RECENT EPISODES**

Conduct / Legal Problems

- None Known  Lying  Stealing  Running Away From Home  Assault  Fighting
- Property Destruction  Fire Setting  Arrests  Convictions  Imprisoned  Impulse Control
- Family Desertion  Exhibitionism  Oppositional Defiant  Sexual Acting Out
- Specify setting where behavior occurs:
- Other:

Substance Abuse

- None Known  Has abused in the past  Is Currently Using/Abusing  Alcohol  Narcotics
- Stimulants  Hallucinogens Inhalants  Prescription Drugs  Depressants  Cannabis
- IV Drugs  History of: Dts  Blackouts  Loss of Control of Use  Personality Change
- Hallucination  Withdrawal Signs  Increase or Decrease of Tolerance  Dry Mouth  Headache
- Stomachache  Vomiting  Shakes  Nervous  Jittery  Mid-Sleep Awakening  Depressed
- Genetic Predisposition  "Morning After" Drinking/Drugging
- Denial  Other addictive behavior (e.g. Gambling):

- Complaints From Others About Use: \_\_\_\_\_
- Job Loss or Job Problems Due to Use: \_\_\_\_\_
- Medical Problems Due to Use: \_\_\_\_\_
- Significant Period of Sobriety: \_\_\_\_\_

Recovery Environment

- None known  Halfway House  Oxford House  Sober Home  Sober Workplace  Sober Friends
- Support from Family/Friend Sponsor  AA/NA Attendance  Substances in Home
- Substances in Workplace  Drug Neighborhood  Unsupportive Family/Friends
- Other:



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Depressive Symptoms  None Known  Sadness  Fatigue  Hypoactive  Anhedonia  Feelings of Worthlessness  
 Guilt Feelings  Crying  Suicidal Ideation  Irritability  Decreased Concentration  
 Other:

Biological Problems  No Known Problems  Sleep  Appetite (No Change, Increased, Decreased)  
 Sexual Behavior (No Change, Increased, Decreased)  Elimination (No Change, Increased, Decreased, Incontinence)  
 Enuresis  Poor Hygiene  Encopresis  Amenorrhea  Other:

Manic Symptoms  None Known  Euphoria  Hyperactivity  Pressured Speech  Grandiosity  Hypersexual  
 Distractibility  Other;

Attention Symptoms  None Known  Does not complete task-specifically  Lacks concentration  Cannot sit still  Hyperactive  
 Fidgets  Daydreams  Impulsive  Difficulty following directions  Talks excessively / out of turn  
 Messy/Disorganized  Inattentive/easily distracted  Other:

Anxiety Symptoms  None Known  Anxiety  Conversion  Obsessions  Compulsions  Phobia  
 Multiple Somatic Complaints  Bed Wetting  Nightmares  Panic  Other:

Presence of Lethality Suicidal  Yes  No Homicidal  Yes  No

If yes describe (What, When):

History of Trauma

None Known  Sexual Abuse as a Child  Assault  Rape  Shooting  
 Car Jacked  Spousal Abuse  Auto Accident  Robbery  
 Witness to Violence Between Family Members  
 Military Trauma Event from War: - Explain:  
 Other:

Social / Family Problems

None Known  Conflicts  No Friends  Running Away From Home  Separation or Divorce  
 Visitation or Custody Dispute  Child Neglect  Child Abuse  Domestic Violence  Death in Family  
 Sexual Abuse  No Significant Relationships  Cultural needs:  Other: limited paternal contact



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**Medical History**

- None known  Any Known Allergies  Asthma  High Blood Pressure  Heart Conditions  Pregnant
- Seizures  Major Illness  Emphysema  Hospitalization  Surgery  Loss of Consciousness
- Dental Needs  Diabetes  Hepatitis  HIV/AIDS  Other STD  Other/Specify:
- Past surgery (ies):  Appendectomy  Tonsillectomy  Adenoids  Myringotomy Tubes  Neurological
- Musculoskeletal  GI  Nocturnal Enuresis
- Congenital Defect: If yes, Explain: \_\_\_\_\_
- Other:
- Current Medications:  Yes  No If yes, List Medications

**Mental Status Exam (Check all that apply)**

**MENTAL STATUS EXAMINATION:**

**Appearance/Hygiene:**

- Appropriate  Well Groomed  Relaxed Posture  Tense Posture  Unkempt  Thin
- Overweight  Tattoo  Piercing  Inappropriate  Other

**Behavior/Motor:**

- Appropriate, relaxed  Apathetic  Tense  Agitated  Hostile  Hyperactive  Impulsive  Combative
- Mannerisms  Tics  Gestures  Defensive  Evasive  Tremor  Ataxic  Parkinson
- TD  Other

**Speech:**

- Volume:**  Normal  Loud  Quiet  Varied
- Tone:**  Appropriate  Slurred  Monotone  Stuttered
- Vocabulary:**  Below Avg  Average  Above Average
- Rate:**  Normal  Rapid  Pressured  Slow
- Rhythm:**  Normal  Other

**Mood:**

- Euthymic  Dysthymic  Apathetic  Depressed  Euphoric  Despairing  Guilty  Anxious
- Angry  Irritable  Neutral  Terrified  Fearful  Calm  Elated  Other



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<b>Affect:</b> <input type="checkbox"/> Full range, appropriate to thoughts, aid normal intensity <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Intense <input type="checkbox"/> Other	
<b>Attitude:</b> <input type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Paranoid <input type="checkbox"/> Indifferent <input type="checkbox"/> Demanding <input type="checkbox"/> Entitled <input type="checkbox"/> Passive-Aggressive <input type="checkbox"/> Suspicious <input type="checkbox"/> Manipulative <input type="checkbox"/> Playful <input type="checkbox"/> Resistive <input type="checkbox"/> Other	
<b>Thought Process:</b> <input type="checkbox"/> Organized, Relevant, <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Loose Association & Goal Directed <input type="checkbox"/> Preservative <input type="checkbox"/> Confabulation <input type="checkbox"/> Distracted <input type="checkbox"/> Incoherent <input type="checkbox"/> Other	
<b>Perception:</b> <input type="checkbox"/> No Distortion <input type="checkbox"/> Derealization <input type="checkbox"/> Depersonalization noted <input type="checkbox"/> Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Other	
<b>Thought Content:</b> <input type="checkbox"/> WNL <input type="checkbox"/> Preoccupations <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Paranoid <input type="checkbox"/> Delusions <input type="checkbox"/> Phobias <input type="checkbox"/> Grandiosity <input type="checkbox"/> Depressive <input type="checkbox"/> Thought Insertion <input type="checkbox"/> Thought Broadcasting <input type="checkbox"/> Fear <input type="checkbox"/> Intent <input type="checkbox"/> Poverty of thought content <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> No Risk <input type="checkbox"/> Other	
<b>Cognitive:</b> <b>Orientation:</b> <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person <input type="checkbox"/> Situation <b>Intellectual:</b> <input type="checkbox"/> Below Avg. <input type="checkbox"/> Average <input type="checkbox"/> Above Average <b>Memory:</b> <input type="checkbox"/> Below Avg. <input type="checkbox"/> Average <input type="checkbox"/> Above Average <b>Concentration:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>Insight:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	





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Name:

Record Number:

Judgment:

Good  Fair  Poor

**Risk Screening section contains the following six questions and will be asked of the Consumer:**

1. Have you ever attempted to kill yourself?  Yes  No
2. Are you thinking about killing yourself now?  Yes  No
3. Do you have a plan (specific method) to kill yourself?  Yes  No
4. Do you feel that life is not worth living or wish you were dead?  Yes  No
5. Have you recently been in a situation where you did not care whether you lived or died?  Yes  No
6. Have you felt continuously sad or hopeless?  Yes  No

**Recommended Target Population Eligibility**  
 (Underline all that apply)

- CMECD - EARLY CHILDHOOD DISORDER
- CMSED - CHILD SERIOUSLY EMOTIONALLY DISTURBED WITH OUT OF HOME PLACEMENT (CTSP APPROVED CLIENTS ONLY)
- CMMED - CHILD WITH MH DIAGNOSIS, SED AND IN HOMELESS OR AT IMMINENT RISK OF HOMELEENESS
- CMDEF - CHILD DEAF OR HARD OF HEARING WITH MH DIAGNOSIS

AXIS	CODE	DESCRIPTION OF DIAGNOSIS
Axis I		
Axis II		
Axis III		
Axis IV		
Axis V		

Service Recommended:  Day Tx  Out Patient Therapy  Intensive In-Home Services – 4 – 6 months  Psychiatric Evaluation  
 Medication Management  Level III Residential Tx  TFC  Psychological Evaluation  Neurological Evaluation  
 Other: Specify-

Client/Family participated in completion of this assessment?  Yes  No

If no, please explain why:



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**CLINICAL IMPRESSION/INTERPRETIVE (Include consumer's level of readiness and motivation to engage in services, risk of harm, functional status, co-morbidity, recovery environment, and treatment/recovery history):**



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**Name:**

**Record Number:**

**Signature of Licensed Professional**

Qualified Professional (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Licensed #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_



Division of Health Service Regulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR:  <b>MHL # 043-039</b>	(X2) Multiple Construction A. Building: 01 B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/03/2022</b>
NAME OF PROVIDER:  <b>SIERRA'S RESIDENTIAL SERVICES, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>21 Lanexa Rd. Spring Lake NC 28390</b>	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 109	27G .0203 Privileging/Training Professionals  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 1 Qualified Professional (QP) demonstrated the knowledge, skills and abilities required by the population served.	V 109 On 11/22/2021, 12/16/2021, 12/22/2021, 12/27/2021 the Qualified Professional received In-Service Training from SRS' Clinical Supervisor (Cassandra Tyler, QP) with regards to supervision requirements for a .1700 Level III Residential Treatment Facility.  The Qualified Professional (DM) understands that the required Ratio of Staff to Consumers are Two Staff Members to One, Two, Three and Four Consumers.  The Qualified Professional will turn in a Weekly Schedule to SRS' Clinical Supervisor and SRS Personnel to ensure that all shifts are covered by 2 Staff Members on a Daily Basis.  The Clinical Supervisor (Cassandra Tyler QP) will provide ongoing Trainings and Supervision with the Qualified Professional (DM) to ensure that SRS' Policies and Procedures and the Qualified Professional Job Description and Expectations are Implemented on a Consistent Basis.  If there should be any Callouts the Qualified Professional (DM) will work on that shift until a Replacement (QP, AP and/or PP) is able to relieve Qualified Professional (DM) from the Shift.  The Qualified Professional (DM) and Associate Professional (LM) will be receiving ongoing In-Service Core Skills Trainings and Monthly Supervision provided by Cassandra Tyler, QP. The In-Service Core Skills Trainings and Monthly Supervision will include but not limited to the following: <ol style="list-style-type: none"> <li>1. Technical Knowledge</li> <li>2. Cultural Awareness</li> <li>3. Analytical Skills</li> <li>4. Decision Making</li> <li>5. Interpersonal Skills</li> <li>6. Communication Skills</li> <li>7. Clinical Skills</li> </ol>	01/03/2022

Memorandum for Record

January 5, 2022

To Whom It May Concern

Subject: NCI Refresher Training

Sierra Residential Services contracted with On-Time training, LLC for refresher training on NCI Part "A" specifically, recognizing and responding to potential crisis situations and Part B to ensure each employee can properly use approved restriction techniques only as a last resort. Training was conducted on January 5, 2022.

The focus of the training was to remind and ensure each person understood their role in providing services and, how to effectively handle a potential Crisis situation.

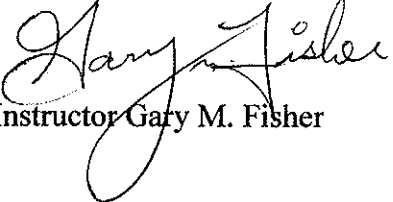
Additionally, emphasis was put on the agency's policy on the use of prohibited procedures including SECLUSION, PHYSICAL RESTRAINT and ISOLATION TIME-OUT. These procedures are against agency policy and will not be used.

Lastly, the training was conducted to refresh each individual staff member in knowing and understanding how and when to apply certain defensive and restrictive interventions.

Areas discussed during training are outlined below:

- Understanding why people do what they do
- Understanding factors that affect behavior
- Health issues that could affect behavior
- Ways to learn more about a person with a disability
- Recognizing physical responses to stress
- Building Positive Relationships
- Behavioral ways people communicate
- Therapeutic relationships
- Effective communication and communication "CUES"
- Active listening
- Decision Making and Problem Solving (**Hope & Choices**)
- Assessing Risk for Escalating Behavior
- Staff attitudes
- Child Advocacy
- Recognizing escalating behaviors
- Understanding Risk and Protective factors
- Identifying things that tend to escalate behavior
- Early Crisis Intervention
- Voice tone and volume
- Body language

- Personal space
- Non-threatening stance
- Defensive Techniques
- Approved Physical Interventions
- Consequences



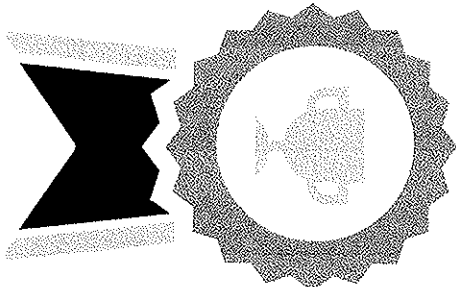
Instructor Gary M. Fisher

**NCI+**

**National Crisis Intervention Plus**

*certifies that the participant*

**DAVID MCALLISTER**



*has fulfilled all requirements for competency  
and is required to maintain annual recertification.*

© NCI+ - RESTRICTIVE

*(Prevention, Defensive & Restrictive)*

Gary M. Fisher

JANUARY 5, 2022

NAME OF THE INSTRUCTOR TRAINER

DATE

A handwritten signature in cursive script that reads "Gary M. Fisher".

SIGNATURE

JANUARY 4, 2023

EXPIRATION DATE:

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Instructor: If typing, click the box to place an X next to the appropriate score for each technique. If completing by hand, check or circle appropriate score. C = correct, I = Incorrect.

Hold Releases:			
One Hand hair pull front	C	<input type="checkbox"/>	I <input type="checkbox"/>
One Hand hair pull back	C	<input type="checkbox"/>	I <input type="checkbox"/>
Bite Release	C	<input type="checkbox"/>	I <input type="checkbox"/>
Front Choke Wedge	C	<input type="checkbox"/>	I <input type="checkbox"/>
Back Choke Bend	C	<input type="checkbox"/>	I <input type="checkbox"/>
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Lower Bear Hug	C	<input type="checkbox"/>	I <input type="checkbox"/>
Headlock	C	<input type="checkbox"/>	I <input type="checkbox"/>
Back Choke to Headlock	C	<input type="checkbox"/>	I <input type="checkbox"/>
Full Nelson Release	C	<input type="checkbox"/>	I <input type="checkbox"/>

Two Hand Hair pull Front	C	<input type="checkbox"/>	I <input type="checkbox"/>
Two Hand Hair Pull Back	C	<input type="checkbox"/>	I <input type="checkbox"/>
One Hand Hair Pull Assist	C	<input type="checkbox"/>	I <input type="checkbox"/>
Two Hand Hair Pull Assist	C	<input type="checkbox"/>	I <input type="checkbox"/>
Optional Bite Release	C	<input type="checkbox"/>	I <input type="checkbox"/>
Bite Release Assist	C	<input type="checkbox"/>	I <input type="checkbox"/>

Therapeutic Holds:		
	Left	Right
Overhead A	C <input type="checkbox"/> I <input type="checkbox"/>	C <input type="checkbox"/> I <input type="checkbox"/>
Overhead B	C <input type="checkbox"/> I <input type="checkbox"/>	C <input type="checkbox"/> I <input type="checkbox"/>
Straight A	C <input type="checkbox"/> I <input type="checkbox"/>	C <input type="checkbox"/> I <input type="checkbox"/>
Straight B	C <input type="checkbox"/> I <input type="checkbox"/>	C <input type="checkbox"/> I <input type="checkbox"/>
Hook A	C <input type="checkbox"/> I <input type="checkbox"/>	C <input type="checkbox"/> I <input type="checkbox"/>
Hook B	C <input type="checkbox"/> I <input type="checkbox"/>	C <input type="checkbox"/> I <input type="checkbox"/>
Uppercut	C <input type="checkbox"/> I <input type="checkbox"/>	C <input type="checkbox"/> I <input type="checkbox"/>
Wrap	C X I <input type="checkbox"/>	

Walks and Carries:	
Limited Control Walk	C X I <input type="checkbox"/>
Modified LCW- Standing	C <input type="checkbox"/> I <input type="checkbox"/>
Modified LCW- Floor	C <input type="checkbox"/> I <input type="checkbox"/>
One Person Therapeutic Walk	C <input type="checkbox"/> I <input type="checkbox"/>
Two Person Therapeutic Walk	C X I <input type="checkbox"/>
Escape Attempt	C <input type="checkbox"/> I <input type="checkbox"/>
Seated Release	C <input type="checkbox"/> I <input type="checkbox"/>

Instructor Signature:

Date:

1/05/2022

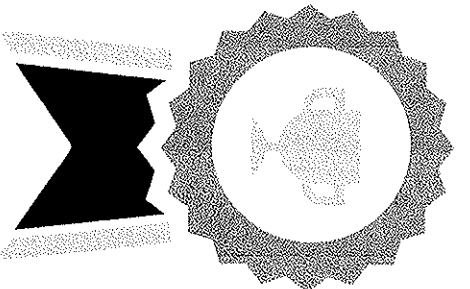


**NCI+**

**National Crisis Intervention Plus**

*certifies that the participant*

**DALENA GAUSE**



*has fulfilled all requirements for competency  
and is required to maintain annual recertification.*

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*(Prevention, Defensive & Restrictive)*

Gary M. Fisher

JANUARY 5, 2022

NAME OF THE INSTRUCTOR TRAINER

DATE

A handwritten signature in cursive script, appearing to read 'Gary M. Fisher'.

SIGNATURE

JANUARY 4, 2023

EXPIRATION DATE:

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Straight A	C <input type="checkbox"/> I <input type="checkbox"/>	C <input type="checkbox"/> I <input type="checkbox"/>
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Seated Release	C <input type="checkbox"/> I <input type="checkbox"/>

Instructor Signature:

*Dale Gause*

Date:

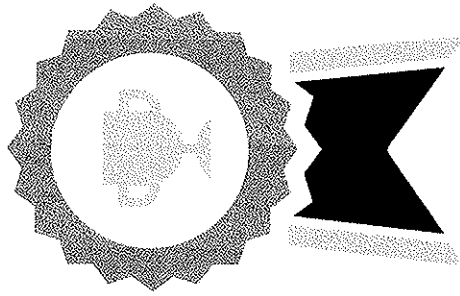
1/05/2022

**NCI+**

**National Crisis Intervention Plus**

*certifies that the participant*

**LINDA MCPHATTER**



*has fulfilled all requirements for competency  
and is required to maintain annual recertification.*

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*(Prevention, Defensive & Restrictive)*

Gary M. Fisher

JANUARY 5, 2022

NAME OF THE INSTRUCTOR TRAINER

DATE

*Gary M. Fisher*  
SIGNATURE

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Seated Release	C <input type="checkbox"/> I <input type="checkbox"/>

Instructor Signature:

*Gary Fisher*

Date:

1/05/2022



SIERRA'S RESIDENTIAL SERVICES, INC.  
1995 US 421 North Lillington, NC 27546



## Job Description

### Group Home Manager (Qualified Professional)

#### Purpose of Position

The Group Home Manager oversees the implementation of strategies and structure to assist persons served so they may achieve their personal goals, provides direct care services to one or more persons receiving services through the Agency's Residential Treatment Level III program and ensures that person(s) served and living in the residential treatment level III facility are receiving services that are safe, therapeutic, and supportive of achieving their personal goals

#### Work Schedule

Hours vary based upon service recipient's needs. These hours will include varying shifts and days per week to include weekends, as needed. This schedule is coordinated through the immediate supervisor.

#### **Functions:**

#### Duties include the following

- Management of day to day operation of the facility
  - Supervision of Para-Professionals, Associate Professionals and Qualified Professionals regarding responsibilities related to implementation of each child person centered plan.
  - Participation in service plan meetings
  - Education and training of Para-Professionals, Associate Professional and Qualified Professional and others who have a legitimate role on addressing the needs identified in the Person Centered Plan
  - Preventive, therapeutic intervention designed for direct individual activities
  - Assist with skill enhancement or acquisition, and support ongoing treatment and functional gains
  - Assisting with the development of Consumer's Personal Centered Plan, and one-on-one interventions with the Consumer
  - Develop interpersonal and community relational skills, including adaptation to home, school and other natural environments
  - Oversight of Emergencies
  - Direct Psych-educational services to children
  - Various Skill Building Activities
  - Training of Para-Professionals
  - Weekly groups
  - Socialization Skills
  - Provide services to clients in a manner consistent with Agency's mission statement
  - Ensure that services are delivered, consistent with the consumer's Person Centered Plan (PCP).
  - Ensure that the residential environment is safe
- 
- Knowledgeable of all services provided to the clients in that residence



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- Ensure that clients attend all doctors' appointments.
- Correctly maintain petty cash fund, and client's funds, to include proper documentation of the funds as applicable
- Responsible for groceries for the residence, within a budget, and receipts.

### **Supervision**

- Knowledgeable of all agency requirements for providing services.
- Supervise support staff for the residence
- Assist in training staff in the implementation of service recipient's PCP , as needed
- Schedule staff for the residence and ensure that all shifts are covered, while keeping overtime to a minimum

### **Documentation**

- Accurately document services provided at the time of service
- Ensure that all support staff documentation is submitted to the local office on each Monday
- Responsible for all medications; MAR's, count sheets, refills, and to ensure they are available for distribution

### **Communication**

- Ensure effective and regular communication with Clinical Director.
- Model appropriate communication for staff and consumers
- Notify Clinical Director of any observed or reported situation that does not follow company policy, or endangers a client.
- Assist other staff in problem solving situations with the clients
- Express ideas clearly and be able to plan and execute work effectively

### **Quality Assurance and Improvement**

- Review data to make sure that it is correct and complete, on a regular basis
- Review timesheets and make sure they are complete.
- Monitor licensing checklist on a weekly basis.

### **Performance Expectations**

- Ensure that the service recipients are free from abuse, neglect, and exploitation
- Ensure that the home is a clean, safe, the therapeutic environment
- Serve as a role model to support staff, by consistently conducting him/herself in a professional and ethical manner in all situations, including but not limited to promptness of completing assignments, verbal/non-verbal communications, maintaining professional boundaries, representing the Agency with a professional image, wearing appropriate attire (See Employee Handbook), serving as a "team player," complying with Federal Anti-Kickback Laws, and not engaging in, or coercing others to engage in, any fraudulent behavior (see Federal Anti-Kickback Laws and Medicaid Fraud Defined)



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- Submission timesheets, including supporting service documentation for the services provided, at designated times.
- Establish and maintain effective professional relationships with colleagues, employees, clients, and guardians.
- Have or develop a working knowledge of various forms of mental illness, along with common accompanying issues of both disability areas
- Have or develop a working knowledge of rules, service definitions, and statutes governing the provision of the services provided
- Have or develop a working knowledge of all applicable Agency policies and procedures, documentation requirements, and billable tasks
- Have or develop an understanding leading to consistent practice of HIPPA confidentiality rules
- Have or develop a working knowledge of local community resources, both public and private
- Maintain a person centered focus throughout service provision
- Provide services according to the philosophy, standards, values and ethics set forth by the Agency
- Follow all Agency Policies and Procedures
- Participate in all required team meetings, committees, and audits as required
- Maintain current training and certifications/licensure requirements, as applicable
- Other duties as required by the Clinical Director

## **Qualifications**

### **Education**

- Are at least 21 years old
- Minimum of a Bachelor's Degree within the Human Services Field with at least two years of documented experience with the population

### **Supervision And Competencies Of Qualified Professionals**

1. At such time as a competency-based employment system is established by rulemaking, Qualified Professionals shall demonstrate competence.

### **Preferred Education and Training**

Must have experience providing direct care services, experience training staff, supervisory skills, and working as a team player.

**Training, Licenses or Certifications Required for the Position** As required by the Agency.

### **Other Requirements**

Must pass a Criminal Record Background and Health Care Registry Check, have a Valid Driver's License and current TB Test before hired.



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**Supervision and Training Provided To Employee**

The local office will provide initial training. On-going training and supervision is provided on an on-going basis by the supervisor.

**Physical Effort**

Ability to sit, stand and/or drive for duration of shift, bend, reach, climb stairs, lift up to 30 pounds and the manual dexterity to operate standard office machines, such as, computers, fax machines, copiers and telephones. Ability to perform therapeutic holds on persons served, if permitted. From time to time travel will be required, which may include out-of-town travel.

**Work Environment and Conditions**

The employee works primarily in a residential facility. There is an inherent and obvious risk associated with working with the population served including the potential for personal injury and/or damages to personal property.

**Direct Supervisor for this position**

Immediate supervisor is the Clinical Director.

**Salary Range**

To be negotiated.

By signing this job description, the employee acknowledges risks involved with this position.

David McAllister B5QP  
Employee Signature

12-21-21  
Date

David McAllister  
Employee Printed Name

Cassandra Zylar, QP, Clinical Supervisor  
Group Home Manager

12/21/21  
Date





SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

**Name: David McAllister, QP**

**Date: 11/22/2021**

**Qualified Professional: Cassandra Tyler-Clinical Supervisor/QP**

**Personnel: Kemisha VanDunk, Personnel**

**Time: 9:30 am**

**Ending Time: 10:30 am**

**SUPERVISOR COMMENTS:**

Mr. McAllister is the Qualified Professional for Sierra's Residential Services Inc. Group Home #2. Mr. McAllister must demonstrate effective work habits in relation to the implementation of service goals daily with consumers served. Mr. McAllister must implement all required Staff Trainings and Monthly Supervision per SRS' Policies and Procedures. Mr. McAllister must ensure all documentation is complete, accurate and in a timely manner in accordance to SRS Policy and Procedures.

- Supervisor met with Mr. McAllister for Clinical Supervision for the purpose of reviewing and discussing the Policies, Functions and the Service Definition of the SRS' Level III Residential Treatment Program.
- Supervisor discussed SRS' Policy for receiving medication, adding medication to MARS and ensuring all staff are knowledgeable concerning changes, continuations etc. of consumers medication.
- Supervisor discussed with Mr. McAllister the importance of being knowledgeable of each resident's complete PCP to include but not limited to: strengths, weaknesses, goals and crisis plans and ensure all his staff are knowledgeable and competent.
- Supervisor instructed Mr. McAllister to ensure all Level I and Level II incident reports are accurate; Documentation is complete and immediately reported to guardians and supervisors.
- Supervisor instructed Mr. McAllister to ensure all consumers monitoring forms are accurately, indicating positive and negative behaviors and how the consumer responded to interventions.
- Supervisor encouraged Mr. McAllister to remain aware and in compliance with ALL safety rules and protocol and to report any concerns immediately.



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- Mr. McAllister will ensure that all Group Home #2 Staff attends all Mandatory Trainings.
- Mr. McAllister will ensure the facility's house schedule is implemented and never altered unless directed by upper management.
- Mr. McAllister will ensure that his staff are completing all necessary documentations prior to leaving their shift.
- Mr. McAllister will ensure that SRS' consumers are participating in scheduled therapeutic activities unless unique situations causes concern.
- Mr. McAllister will ensure that the Supervision/Monitoring of SRS' Consumers residing in Group Home #2 is being adhered to according to the mandated Service Definition of (1700) Level III Residential Treatment Facilities in NC.
- Mr. McAllister will ensure that his work phone is always charged and ready for use.
- Mr. McAllister understands that if SRS' Policies and Procedures are not followed, that it may result in termination.

**EMPLOYEE COMMENTS:**

Si McAllister BSQP 11-22-21  
Employee Signature/Date

Caroandra J. [Signature] OP 11-22-21  
Supervisor Signature/Credentials/Date



## MONTHLY SUPERVISION FORM

Name: David McAllister, BSQP

Date: 12/22/2021

Time Begin: 1:00am

Time End: 3:30pm

### Petty Cash

- Receipts will not be taken anymore from staff that has used their own credit cards, or receipts with one meal on them such as McDonalds, Burger King, etc.
- If there is a child in the program at the time, such as suspension from school, then staff needs to make them a meal
- Unless the food is coming from the grocery store, there will be no more acceptance of receipts for fast food
- Too much money has been wasted on frivolous items, and money needs to put in the programs making them a home
- When turning in a receipt
  - Circle the vendor name that you a purchasing from, Underline the date in which the purchase was made, Circle in Red ink the total balance that was due, Have staff to put their initials on the receipt
  - Effective as of 01/01/2022, this new protocol for "Petty Cash"
  - Every shift should be left at least \$20 in cases of crisis or activities

### Crisis Telephones

- Managers phones need to be on at all times
- If phones are not picked up when LME/MCO contacts the phone, and/or returned within the allotted time, the agency will be given a corrective action
- Ensure that you address and train staff appropriately so they are not contacting you about every issue that is going on in the program
- When Ms. Van Dunk calls, please ensure that you pick up your phones, or please return the call in a timely manner
  - Telephones need to be check every hour on the hour for messages
  - Feedback from schools is being sent to Ms. Van Dunk due to managers not picking up the phone
  - Please ensure that you return the actual call, do not text

### Schedule

- Starting next Friday, 11/30/2021, managers will need to email Ms. Van Dunk and Ms. Cassandra a weekly schedule of the appointments, CFT's, school events, etc. for each consumer in their home.
- Schedules need to by email to Ms. Van Dunk by 1pm every Friday
- Managers need to be at programs by 8:30am Checking their documents, MAR's etc.
- Phones at group homes need to have a SRS customized voicemail set up, currently none of the program phones have a voicemail system set up. This is to happen immediately



- Please ensure that you return phone calls to people that have called the program's phone and left a voice message or direct them to the office phone 910-814-4243

### **Consumers**

- Each consumer when they enter into the program, they are to have a physical, dental, and vision appointment done within 30 days

### **Consumer Telephone Usage**

- Consumer telephone usage is a right, not a privilege; therefore, staff cannot restrict them from calling their parents, siblings, etc.

### **Incident Reports**

- All incident reports need to be done within 72 hours of the incident occurring
- If an incident does occur, please ensure that you contact Ms. Van Dunk with the details

### **Progress Notes**

- Progress notes need to be turned in, with timesheets, on Wednesdays by 12 noon

### **Staff and Cameras in the Programs**

- Cameras are now on in the programs
- Staff have been monitored sleeping on shift
- Staff need to be up doing tasks in the program while on shift, such as cleaning
- Staff sleeping pose a risk to consumer safety

### **Communication Log**

- Communication logs need to be filled out daily, no blank spots should be left on the log, something needs to be written in

### **Cleanliness of Programs**

- Staff is not to leave programs unclean, if staff are unable to do their jobs, then they need to be written up
- Once consumer documents expire, such as previous months communication logs etc., make sure to file them so that current books don't go over capacity
- Staff need to make sure they are using the level system appropriately and accurately
- Timesheets need to be done daily, and not in advance
- Make sure copies are made of everything brought to the office to eliminate the likelihood of paperwork being lost
- Consumer clothes need to be folded in drawers, room swept, and trash thrown out daily. Kitchen floor needs to be mopped as well as tubs cleaned out daily
- Program license, fire plans, crisis phone numbers, etc need to be up in all the programs
- Ceiling filters need to be cleaned weekly, and changed every 30 days
- Managers need to ensure that consumers are checked on weekly at school
- Make sure professional attire is worn at all times, as managers are representations of the agency when out at meetings
- Ensure parents/guardian's are update weekly about their child in the program, such as behaviors, praises, and upcoming events so they are aware of the child's progress
- Psychiatric Evaluations are to be done every 6 months
- Meals need to be prepped and completed on the table for dinner by 5:30pm each day
- Company Cars need to be taken for an oil change every 3 months, and fluids and tires checked every 30 days
- Petty Cash needs to be picked up from the office weekly



**Miscellaneous**

Issues and Concerns:

- o Staff need to be trained in ways to verbal de-escalate a consumer's negative behaviors

Supervisor Comments:

It is important that your program is clean at all times, as a Manager you must take pride in your program, you must check around your program daily, inside and outside, remove anything that can be used as a weapon or just look unattractive around the program.

Remember when repairs are needed in your program you must complete the designated form to get the repair fixed immediately. Some repairs may require a twenty-four-hour turnaround.

Progress notes, timesheets should be turned into the office every ~~Wednesday~~ <sup>Thursday</sup> before 12 noon.

It is very important that you return calls immediately after you receive them, especially to your supervisor, the CEO and other team players that make the program successful. As an agency we must be professional at all times. You are the leader of your program and this is an expectation that the agency require of you.

Training Needed: *on going trainings*

*Devin M...* BSWP  
Employee Signature

12-22-21  
Date

*Cassandra J...*  
Clinical Supervisor Signature

12-22-21  
Date



SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

**Name: David McAllister**

**Date: 12/27/2021**

**Qualified Professional: Cassandra Tyler-Clinical Supervisor/QP**

**Personnel: Kemisha Van Dunk, Personnel**

**Time: 11:30 am**

**Ending Time: 1:30 pm**

**SUPERVISOR COMMENTS:**

Mr. McAllister is the Qualified Professional for Sierra's Residential Services Inc. House 2. Mr. McAllister must demonstrate effective work habits in relation to the implementation of service goals daily with consumers served. Mr. McAllister must implement all required Staff Trainings and Monthly Supervision per SRS Policies and Procedures. Mr. McAllister must ensure all documentation is complete, accurate and in a timely manner in accordance to SRS Policy and Procedures.

- All Managers must respect one another at all times DM of KVD
- If a manager should have an issue with another Group Manager, you need to contact Ms. Van Dunk right away. DM of KVD
- Supervisor reviewed and discussed the Policies and Functions of the SRS Level III program. DM of KVD
- Mr. McAllister will ensure that all Group Home 2 Staff attends all Mandatory Trainings. DM of KVD
- Supervisor discussed with Mr. McAllister the importance of knowledge of each resident complete PCP to include strengths, weaknesses, goals and crisis plans and ensure all his staff are knowledgeable and competent. DM of KVD
- Mr. McAllister was instructed to ensure the facility house schedule is implemented and never altered unless directed by upper management. DM of KVD
- Mr. McAllister must ensure staff are completing all necessary documentations prior to leaving their shift. DM of KVD
- Supervisor discussed with Mr. McAllister Policy for receiving medication, adding medication to MARS and ensuring all staff are knowledgeable concerning changes, continuations etc. of consumers medication. DM of KVD
- Supervisor encouraged Mr. McAllister to remain aware and in compliance with ALL safety rules and protocol and to report any concerns immediately. DM of KVD



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- Supervisor instructed Mr. McAllister to ensure all Level I and Level II incident reports are accurate; Documentation is complete and immediately reported to guardians and supervisors. DM of WMD
- Mr. McAllister was encouraged to ensure consumers are participating in scheduled therapeutic activities unless unique situations cause concern DM of WMD
- Supervisor instructed Mr. McAllister to ensure all consumers monitoring forms are accurately, indicating positive and negative behaviors and how the consumer responded to interventions DM of WMD
- Mr. McAllister will make sure that his work phone is always charged and ready for use. DM of WMD
- Mr. McAllister understands that if Policies and Producers are not followed that it may result in termination.

DM of WMD

**EMPLOYEE COMMENTS:**

DM of WMD BSQP 8-DM 12-27-21  
Employee Signature/Date

Cassandra J. [Signature], RP-CS 12-27-21  
Supervisor Signature/Credentials/Date



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## **Job Description**

### **Associate Professional**

#### **Purpose of Position**

The Associate Professional oversees the implementation of strategies and structure to assist persons served so they may achieve their personal goals, provides direct care services to one or more persons receiving services through the Agency's Residential Treatment Level III program and ensures that person(s) served and living in the residential treatment level III facility are receiving services that are safe, therapeutic, and supportive of achieving their personal goals

#### **Work Schedule**

Hours vary based upon service recipient's needs. These hours will include varying shifts and days per week to include weekends, as needed. This schedule is coordinated through the immediate supervisor.

#### **Functions:**

#### **Duties include the following**

- Management of day to day operation of the facility
- Supervision of Para-Professional regarding responsibilities related to implementation of each child person centered plan.
- Participation in service plan meetings
- Education and training of Para-Professionals and others who have a legitimate role on addressing the needs identified in the Person Centered Plan
- Preventive, therapeutic intervention designed for direct individual activities
- Assist with skill enhancement or acquisition, and support ongoing treatment and functional gains
- Assisting with the development of Consumer's Personal Centered Plan, and one-on-one interventions with the Consumer
- Develop interpersonal and community relational skills, including adaptation to home, school and other natural environments
- Oversight of Emergencies
- Direct Psych-educational services to children
- Various Skill Building Activities
- Training of Para-Professionals
- Weekly groups
- Socialization Skills
- Provide services to clients in a manner consistent with Agency's mission statement
- Ensure that services are delivered, consistent with the consumer's Person Centered Plan (PCP).
- Ensure that the residential environment is safe
- Knowledgeable of all services provided to the clients in that residence
- Ensure that clients attend all doctors' appointments.
- Correctly maintain petty cash fund, and client's funds, to include proper documentation of the funds as applicable
- Responsible for groceries for the residence, within a budget, and receipts.





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### **Supervision**

- Knowledgeable of all agency requirements for providing services.
- Supervise support staff for the residence
- Assist in training staff in the implementation of service recipient's PCP , as needed
- Schedule staff for the residence and ensure that all shifts are covered, while keeping overtime to a minimum

### **Documentation**

- Accurately document services provided at the time of service
- Ensure that all support staff documentation is submitted to the local office on each Monday
- Responsible for all medications; MAR's, count sheets, refills, and to ensure they are available for distribution

### **Communication**

- Report any contact with Case Manager to the CEO as soon as possible
- Ensure effective and regular communication with CEO.
- Model appropriate communication for staff and consumers
- Notify CEO of any observed or reported situation that does not follow company policy, or endangers a client.
- Assist other staff in problem solving situations with the clients
- Express ideas clearly and be able to plan and execute work effectively

### **Quality Assurance and Improvement**

- Review data to make sure that it is correct and complete, on a regular basis
- Review timesheets and make sure they are complete.
- Monitor licensing checklist on a weekly basis.

### **Performance Expectations**

- Ensure that the service recipients are free from abuse, neglect, and exploitation
- Ensure that the home is a clean, safe, the therapeutic environment
- Serve as a role model to support staff, by consistently conducting him/herself in a professional and ethical manner in all situations, including but not limited to promptness of completing assignments, verbal/non-verbal communications, maintaining professional boundaries, representing the Agency with a professional image, wearing appropriate attire (See Employee Handbook), serving as a "team player," complying with Federal Anti-Kickback Laws, and not engaging in, or coercing others to engage in, any fraudulent behavior (see Federal Anti-Kickback Laws and Medicaid Fraud Defined)
- Submission timesheets, including supporting service documentation for the services provided, at designated times.
- Establish and maintain effective professional relationships with colleagues, employees, clients, and guardians.
- Have or develop a working knowledge of various forms of mental illness, along with common accompanying issues of both disability areas
- Have or develop a working knowledge of rules, service definitions, and statutes governing the provision of the services provided
- Have or develop a working knowledge of all applicable Agency policies and procedures, documentation requirements, and billable tasks



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- Have or develop an understanding leading to consistent practice of HIPPA confidentiality rules
- Have or develop a working knowledge of local community resources, both public and private
- Maintain a person centered focus throughout service provision
- Provide services according to the philosophy, standards, values and ethics set forth by the Agency
- Follow all Agency Policies and Procedures
- Participate in all required team meetings, committees, and audits as required
- Maintain current training and certifications/licensure requirements, as applicable
- Other duties as required by the CEO

### **Qualifications**

#### **Education**

- Are at least 21 years old
- Minimum of a Bachelor's Degree within the Human Services Field with at least one year of documented experience with the population
- Meets competencies specified by the Sandhills Center.

#### **Supervision And Competencies Of Associate Professionals**

1. Associate Professionals shall be under the supervision of a Qualified Professional in the field of mental health as defined by 10A NCAC 27G.0202
2. At such time as a competency-based employment system is established by rulemaking, then Associate Professionals and Qualified Professionals shall demonstrate competence.

**Preferred Education and Training** Must have experience providing direct care services, experience training staff, supervisory skills, and working as a team player.

**Training, Licenses or Certifications Required for the Position** As required by the Agency.

**Other Requirements** Must pass a Criminal Record Background and Health Care Registry Check, have a Valid Driver's License and current TB Test before hired.

**Supervision and Training Provided To Employee** The local office will provide initial training. On-going training and supervision is provided on an on-going basis by the supervisor.

**Physical Effort** A variety of physical activities are necessary for this position and depending upon the needs of the consumers of the agency. From time to time there travel will required, which may include out-of-town travel. There will also be interaction with consumers served at each local office.

**Work Environment and Conditions** The Home Manager works primarily in environmentally controlled offices where conditions are pleasant, although visits to the sites where services are being provided is necessary in order to ensure the quality and provision of services to the consumers.

**Direct Supervisor for this position** Immediate supervisor is the Qualified Professional.



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**Salary Range** Per Agency pay plan

By signing below, I acknowledge that I understand the functions, duties, expectations, requirements and compensation for the position of Home Manager and a copy of my job description shall be placed my personnel file.

Linda McPhatter 12/21/21  
Employee Signature Date

Linda McPhatter  
Employee Printed Name

Cassandra Zepher, AP 12/21/21  
Supervisor Signature Date



SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

Name: Linda McPhatter

Date: 11/22/2021

Associate Professional: Cassandra Tyler-Clinical Supervisor/QP

Personnel: Kemisha Van Dunk, Personnel

Time: 9:30 am

Ending Time: 10:30 am

**SUPERVISOR COMMENTS:**

Ms. McPhatter is the Associate Professional for Sierra's Residential Services Inc. House 2. Ms. McPhatter must demonstrate effective work habits in relation to the implementation of service goals daily with consumers served. Ms. McPhatter must implement all required Staff Trainings and Monthly Supervision per SRS Policies and Procedures. Ms. McPhatter must ensure all documentation is complete, accurate and in a timely manner in accordance to SRS Policy and Procedures.

- Supervisor reviewed and discussed the Policies and Functions of the SRS Level III program. LM Q KM
- Ms. McPhatter will ensure that she is assisting her Group Home 2 Qualified Professional by ensuring all Staff attends all Mandatory Trainings. LM Q KM
- Ms. McPhatter must have daily briefings with the Qualified Professional for clear understanding on the Group Home daily routines are being followed. LM Q KM
- Supervisor discussed with Ms. McPhatter the importance of knowledge of each resident complete PCP to include strengths, weaknesses, goals and crisis plans and ensure all her staff are knowledgeable and competent. LM Q KM
- Ms. McPhatter was instructed to ensure the facility house schedule is implemented and never altered unless directed by upper management. LM Q KM
- Ms. McPhatter must ensure staff are completing all necessary documentations prior to leaving their shift. LM Q KM
- Supervisor discussed with Ms. McPhatter Policy for receiving medication, adding medication to MARS and ensuring all staff are knowledgeable concerning changes, continuations etc. of consumers medication. LM Q KM
- Supervisor encouraged Ms. McPhatter to remain aware and in compliance with ALL safety rules and protocol and to report any concerns immediately. LM Q KM



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- Supervisor instructed Ms. McPhatter to ensure all Level I and Level II incident reports are accurate; Documentation is complete and immediately reported to guardians and supervisors. LM Q KMO
- Ms. McPhatter was encouraged to ensure consumers are participating in scheduled therapeutic activities unless unique situations cause concern. LM Q KMO
- Supervisor instructed Ms. McPhatter to ensure all consumers monitoring forms are accurately, indicating positive and negative behaviors and how the consumer responded to interventions. LM Q KMO
- Ms. McPhatter will make sure that her work phone is always charged and ready for use. LM Q KMO
- Ms. McPhatter understands that if Policies and Producers are not followed that it may result in termination.

LM Q KMO

**EMPLOYEE COMMENTS:**

Linda McPhatter 11/22/21  
Employee Signature/Date

Commander Ziem, OP 11/22/21  
Supervisor Signature/Credentials/Date



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## Monthly Supervision

Name: *Linda McPhatter*

Date: 12/27/2021

Program: Sierra's Residential Services Inc. (Level III Residential)

Qualified Professional: Cassandra Tyler, QP, Clinical Supervisor and David McAllister, BSQP

Time: 10:00 am

Ending Time: 12:30 pm

Re-Training Staff On:

# Mental Health and Interventions

## Mental Health Awareness

Mental Health Awareness Month is an annual event organized by Mental Health – known historically as the Association for Mental Health. The event aims to enhance the public consciousness of mental health issues through a variety of activities and campaigns that continue for roughly four weeks.



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Mental health issues are still widely misunderstood by both the public and mental health professionals. While there is far less stigma surrounding issues that affect the body, health issues that concern the mind still carry some of the burdens of the past. People with depression, for instance, don't just have the "blues." Researchers now increasingly believe that the condition results from physiological problems in the brain, many of which relate to environmental factors. Similarly, schizophrenia, bipolar disorder, multiple personality disorder, obsessive-compulsive disorder, and others seem to have biological bases.

Sierra Residential Services Inc. Mission Statement

**It is our philosophy to help every child and their families to achieve their own potential. We place an emphasis on their strengths and resources. We work to empower and foster every child and / or their families with the development of a strong, healthy sense of self-confidence and self-esteem. It is our mission to enhance and improve individuals and family's quality of life through determined, positive action and advocacy directed toward independence and productivity to the greatest degree possible. All services are directed by the principles of person-or family-centered planning in which the individual or family determines the future they desire.**

**How do I feel about Mental Health?**

*Mental Health is a specialized area in which so people are experiencing some issues due to the covid crisis, wartime, financial decrease and help is very needed in this area*

**Training: BEHAVIOR MANAGEMENT POLICY (Level System)**

- STAGES OF INTERVENTION FROM LEAST RESTRICTIVE TO MOST RESTRICTIVE
- SIERRA'S RESIDENTIAL SERVICES EXPECTATIONS AND INTERVENTIONS
- THE POINT SYSTEM



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- EXPECTATIONS AND PRIVILEGES OF STAGES
- REASONS FOR REMOVAL FROM HIGHER LEVEL
- TIME OUT PROCEDURE
- DISCIPLINARY POLICY
- PHYSICAL RESTRAINT POLICY

**SUPERVISOR COMMENTS:**

- We at Sierra Residential Services Inc. promote a healthy workplace environment that empowers staff and allows employees to thrive.
- The Benefits of Developing Consumers **Reduces stress levels and makes you a happier, healthier person.** Results in better decision-making. **Helps develop understanding, empathy and compassion.** Helps you understand and appreciate the process of growth.

**1. How I feel as a Staff? Do I feel supported by my co-workers?**

*Workers work co-workers is good but can become hard when staff don't want to be cooperative*

**2. Am I Performing Supervision for my Consumers?**

*I supervise the consumers I work with because you must manage to do according*

**1. My Job duties and responsibilities are:**

*Supervision of the consumer, managing the household, medication management*





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2. Level I and II Incident Reporting should be reported immediately to whom and when?

*Supervisor immediately*

3. Maintenance and Repairs should be report when?

*Report repairs, fill out paperwork within 24 hrs*

4. Do I always show Professionalism with respect for my co-workers and supervisors?

*I try hard to maintain a professional image at all times*

**Employee Questions/ Comments or Concerns:**

*Communication is one of highest priorities in this company.*



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P. O. Box 655 Lillington, NC 27546

Linda McPhatter 12/27/21  
Employee Signature/Date

Don M. [Signature] BSQP 12-27-21  
Supervisor Signature/Credentials/Date

Weekly Schedule  
 Work Schedule 11-29-2021 thru 12-5-2021

Employee Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
David	8a-6p	8a-6p	8a-12a	on call	8a-6p	on-call	on-call	
Sterling	6pm-12am	6pm-12am	off	off	off	off	off	12
Linda	off	appt	appt	appt 4p-12a	4p-12a	off	off	40 30-
Dalena	4p-12a	4p-12a	off	4pm-12a	4p-12a	off	off	32
Ced	off	12a-8a	12a-8a	12a-8a	12a-8a	off	off	32
Daniels	off	12a-8a	12a-8a	12a-8a	12a-8a	off	off	32
Crystal	12a-8a	off	4p-12a	off	off	12a-8a	8p-8a	36
Candice	off	off	off	off	off	off	8a-8p	12
Shanna	4pm-6pm	4pm-6pm	4p-6p	off	off	12a-8a	12a-8a	22
Total hours						need 8-4 and 4-12	need 8-4 and 4-12	279 218

Weekly Schedule

Work Schedule 12-6-2021 thru 12-12-2021

Employee Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
David	8a-6p	8a-6p	8a-12a	on call	8a-6p	on-call	on-call	
Sterling	6pm-12am	6pm-12am	off	6pm-12am	6pm-12am	off	off	24
Linda	appt 4p-12a	appt	appt till 6:30	appt	12a-8a	off	off	40 30-
Dalena	off	4p-12a	off	4p-12a	3:30p-12a	off	8a-12a	40
Ced	12a-8a	12a-8a	12a-8a	12a-8a	12a-8a	off	off	40
Daniels	12a-8a	12a-8a	12a-8a	12a-8a	off	off	off	32
Crystal	off	off	4p-12a	off	off	12a-8a	8p-8a	36
Candice	off	off	off	off	off	8a-12a	8a-8p	28
Shahna	4pm-6pm	4pm-6pm	3:30p-12a	4p-6pm	3:30p-6p	12a-4pm	12a-8a	40
Total hours						4-12 open		268

Weekly Schedule

Work Schedule 12-13-2021 thru 12-19-2021

Employee Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
David	8a-6p	8a-6p	8a-12a	on call	8a-6p	on-call	on-call	
Sterling	off	6pm-12am	off	6pm-12am	6pm-12am	off	off	18
Linda	appt	appt	appt till 6:30	appt	12p-4p	off	off	30-40
Dalena	4p-12a	off	off	3:30p-12a	3:30p-12a	off	off	25
Ced	off	12a-8a	12a-8a	12a-8a	12a-8a	off	off	32
Daniels	off	12a-8a	12a-8a	12a-8a	12a-8a	off	off	32
Crystal	12a-8a	4p-12am	4p-12a	off	off	12a-8a	8p-8a	40
Candice	off	off	off	off	off	8a-12a	8a-8p	28
Shanna	4pm-12am	4pm-6pm	3:30p-6:00p	4p-6pm	3:30p-6p	12a-8a	12a-8a	32
Total hours						8-4 and 4-12 open	8-4 and 4-12 open	207

Weekly Schedule

Work Schedule 12-20-2021 thru 12-26-2021

Employee Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
David	8a-6p	8a-6p	8a-12a	8a-6p	8a-6p	on-call	on-call	cover all open shifts
Sterling	6pm-12a	6pm-12am	off	6pm-12am	off	8a-4p	off	26
Linda	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	off	48
Dalena	4p-12a	4p-12am	off	4p-12a	4p-12a	off	off	32
Ced	off	12a-8a	12a-8a	12a-8a	12a-8a	off	off	32
Daniels	off	12a-8a	12a-8a	12a-8a	12a-8a	off	off	32
Crystal	12a-8a	off	4p-12a	off	off	12a-8a	8p-8a	36
Candice	8a-4p	off	8a-4p	off	off	4p-12a	8a-8p	36
Shanna				8a-4p		12a-8a	12a-8a	24
Total hours						4p-12a open	8a-4p 4p-12a open	207



Meeting Sign-In Sheet

Date: 12/16/21

Residential \_\_\_\_\_

IHS \_\_\_\_\_

CONF

INTERNA

North Carolina Division of Mental Health Developmental Disabilities and Substances Abuse Services

Facilitator: DAVID McALLISTER  
YMR. Taz, BSQP  
Cultural Competence

Print Name	Sign Name
1. Kenneth Daniels	Kenneth Daniels
2. Crystal Autry	Crystal Autry
3. Sterling McIllean	Sterling McIllean
4. Shanna Hodges	Shanna Hodges
5. Cedric Thomas	Cedric Thomas
6. Dalena Gause	Dalena Gause
7. Linda McPhatter	Linda McPhatter
8. David McAllister	David McAllister
9. Candice Taylor	Candice Taylor
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16.	
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18.	
19.	

CERTIFICATE

AWARDED TO

DAVID MCALLISTER

Of Completion

Cultural Competence Training

**Hours: 3**

Awarded this 16 of December, 2021

Cassandra Tyler, QP  
Presenter/Title





Cultural Competence Training  
POST Test

Name: Dania M. Alister

Date: 12-16-21

1.) What is the definition of "Culture"?

Behaviors, values and beliefs shared by a group of people, such as ethnic, social, geographical, religious, gender, class or age group.

2.) Everyone belongs to multiple cultural groups?

TRUE

or

FALSE

3) Cultural competence is the ability to relate effectively to individuals from various groups and backgrounds.

4) List 5 dimensions that mental health professionals should be familiar with when interacting with individuals, or among individuals.

race  
ethnicity  
language  
sexual orientation  
gender

5) List 5 forms of discrimination

1. ageism
2. sexism
3. heterosexism
4. classism
5. religious intolerance

BONUS

6) What is discrimination?

Hostile or negative feelings of one group of people toward another.

7) Should culturally sensitive information be put in client treatment plans?

TRUE

or

FALSE

CERTIFICATE

AWARDED TO

DALENA GAUSE

Of Completion

Cultural Competence Training

**Hours: 3**

Awarded this 16 of December, 2021

Cassandura Tyler, QP

Presenter/Title



Cultural Competence Training  
POST Test

Name: Dalera Gause

Date: 12-14-21

1.) What is the definition of "Culture"?

The behaviors, values + beliefs shared by a group of people such as an ethnic, racial, geographical, religious, gender class or age group.

2.) ~~Everyone~~ belongs to multiple cultural groups?

TRUE or FALSE

3) Cultural competence is the ability to relate effectively to individuals from various groups and backgrounds.

4) List 5 dimensions that mental health professionals should be familiar with when interacting with individuals, or among individuals.

- race
- ethnicity
- language
- sexual orientation
- gender

5) List 5 forms of discrimination

1. racism
2. ageism
3. sexism
4. heterosexism
5. classism

**BONUS**

6) What is discrimination? Hostile or negative feelings of one group of people toward another

7) Should culturally sensitive information be put in client treatment plans?

TRUE or FALSE

CERTIFICATE

AWARDED TO

LINDA MCPHATTER

Of Completion

Cultural Competence Training

**Hours: 3**

Awarded this 16 of December, 2021

Cassandra Tyler, QP

Presenter/Title



Cultural Competence Training  
POST Test

Name: Linda McPhatter Date: 12-16-21

1.) What is the definition of "Culture"?

It is defined as the behaviors, values and beliefs shared by a group of people, such as an ethnic, racial, geographical, religious, gender, class or age group

2.) Everyone belongs to multiple cultural groups?

TRUE or FALSE

3) Cultural competence is the ability to relate effectively to individuals from various groups and backgrounds.

4) List 5 dimensions that mental health professionals should be familiar with when interacting with individuals, or among individuals.

race  
sexual orientation  
ethnicity  
language  
gender

5) List 5 forms of discrimination

1. racism
2. ageism
3. sexism
4. heterosexism
5. classism

**BONUS**

6) What is discrimination?

Hostile orientation feeling of one group of people

7) Should culturally sensitive information be put in client treatment plans?

TRUE or FALSE



**Meeting Sign-In Sheet**

Date: 12-17-21

Residential \_\_\_\_\_

IHS \_\_\_\_\_

CONF

INTERNATIONAL

North Carolina Division of Mental Health Developmental Disabilities and Substances Abuse Services

Facilitator: MR. TAZ, ROSAP  
Crisis Intervention

Print Name	Sign Name
1. Crystal Astry	Crystal Astry
2. Kenneth Daniels	Kenneth Daniels
3. Shanna Hodges	Shanna Hodges
4. Dalena Gause	Dalena Gause
5. Linda McPhatter	Linda McPhatter
6. Cedric Thomas	Cedric Thomas
7. Sterling McPherson	Sterling McPherson
8. David McAllister	David McAllister
9. Candice Taylor	Candice Taylor
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12.	
13.	
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16.	
17.	
18.	
19.	

CERTIFICATE OF COMPLETION

AWARDED TO

**DAVID MCALLISTER**

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

DECEMBER 17, 2021

PRESENTER/TITLE

Date

## Crisis Response Training Test Questions

1. Crisis Prevention Planning should emphasize to the weakness of person. T or  F?
2. Crisis Prevention Planning includes information on how to respond to a crisis T or  F?
3. Which answer is not correct?  
A way to develop a Crisis Prevention Plan is to hold a team meeting to gather information to include:
  - (A) History
  - (B) Diagnosis risk and concerns
  - (C) Triggers
  - (D) Hierarchy of behaviors
  - (E) The integration of an outdated behavioral plan
4. Prevention planning specifically does not presents an array of options along the crisis continuum accessible by the client and his/her family. T or  F?
5. Crisis Resolutions have only a Beginning and an End. T or  F?
6. Choose the correct answer. Teams committed to crisis resolution include the following:
  - (A) Views themselves as a conduit to hospitalization
  - (B) If a respite resource is needed, they think natural and they think brief
  - (C) If a respite resource is needed, they think natural and they think brief
  - (D) (A) and (C) only
  - (E) (A), (B) and (C)
7. Which answer is incorrect? Planning for return home should include which of the following?
  - (A) Should begin on the first day of placement
  - (B) Does not need to involve the client
  - (C) Must involve the Team
  - (D) May involve additional Consultants
  - (E) Requires coordinating with existing providers
8. Which answer is incorrect? When managing a crisis the following should apply.
  - (A) Maintain leadership
  - (B) Collaborate with involved others
  - (C) Serve as the information hub
  - (D) Only plan within the present and ignore the future
  - (E) Help to figure out the disposition
9. When documenting it is important to document things as they occur.  T or F?
10. When providing crisis support it is important to do which of the following?
  - (A) Consult with the client
  - (B) Offer hope for recovery
  - (C) Have all the information you can know about the client
  - (D) Perform a quick risk assessment
  - (E) Know when you need more help
  - (F) All of the Above are True



CERTIFICATE OF COMPLETION

AWARDED TO

**Dalena Gause**

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

DECEMBER 17, 2021

PRESENTER/TITLE

Date

Crisis Response Training Test Questions

1. Crisis Prevention Planning should emphasize to the weakness of person. T or  F?
2. Crisis Prevention Planning includes information on how to respond to a crisis  T or  F?
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A way to develop a Crisis Prevention Plan is to hold a team meeting to gather information to include:
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6. Choose the correct answer. Teams committed to crisis resolution include the following:
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  - (C) Have all the information you can know about the client
  - (D) Perform a quick risk assessment
  - (E) Know when you need more help
  - (F) All of the Above are True

CERTIFICATE OF COMPLETION

AWARDED TO

**Linda McPhatter**

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

DECEMBER 17, 2021

PRESENTER/TITLE

Date

Crisis Response Training Test Questions

1. Crisis Prevention Planning should emphasize to the weakness of person. T or F?  F?
2. Crisis Prevention Planning includes information on how to respond to a crisis T or F?  F?
3. Which answer is not correct?

A way to develop a Crisis Prevention Plan is to hold a team meeting to gather information to include:

- (A) History
  - (B) Diagnosis risk and concerns
  - (C) Triggers
  - (D) Hierarchy of behaviors
  - (E) The integration of an outdated behavioral plan
4. Prevention planning specifically does not presents an array of options along the crisis continuum accessible by the client and his/her family. T or F?  F?
  5. Crisis Resolutions have only a Beginning and an End. T or F?  F?
  6. Choose the correct answer. Teams committed to crisis resolution include the following:
    - (A) Views themselves as a conduit to hospitalization
    - (B) If a respite resource is needed, they think natural and they think brief
    - (C) If a respite resource is needed, they think natural and they think brief
    - (D) (A) and (C) only
    - (E) (A), (B) and (C)
  7. Which answer is incorrect? Planning for return home should include which of the following?
    - (A) Should begin on the first day of placement
    - (B) Does not need to involve the client
    - (C) Must involve the Team
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    - (A) Maintain leadership
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    - (C) Serve as the information hub
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  9. When documenting it is important to document things as they occur. T or F?  T or F?
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    - (A) Consult with the client
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    - (C) Have all the information you can know about the client
    - (D) Perform a quick risk assessment
    - (E) Know when you need more help
    - (F) All of the Above are True



Division of Health Service Regulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR: <b>MHL # 043-039</b>	(X2) Multiple Construction A. Building: 01 B. WING _____	(X3) DATE SURVEY COMPLETED <b>01/03/2022</b>
NAME OF PROVIDER: <b>SIERRA'S RESIDENTIAL SERVICES, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>21 Lanexa Rd. Spring Lake NC 28390</b>	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing  This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to provide the minimum number of direct care staff required	V 109  Please see Attachments for Verification. 1. QP and AP Supervision 2. QP and AP Job Description 3. Crisis Intervention Training 4. Cultural Awareness Training  V 296 On: <u>11/22/2021, 12/16/2021, 12/22/2021 and 12/27/2021</u> , the Qualified Professional (DM) received In-Service Training from SRS' Clinical Supervisor (Cassandra Tyler, QP) regarding supervision requirements for a .1700 Level III Residential Treatment Facility.  The Qualified Professional (DM) understands that the required Ratio of Staff to Consumers are Two Staff Members to One, Two, Three and Four Consumers.  If there should be any Callouts, the Qualified Professional (DM) will work on that shift until a Replacement (QP, AP and/or PP) is able to relieve QP (DM) from the Shift.  The Qualified Professional will turn in a Weekly Schedule to SRS' Clinical Supervisor and SRS' Personnel to ensure that all shifts are covered by 2 Staff Members on a Daily Basis.  The Clinical Supervisor will provide ongoing Trainings and Supervision with the Qualified Professional (DM) to ensure that SRS' Policies and Procedures and Expectations are Implemented on a Consistent Basis.	01/03/2022
Division of Health Service Regulation			

<p>Residential Level III Operations Manual</p> <p>Approved by: [Signature]</p> <p>Effective Date: 12/1/2011</p> <p>Revised: 07/2012</p> <p>Page: 11/10/2012</p> <p>TREATMENT FOR CHILDREN OF ABUSED FAMILIES-LEVEL III</p>	<p>Residential Level III Operations Manual</p> <p>Approved by: [Signature]</p> <p>Effective Date: 12/1/2011</p> <p>Revised: 07/2012</p> <p>Page: 11/10/2012</p> <p>TREATMENT FOR CHILDREN OF ABUSED FAMILIES-LEVEL III</p>
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**Suspension and Release from Services**

- A. Each person receiving service shall be free from the threat or fear of unwarranted suspension from services. Suspension of services would occur when the reasons listed below present a temporary problem, but can be corrected. A release from services shall occur when the reasons listed below are irreparable. Suspension or release from services would occur at such time when it is in the best interest of the individual served and/or the company due to one or more of the following reasons:
  - 1. imminent danger of abuse to other individuals exists;
  - 2. extensive property damage poses an imminent risk of danger to self or other persons;
  - 3. funding for treatment/care does not meet the individual's clinical needs;
  - 4. individual's choices exceed the company's ability or willingness to provide adequate support.
- B. The CEO must approve all suspensions and discharges.
- C. Should the need for suspension occur, the local office must notify in writing the person served/legally responsible person and authorizing entity representative of the specific time and conditions for resuming services following the suspension including:
  - 1. the reason(s) for suspension or release from services,
  - 2. a specific day services will end, or in the case of suspension, the plan for resuming services
- D. If the Agency terminates the service, the local office must provide written notice (which includes appeal rights) to the individual served/legally responsible person and authorizing entity representative of the discharge.

**Staffing Requirements**

Qualified Professionals-Each facility shall utilize at least one direct care staff who meets the requirements of a qualified professional as set forth in 10A NCAC 27G .0104. In addition, this qualified professional shall have two years of direct client care experience. A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.

For each facility of five or less beds:

- A. the qualified professional shall perform clinical and administrative responsibilities a minimum of 10 hours each week, and

10A NCAC 27G .0104 3. Direct Care Staff Requirements 10A NCAC 27G .0104 LEVEL III	10A NCAC 27G .0104 3. Direct Care Staff Requirements Effective Date: 1/1/12 Revised: 03/31/12 State Record Title TREATMENT FOR CHILDREN OR ADOLESCENTS LEVEL III
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- B. 70% of the time shall occur when children or adolescents are awake and present in the facility.
- (c) For each facility of six or more beds:
  - A. the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 32 hours each week; and
  - B. 70% of the time shall occur when children or adolescents are awake and present in the facility.

Associate Professionals

In addition to the qualified professional the facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104.

Para Professionals (as defined by 10A NCAC 27G .0104)

The minimum number of direct care staff during child or adolescent sleep hours is as follows:

- A. two direct care staff shall be present and one shall be awake for one through four children or adolescents;
- B. two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and
- C. three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.

The minimum number of direct care staff required when children or adolescents are present and awake is as follows:

- A. two direct care staff shall be present for one, two, three or four children or adolescents;
- B. three direct care staff shall be present for five, six, seven or eight children or adolescents; and
- C. four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.

In addition to the minimum number of direct care staff set forth above, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.



SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

**Name: David McAllister, QP**

**Date: 11/22/2021**

**Qualified Professional: Cassandra Tyler-Clinical Supervisor/QP**

**Personnel: Kemisha VanDunk, Personnel**

**Time: 9:30 am**

**Ending Time: 10:30 am**

**SUPERVISOR COMMENTS:**

Mr. McAllister is the Qualified Professional for Sierra's Residential Services Inc. Group Home #2. Mr. McAllister must demonstrate effective work habits in relation to the implementation of service goals daily with consumers served. Mr. McAllister must implement all required Staff Trainings and Monthly Supervision per SRS' Policies and Procedures. Mr. McAllister must ensure all documentation is complete, accurate and in a timely manner in accordance to SRS Policy and Procedures.

- Supervisor met with Mr. McAllister for Clinical Supervision for the purpose of reviewing and discussing the Policies, Functions and the Service Definition of the SRS' Level III Residential Treatment Program.
- Supervisor discussed SRS' Policy for receiving medication, adding medication to MARS and ensuring all staff are knowledgeable concerning changes, continuations etc. of consumers medication.
- Supervisor discussed with Mr. McAllister the importance of being knowledgeable of each resident's complete PCP to include but not limited to: strengths, weaknesses, goals and crisis plans and ensure all his staff are knowledgeable and competent.
- Supervisor instructed Mr. McAllister to ensure all Level I and Level II incident reports are accurate; Documentation is complete and immediately reported to guardians and supervisors.
- Supervisor instructed Mr. McAllister to ensure all consumers monitoring forms are accurately, indicating positive and negative behaviors and how the consumer responded to interventions.
- Supervisor encouraged Mr. McAllister to remain aware and in compliance with ALL safety rules and protocol and to report any concerns immediately.





**SIERRA'S RESIDENTIAL SERVICES, INC.**  
**P. O. Box 655 Lillington, NC 27546**

- Mr. McAllister will ensure that all Group Home #2 Staff attends all Mandatory Trainings.
- Mr. McAllister will ensure the facility's house schedule is implemented and never altered unless directed by upper management.
- Mr. McAllister will ensure that his staff are completing all necessary documentations prior to leaving their shift.
- Mr. McAllister will ensure that SRS' consumers are participating in scheduled therapeutic activities unless unique situations causes concern.
- Mr. McAllister will ensure that the Supervision/Monitoring of SRS' Consumers residing in Group Home #2 is being adhered to according to the mandated Service Definition of (1700) Level III Residential Treatment Facilities in NC.
- Mr. McAllister will ensure that his work phone is always charged and ready for use.
- Mr. McAllister understands that if SRS' Policies and Procedures are not followed, that it may result in termination.

**EMPLOYEE COMMENTS:**

Dee McAllister BSQP 11-22-21  
Employee Signature/Date

Commander J. P. 11-22-21  
Supervisor Signature/Credentials/Date



SIERRA'S RESIDENTIAL SERVICES, INC.  
1995 US 421 North Lillington, NC 27546



## Job Description

### Group Home Manager (Qualified Professional)

#### Purpose of Position

The Group Home Manager oversees the implementation of strategies and structure to assist persons served so they may achieve their personal goals, provides direct care services to one or more persons receiving services through the Agency's Residential Treatment Level III program and ensures that person(s) served and living in the residential treatment level III facility are receiving services that are safe, therapeutic, and supportive of achieving their personal goals

#### Work Schedule

Hours vary based upon service recipient's needs. These hours will include varying shifts and days per week to include weekends, as needed. This schedule is coordinated through the immediate supervisor.

#### **Functions:**

#### Duties include the following

- Management of day to day operation of the facility
  - Supervision of Para-Professionals, Associate Professionals and Qualified Professionals regarding responsibilities related to implementation of each child person centered plan.
  - Participation in service plan meetings
  - Education and training of Para-Professionals, Associate Professional and Qualified Professional and others who have a legitimate role on addressing the needs identified in the Person Centered Plan
  - Preventive, therapeutic intervention designed for direct individual activities
  - Assist with skill enhancement or acquisition, and support ongoing treatment and functional gains
  - Assisting with the development of Consumer's Personal Centered Plan, and one-on-one interventions with the Consumer
  - Develop interpersonal and community relational skills, including adaptation to home, school and other natural environments
  - Oversight of Emergencies
  - Direct Psych-educational services to children
  - Various Skill Building Activities
  - Training of Para-Professionals
  - Weekly groups
  - Socialization Skills
  - Provide services to clients in a manner consistent with Agency's mission statement
  - Ensure that services are delivered, consistent with the consumer's Person Centered Plan (PCP).
  - Ensure that the residential environment is safe
- 
- Knowledgeable of all services provided to the clients in that residence



SIERRA'S RESIDENTIAL SERVICES, INC.  
1995 US 421 North Lillington, NC 27546



- Ensure that clients attend all doctors' appointments.
- Correctly maintain petty cash fund, and client's funds, to include proper documentation of the funds as applicable
- Responsible for groceries for the residence, within a budget, and receipts.

### **Supervision**

- Knowledgeable of all agency requirements for providing services.
- Supervise support staff for the residence
- Assist in training staff in the implementation of service recipient's PCP , as needed
- Schedule staff for the residence and ensure that all shifts are covered, while keeping overtime to a minimum

### **Documentation**

- Accurately document services provided at the time of service
- Ensure that all support staff documentation is submitted to the local office on each Monday
- Responsible for all medications; MAR's, count sheets, refills, and to ensure they are available for distribution

### **Communication**

- Ensure effective and regular communication with Clinical Director.
- Model appropriate communication for staff and consumers
- Notify Clinical Director of any observed or reported situation that does not follow company policy, or endangers a client.
- Assist other staff in problem solving situations with the clients
- Express ideas clearly and be able to plan and execute work effectively

### **Quality Assurance and Improvement**

- Review data to make sure that it is correct and complete, on a regular basis
- Review timesheets and make sure they are complete.
- Monitor licensing checklist on a weekly basis.

### **Performance Expectations**

- Ensure that the service recipients are free from abuse, neglect, and exploitation
- Ensure that the home is a clean, safe, the therapeutic environment
- Serve as a role model to support staff, by consistently conducting him/herself in a professional and ethical manner in all situations, including but not limited to promptness of completing assignments, verbal/non-verbal communications, maintaining professional boundaries, representing the Agency with a professional image, wearing appropriate attire (See Employee Handbook), serving as a "team player," complying with Federal Anti-Kickback Laws, and not engaging in, or coercing others to engage in, any fraudulent behavior (see Federal Anti-Kickback Laws and Medicaid Fraud Defined)



SIERRA'S RESIDENTIAL SERVICES, INC.  
1995 US 421 North Lillington, NC 27546



- Submission timesheets, including supporting service documentation for the services provided, at designated times.
- Establish and maintain effective professional relationships with colleagues, employees, clients, and guardians.
- Have or develop a working knowledge of various forms of mental illness, along with common accompanying issues of both disability areas
- Have or develop a working knowledge of rules, service definitions, and statutes governing the provision of the services provided
- Have or develop a working knowledge of all applicable Agency policies and procedures, documentation requirements, and billable tasks
- Have or develop an understanding leading to consistent practice of HIPPA confidentiality rules
- Have or develop a working knowledge of local community resources, both public and private
- Maintain a person centered focus throughout service provision
- Provide services according to the philosophy, standards, values and ethics set forth by the Agency
- Follow all Agency Policies and Procedures
- Participate in all required team meetings, committees, and audits as required
- Maintain current training and certifications/licensure requirements, as applicable
- Other duties as required by the Clinical Director

## **Qualifications**

### **Education**

- Are at least 21 years old
- Minimum of a Bachelor's Degree within the Human Services Field with at least two years of documented experience with the population

### **Supervision And Competencies Of Qualified Professionals**

1. At such time as a competency-based employment system is established by rulemaking, Qualified Professionals shall demonstrate competence.

### **Preferred Education and Training**

Must have experience providing direct care services, experience training staff, supervisory skills, and working as a team player.

**Training, Licenses or Certifications Required for the Position** As required by the Agency.

### **Other Requirements**

Must pass a Criminal Record Background and Health Care Registry Check, have a Valid Driver's License and current TB Test before hired.



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**Supervision and Training Provided To Employee**

The local office will provide initial training. On-going training and supervision is provided on an on-going basis by the supervisor.

**Physical Effort**

Ability to sit, stand and/or drive for duration of shift, bend, reach, climb stairs, lift up to 30 pounds and the manual dexterity to operate standard office machines, such as, computers, fax machines, copiers and telephones. Ability to perform therapeutic holds on persons served, if permitted. From time to time travel will be required, which may include out-of-town travel.

**Work Environment and Conditions**

The employee works primarily in a residential facility. There is an inherent and obvious risk associated with working with the population served including the potential for personal injury and/or damages to personal property.

**Direct Supervisor for this position**

Immediate supervisor is the Clinical Director.

**Salary Range**

To be negotiated.

By signing this job description, the employee acknowledges risks involved with this position.

David McAllister BSQP  
Employee Signature

12-21-21  
Date

David McAllister  
Employee Printed Name

Carole Ann Zylar, QP, Clinical Supervisor  
Group Home Manager

12/21/21  
Date



## MONTHLY SUPERVISION FORM

Name: David McAllister, BSQP

Date: 12/22/2021

Time Begin: 1:00am

Time End: 3:30pm

### Petty Cash

- Receipts will not be taken anymore from staff that has used their own credit cards, or receipts with one meal on them such as McDonalds, Burger King, etc.
- If there is a child in the program at the time, such as suspension from school, then staff needs to make them a meal
- Unless the food is coming from the grocery store, there will be no more acceptance of receipts for fast food
- Too much money has been wasted on frivolous items, and money needs to put in the programs making them a home
- When turning in a receipt
  - Circle the vendor name that you a purchasing from, Underline the date in which the purchase was made, Circle in Red ink the total balance that was due, Have staff to put their initials on the receipt
  - Effective as of 01/01/2022, this new protocol for "Petty Cash"
  - Every shift should be left at least \$20 in cases of crisis or activities

### Crisis Telephones

- Managers phones need to be on at all times
- If phones are not picked up when LME/MCO contacts the phone, and/or returned within the allotted time, the agency will be given a corrective action
- Ensure that you address and train staff appropriately so they are not contacting you about every issue that is going on in the program
- When Ms. Van Dunk calls, please ensure that you pick up your phones, or please return the call in a timely manner
  - Telephones need to be check every hour on the hour for messages
  - Feedback from schools is being sent to Ms. Van Dunk due to managers not picking up the phone
  - Please ensure that you return the actual call, do not text

### Schedule

- Starting next Friday, 11/30/2021, managers will need to email Ms. Van Dunk and Ms. Cassandra a weekly schedule of the appointments, CFT's, school events, etc. for each consumer in their home.
- Schedules need to by email to Ms. Van Dunk by 1pm every Friday
- Managers need to be at programs by 8:30am Checking their documents, MAR's etc.
- Phones at group homes need to have a SRS customized voicemail set up, currently none of the program phones have a voicemail system set up. This is to happen immediately



- Please ensure that you return phone calls to people that have called the program's phone and left a voice message or direct them to the office phone 910-814-4243

### **Consumers**

- Each consumer when they enter into the program, they are to have a physical, dental, and vision appointment done within 30 days

### **Consumer Telephone Usage**

- Consumer telephone usage is a right, not a privilege; therefore, staff cannot restrict them from calling their parents, siblings, etc.

### **Incident Reports**

- All incident reports need to be done within 72 hours of the incident occurring
- If an incident does occur, please ensure that you contact Ms. Van Dunk with the details

### **Progress Notes**

- Progress notes need to be turned in, with timesheets, on Wednesdays by 12 noon

### **Staff and Cameras in the Programs**

- Cameras are now on in the programs
- Staff have been monitored sleeping on shift
- Staff need to be up doing tasks in the program while on shift, such as cleaning
- Staff sleeping pose a risk to consumer safety

### **Communication Log**

- Communication logs need to be filled out daily, no blank spots should be left on the log, something needs to be written in

### **Cleanliness of Programs**

- Staff is not to leave programs unclean, if staff are unable to do their jobs, then they need to be written up
- Once consumer documents expire, such as previous months communication logs etc., make sure to file them so that current books don't go over capacity
- Staff need to make sure they are using the level system appropriately and accurately
- Timesheets need to be done daily, and not in advance
- Make sure copies are made of everything brought to the office to eliminate the likelihood of paperwork being lost
- Consumer clothes need to be folded in drawers, room swept, and trash thrown out daily. Kitchen floor needs to be mopped as well as tubs cleaned out daily
- Program license, fire plans, crisis phone numbers, etc need to be up in all the programs
- Ceiling filters need to be cleaned weekly, and changed every 30 days
- Managers need to ensure that consumers are checked on weekly at school
- Make sure professional attire is worn at all times, as managers are representations of the agency when out at meetings
- Ensure parents/guardian's are update weekly about their child in the program, such as behaviors, praises, and upcoming events so they are aware of the child's progress
- Psychiatric Evaluations are to be done every 6 months
- Meals need to be prepped and completed on the table for dinner by 5:30pm each day
- Company Cars need to be taken for an oil change every 3 months, and fluids and tires checked every 30 days
- Petty Cash needs to be picked up from the office weekly



Miscellaneous

Issues and Concerns:

- o Staff need to be trained in ways to verbal de-escalate a consumer's negative behaviors

Supervisor Comments:

It is important that your program is clean at all times, as a Manager you must take pride in your program, you must check around your program daily, inside and outside, remove anything that can be used as a weapon or just look unattractive around the program.

Remember when repairs are needed in your program you must complete the designated form to get the repair fixed immediately. Some repairs may require a twenty-four-hour turnaround.

Progress notes, timesheets should be turned into the office every ~~Wednesday~~ <sup>Thursday</sup> before 12 noon.

It is very important that you return calls immediately after you receive them, especially to your supervisor, the CEO and other team players that make the program successful. As an agency we must be professional at all times. You are the leader of your program and this is an expectation that the agency require of you.

Training Needed: *on going trainings*

*Devi M...* BSQP  
Employee Signature

12-22-21  
Date

*Commander J...*  
Clinical Supervisor Signature

12-22-21  
Date





SIERRA'S RESIDENTIAL SERVICES, INC.  
P. O. Box 655 Lillington, NC 27546

**Name: David McAllister**

**Date: 12/27/2021**

**Qualified Professional: Cassandra Tyler-Clinical Supervisor/QP**

**Personnel: Kemisha Van Dunk, Personnel**

**Time: 11:30 am**

**Ending Time: 1:30 pm**

**SUPERVISOR COMMENTS:**

Mr. McAllister is the Qualified Professional for Sierra's Residential Services Inc. House 2. Mr. McAllister must demonstrate effective work habits in relation to the implementation of service goals daily with consumers served. Mr. McAllister must implement all required Staff Trainings and Monthly Supervision per SRS Policies and Procedures. Mr. McAllister must ensure all documentation is complete, accurate and in a timely manner in accordance to SRS Policy and Procedures.

- All Managers must respect one another at all times DM of KVD
- If a manager should have an issue with another Group Manager, you need to contact Ms. Van Dunk right away. DM of KVD
- Supervisor reviewed and discussed the Policies and Functions of the SRS Level III program. DM of KVD
- Mr. McAllister will ensure that all Group Home 2 Staff attends all Mandatory Trainings. DM of KVD
- Supervisor discussed with Mr. McAllister the importance of knowledge of each resident complete PCP to include strengths, weaknesses, goals and crisis plans and ensure all his staff are knowledgeable and competent. DM of KVD
- Mr. McAllister was instructed to ensure the facility house schedule is implemented and never altered unless directed by upper management. DM of KVD
- Mr. McAllister must ensure staff are completing all necessary documentations prior to leaving their shift. DM of KVD
- Supervisor discussed with Mr. McAllister Policy for receiving medication, adding medication to MARS and ensuring all staff are knowledgeable concerning changes, continuations etc. of consumers medication. DM of KVD
- Supervisor encouraged Mr. McAllister to remain aware and in compliance with ALL safety rules and protocol and to report any concerns immediately. DM of KVD



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- Supervisor instructed Mr. McAllister to ensure all Level I and Level II incident reports are accurate; Documentation is complete and immediately reported to guardians and supervisors. DM of WND
- Mr. McAllister was encouraged to ensure consumers are participating in scheduled therapeutic activities unless unique situations cause concern DM of WND
- Supervisor instructed Mr. McAllister to ensure all consumers monitoring forms are accurately, indicating positive and negative behaviors and how the consumer responded to interventions DM of WND
- Mr. McAllister will make sure that his work phone is always charged and ready for use. DM of WND
- Mr. McAllister understands that if Policies and Producers are not followed that it may result in termination.

DM of WND

**EMPLOYEE COMMENTS:**

DM McAllister BSQP 8-DM 12-27-21  
Employee Signature/Date

Cassandra J. [Signature] RP-CS 12-27-21  
Supervisor Signature/Credentials/Date



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR:  <b>MHL # 043-039</b>	(X2) Multiple Construction A. Building: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/03/2022</b>	
NAME OF PROVIDER:  <b>SIERRA'S RESIDENTIAL SERVICES, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>21 Lanexa Rd. Spring Lake NC 28390</b>		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 366	27G .0603 Incident Response Requirements  This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement written policies governing their response to incidents as required.	V 366	The Clinical Supervisor (Cassandra Tyler, QP) will provide In-Service Trainings to the Qualified Professional DM) with regards to Incident Response Requirements and Implementation.  The Clinical Supervisor (Cassandra Tyler, QP) will also provide ongoing Trainings and Supervision with the Qualified Professional (DM) to ensure that SRS' Policies and Procedures and Expectations are implemented on a Consistent Basis.  Please see Attachments: for Verification.  1. SRS Policy and Procedure 2. Incident and Incident Reporting Training and Sign-in Sheet	01/03/2022
V 367	27G .0604 Incident Reporting Requirements  This Rule is not met as evidenced by: Based on record review and interview the facility failed to report Level II incidents within 72 hours of becoming aware of the incident affecting one of five clients (#4).	V 367	The Clinical Supervisor (Cassandra Tyler, QP) will provide In-Service Trainings to the Qualified Professional DM) with regards to Incident Response Requirements and Implementation.  The Clinical Supervisor (Cassandra Tyler, QP) will also provide ongoing Trainings and Supervision with the Qualified Professional (DM) to ensure that SRS' Policies and Procedures and Expectations are implemented on a Consistent Basis.  All Level II Incident Reports will be reported to the IRIS System within 72 Hours of the Incident.  SRS' Staff will report all incidents to Qualified Professional.  The Qualified Professional (DM) will notify the Legal Guardian and Other Responsible Parties (Law Enforcement, Medical Personnel, etc...) Immediately upon Notification of a Level II Incident and the QP (DM) or Designated QP will Enter All Level II incidents into the IRIS System within a 72 Hour Time frame.  Please see Attachments: for Verification.  1. SRS Policy and Procedure 2. Incident and Incident Reporting Training and Sign-in Sheet	



Meeting Sign-In Sheet

Date: 12/16/21

Residential \_\_\_\_\_

IHS \_\_\_\_\_

2021

INTERNA

North Carolina Division of Mental Health Developmental Disabilities and Substances Abuse Services

Facilitator: YMR. TGZ, BSQP (David McAllister)  
Incident and Incident Reporting

Print Name	Sign Name
1. David McAllister	<i>David McAllister</i>
2. Cedric Thomas	<i>Cedric Thomas</i>
3. Shamara Hedges	<i>Shamara Hedges</i>
4. Sterling McLean	<i>Sterling McLean</i>
5. Kenneth Daniels	<i>Kenneth Daniels</i>
6. Linda McPhatter	<i>Linda McPhatter</i>
7. Dalena Gause	<i>Dalena Gause</i>
8. Crystal Astry	<i>Crystal Astry</i>
9. Candice Taylor	<i>Candice Taylor</i>
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CERTIFICATE OF COMPLETION

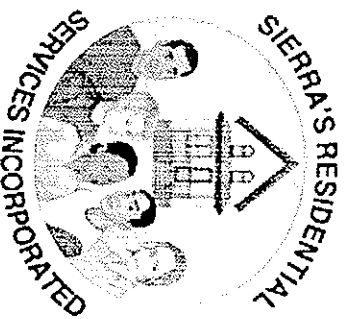
THIS CERTIFIES THAT

DAVID MCALLISTER

Completed Identification of Critical Incidents and Reporting  
Training - Hours:3

Mrs. Van Dunk, Personnel

Presenter/Title



December 16, 2021

Date



Identification of Critical Incidents and Reporting Training  
POST Test

Name: David M. Whister

Date: 12-16-21

1.) What is defined as an Incident?

any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer.

2.) How many types of Incidents should be reported to the NC IRIS?

Level 2  
 Level 3

3) How many hours does an Agency have to report a Level II incident?

72

4) What constitutes as a Level III incident? Name 2.

Death  
Sexual assault

5) Name 2 incidents that could be classified as a Level II incident.

1. Death due to natural causes  
or terminal illness

BONUS

1) What does IRIS mean?

Incident Reporting and  
Improvement system

CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

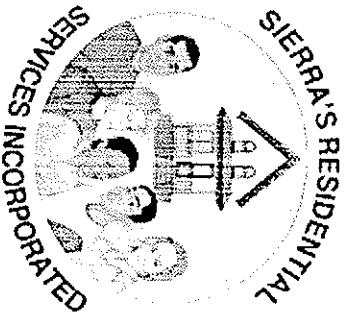
LINDA MCPHATTER

Completed Identification of Critical Incidents and Reporting

Training - Hours:3

Mrs. Van Dunk, Personnel

Presenter/Title



December 16, 2021

Date



Identification of Critical Incidents and Reporting Training  
POST Test

Name: Linda McPhatter Date: 12-16-21

1.) What is defined as an Incident? Any happening which is not consistent with the routine operation of a facility or service or the routine care consumer and that is i.k

2.) How many types of Incidents should be reported to the NC IRIS?

Level II  
Level III

3) How many hours does an Agency have to report a Level II incident?

72

4) What constitutes as a Level III incident? Name 2.

1. a death, sexual assault or permanent physiological impairment  
substantial risk of death, or permanent physical or psychological  
impairment to a consumer, substantial risk, death

5) Name 2 incidents that could be classified as a Level II incident.

consumer death due to natural causes or terminal illness  
anything that results in a threat to consumer's  
health or safety

BONUS

1) What does IRIS mean?

Incident Reporting & Improvement Sys



CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

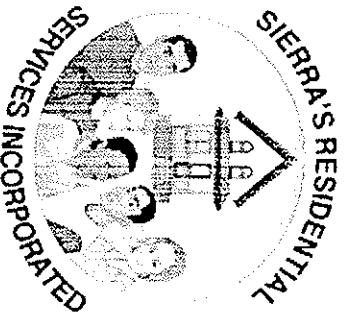
DALENA GUASE

Completed Identification of Critical Incidents and Reporting

Training - Hours:3

Mrs. Van Dunk, Personnel

Presenter/Title



December 16, 2021

Date



Identification of Critical Incidents and Reporting Training  
POST Test



Name: Dalena Grasse Date: 12/16/21

1.) What is defined as an Incident?

Any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer.

2.) How many types of Incidents should be reported to the NC IRIS?

2 types

3) How many hours does an Agency have to report a Level II incident?

Within 72 hours

4) What constitutes as a Level III incident? Name 2.

① a death, sexual assault or permanent physical or psychological impairment to a consumer

② a substantial risk of death or permanent physical or psychological impairment to a consumer

5) Name 2 incidents that could be classified as a Level II incident.

① a consumer death due to natural causes or terminal illness

② results in a threat to a consumer's health or safety

**BONUS**

1) What does IRIS mean?

Incident Reporting and Improvement System



Meeting Sign-In Sheet

Date: 12-17-21

Residential \_\_\_\_\_

IIHS \_\_\_\_\_

03/17

INTERNATIO

North Carolina Division of Mental Health Develop  
Disabilities and Substances Abuse Services

Facilitator: YMR. Taz, BSQP  
Crisis Intervention

Print Name	Sign Name
1. Crystal Aulry	Crystal Aulry
2. Kenneth Daniels	Kenneth Daniels
3. Shanna Hodges	Shanna Hodges
4. Dalena Gause	Dalena Gause
5. Linda McPhatter	Linda McPhatter
6. Cedric Thomas	Cedric Thomas
7. Sterling Mckenna	Sterling Mckenna
8. David McAllister	David McAllister
9. Candice Taylor	Candice Taylor
10.	
11.	
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CERTIFICATE OF COMPLETION

AWARDED TO

**DAVID MCGALLISTER**

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

DECEMBER 17, 2021

PRESENTER/TITLE

Date

## Crisis Response Training Test Questions

1. Crisis Prevention Planning should emphasize to the weakness of person. T or  F?
2. Crisis Prevention Planning includes information on how to respond to a crisis  T or  F?
3. Which answer is not correct?  
A way to develop a Crisis Prevention Plan is to hold a team meeting to gather information to include:
  - (A) History
  - (B) Diagnosis risk and concerns
  - (C) Triggers
  - (D) Hierarchy of behaviors
  - (E) The integration of an outdated behavioral plan
4. Prevention planning specifically does not presents an array of options along the crisis continuum accessible by the client and his/her family. T or  F?
5. Crisis Resolutions have only a Beginning and an End. T or  F?
6. Choose the correct answer. Teams committed to crisis resolution include the following:
  - (A) Views themselves as a conduit to hospitalization
  - (B) If a respite resource is needed, they think natural and they think brief
  - (C) If a respite resource is needed, they think natural and they think brief
  - (D) (A) and (C) only
  - (E) (A), (B) and (C)
7. Which answer is incorrect? Planning for return home should include which of the following?
  - (A) Should begin on the first day of placement
  - (B) Does not need to involve the client
  - (C) Must involve the Team
  - (D) May involve additional Consultants
  - (E) Requires coordinating with existing providers
8. Which answer is incorrect? When managing a crisis the following should apply.
  - (A) Maintain leadership
  - (B) Collaborate with involved others
  - (C) Serve as the information hub
  - (D) Only plan within the present and ignore the future
  - (E) Help to figure out the disposition
9. When documenting it is important to document things as they occur.  T or  F?
10. When providing crisis support it is important to do which of the following?
  - (A) Consult with the client
  - (B) Offer hope for recovery
  - (C) Have all the information you can know about the client
  - (D) Perform a quick risk assessment
  - (E) Know when you need more help
  - (F) All of the Above are True

CERTIFICATE OF COMPLETION

AWARDED TO

**Dalena Gause**

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

DECEMBER 17, 2021

\_\_\_\_\_  
PRESENTER/TITLE

\_\_\_\_\_  
Date

Crisis Response Training Test Questions

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CERTIFICATE OF COMPLETION

AWARDED TO

**Linda McPhatter**

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

DECEMBER 17, 2021

PRESENTER/TITLE

Date



Crisis Response Training Test Questions

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  - (F) All of the Above are True



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PROVIDER IDENTIFICATION NUMBR: <b>MHL # 043-039</b>		(X2) Multiple Construction A. Building: 01 B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/03/2022</b>
NAME OF PROVIDER: <b>SIERRA'S RESIDENTIAL SERVICES, INC.</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>21 Lanexa Rd. Spring Lake NC 28390</b>		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
V 366	27G .0603 Incident Response Requirements  This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement written policies governing their response to incidents as required.	V 366	The Clinical Supervisor (Cassandra Tyler, QP) will provide In-Service Trainings to the Qualified Professional (DM) with regards to Incident Response Requirements and Implementation.  The Clinical Supervisor (Cassandra Tyler, QP) will also provide ongoing Trainings and Supervision with the Qualified Professional (DM) to ensure that SRS' Policies and Procedures and Expectations are Implemented on a Consistent Basis.  Please see Attachments: for Verification.  1. SRS Policy and Procedure 2. Incident and Incident Reporting Training and Sign-in Sheet	01/03/2022	
V 367	27G .0604 Incident Reporting Requirements  This Rule is not met as evidenced by: Based on record review and interview the facility failed to report Level II incidents within 72 hours of becoming aware of the incident affecting one of five clients (#4).	V 367	The Clinical Supervisor (Cassandra Tyler, QP) will provide In-Service Trainings to the Qualified Professional (DM) with regards to Incident Response Requirements and Implementation.  The Clinical Supervisor (Cassandra Tyler, QP) will also provide ongoing Trainings and Supervision with the Qualified Professional (DM) to ensure that SRS' Policies and Procedures and Expectations are Implemented on a Consistent Basis.  All Level II Incident Reports will be reported to the IRIS System within 72 Hours of the Incident.  SRS' Staff will report all incidents to Qualified Professional.  The Qualified Professional (DM) will notify the Legal Guardian and Other Responsible Parties (Law Enforcement, Medical Personnel, etc...) Immediately upon Notification of a Level II Incident and the QP (DM) or Designated QP will Enter All Level II Incidents into the IRIS System within a 72 Hour Time frame.  Please see Attachments: for Verification.  1. SRS Policy and Procedure 2. Incident and Incident Reporting Training and Sign-in Sheet		



Meeting Sign-In Sheet

Date: 12/16/21

Residential \_\_\_\_\_

IHS \_\_\_\_\_

CONF

INTERNATIO

North Carolina Division of Mental Health Develop  
Disabilities and Substances Abuse Services

Facilitator: MR. TAZ, BSOP (David McAllister)  
Incident and Incident Reporting

Print Name	Sign Name
1. David McAllister	<i>David McAllister</i>
2. Cedric Thomas	<i>Cedric Thomas</i>
3. Shannon Aidges	<i>Shannon Aidges</i>
4. Sterling McLean	<i>Sterling McLean</i>
5. Kenneth Daniels	<i>Kenneth Daniels</i>
6. Linda McPhatter	<i>Linda McPhatter</i>
7. Dalena Gause	<i>Dalena Gause</i>
8. Crystal Autry	<i>Crystal Autry</i>
9. Candice Taylor	<i>Candice Taylor</i>
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CERTIFICATE OF COMPLETION

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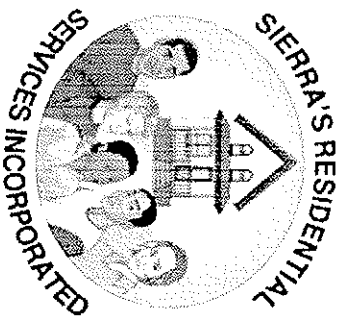
DAVID MCALLISTER

Completed Identification of Critical Incidents and Reporting

Training - Hours:3

Mrs. Van Dunk, Personnel

Presenter/Title



December 16, 2021

Date



Identification of Critical Incidents and Reporting Training  
POST Test

Name: David M. Whister

Date: 12-16-21

1.) What is defined as an Incident?

any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer.

2.) How many types of Incidents should be reported to the NC IRIS?

Level 2  
Level 3

3) How many hours does an Agency have to report a Level II incident?

72

4) What constitutes as a Level III incident? Name 2.

Death  
Sexual assault

5) Name 2 incidents that could be classified as a Level II incident.

1. Death due to natural causes  
or terminal illness

BONUS

1) What does IRIS mean?

Incident Reporting and  
Improvement system

CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

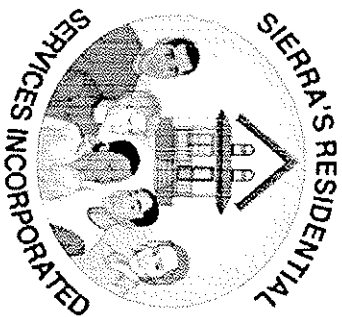
LINDA MCPHATTER

Completed Identification of Critical Incidents and Reporting

Training - Hours:3

Mrs. Van Dunk, Personnel

Presenter/Title



December 16, 2021

Date



Identification of Critical Incidents and Reporting Training  
POST Test

Name: Linda McPhatter Date: 12-16-21

1.) What is defined as an Incident? Any happening which is not consistent with the routine operation of a facility or service or the routine care consumer and that is lik

2.) How many types of Incidents should be reported to the NC IRIS?

Level II  
Level III

3) How many hours does an Agency have to report a Level II incident?

72

4) What constitutes as a Level III incident? Name 2.

1. a death, sexual assault or permanent psychological impairment  
substantial risk of death, or permanent physical or psychological impairment to a consumer, substantial risk, death

5) Name 2 incidents that could be classified as a Level II incident.

Consumer death due to natural causes or terminal illness  
Anything that results in a threat to consumer's health or safety

BONUS

1) What does IRIS mean?

Incident Reporting & Improvement Sys

CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

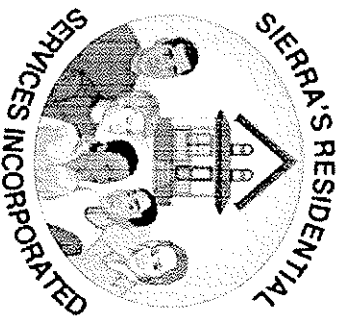
DALENA GUASE

Completed Identification of Critical Incidents and Reporting

Training - Hours:3

Mrs. Van Dunk, Personnel

Presenter/Title



December 16, 2021

Date





Identification of Critical Incidents and Reporting Training  
POST Test



Name: Dalena Gause Date: 12/16/21

1.) What is defined as an Incident?

Any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer.

2.) How many types of Incidents should be reported to the NC IRIS?

2 types

3) How many hours does an Agency have to report a Level II incident?

Within 72 hours

4) What constitutes as a Level III incident? Name 2.

① a death, sexual assault or permanent physical or psychological impairment to a consumer

② a substantial risk of death or permanent physical or psychological impairment to a consumer

5) Name 2 incidents that could be classified as a Level II incident.

① a consumer death due to natural causes or terminal illness

② results in a threat to a consumer's health or safety

**BONUS**

1) What does IRIS mean?

Incident Reporting and Improvement System

<b>Sierra's Residential Services, Inc.</b>	<b>Policy No: SD 06</b> <b>Page 1 of 8</b>
<b>Subject: Incident Reporting</b>	<b>Effective Date: 4/24/2000</b> <b>Revised: 10/9/11, 5/3/12</b> <b>Scope: All Programs</b>

## Policy

An Incident Report shall be completed for any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer. These include incidents pertaining to the following critical incidents:

- Medication errors.
- Use of seclusion.
- Use of restraint.
- Incidents involving injury.
- Communicable disease.
- Infection control.
- Aggression or violence.
- Use and unauthorized possession of weapons.
- Wandering.
- Elopement.
- Vehicular accidents.
- Biohazardous accidents.
- Unauthorized use and possession of legal or illegal substances.
- Abuse.
- Neglect
- Exploitation
- Suicide and attempted suicide.
- Sexual assault.
- Overdosing
- Other sentinel events.

**Definitions of levels of incidents** - see prevailing DHHS Criteria for Determining Level of Response to Incidents posted on the Division's website.

<http://www.ncdhhs.gov/mhddsas/providers/NCincidentresponse/index.htm>

### **Procedure for all non-critical Level I incidents for NC Division of MH/DD/SAS funded persons served**

- When a Level One incident from the above definitions occurs, staff will first attend to the health and safety needs of the individual involved.
- The person with the best and most complete knowledge shall complete the appropriate Incident Reporting Form before leaving the program at the end of a shift.
- The narrative summary shall include: what happened, actions of all involved in the incident, specific emergency intervention, a plan to

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	<b>Scope: All Programs</b>

prevent future occurrences, and other relevant facts.

- The staff member's immediate or on-call supervisor will be notified by the beginning of the next business day. Staff member will submit the completed incident report to their supervisor on the morning of the following business day. The supervisor will submit a copy of the Incident Report to the Clinical Director and will complete a Note of Significance in the consumer's service record that contains a description of the event, actions taken on the behalf of the person served, and the person served's condition following the event. Incidents are not referenced in the record or filed in the record.
- The Clinical Director will determine need to contact Legally Responsible Person or Next of Kin.
- If the Clinical Director determines the need for further investigation and/or a more in-depth plan to prevent further occurrences, the Clinical Director will coordinate the investigation.
- The Clinical Director will report the results of the actions taken to prevent further occurrences upon completion. All actions to prevent further occurrences shall be in place no more than 45 days from the incident.
- The Clinical Director will maintain data for the program identifying all Level One incidents to identify and correct recurring issues.
- Documentation will be maintained describing the incidents, corrective actions taken, and preventative measures put in place.
- All Level One incidents shall be reported on the NC QM04 Incident Report Form.

**Incident Response Improvement System (IRIS)**- For all critical level II and III incidents the web based Incident Response Improvement System (IRIS) system will be used for completing and sending official incident reports to LME and other agencies. The following is the procedure on how this will be done.

- All incidents, regardless of level, will be reported on the latest version of the NC DMH/DD/SAS QM04 Incident Reporting Form.
- The QM04 form will be sent to the Program Director for approval.
- The Program Director will designate one or more persons in his/her program to enter the incident data into the IRIS system.
- Both the QM04 form and the IRIS printout will be sent to the Home Office to be forwarded to the Program Director.

**Procedure for all critical Level II incidents for NC Division of MH/DD/SAS funded persons served**

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- When a Level Two incident from the above definitions occurs, staff will immediately attend to the health and safety needs of the individual(s) involved.
- An Incident Report shall be completed for all Level Two incidents that occur during the provision of services or while the consumer is on Agency premises. Level Two deaths shall be reported for all individuals for whom the Agency has provided any service within 90 days prior to the death.
- The report shall be made to the LME where the Agency office is located within 72 hours of becoming aware of the incident.
- The person with the best and most complete knowledge shall complete the Incident Report before leaving the program at the end of a shift.
- All sections of the Incident Report form must be completed. The narrative summary shall include: what happened, actions of all involved in the incident, specific emergency intervention, a plan to prevent future occurrences, and other relevant facts pursuant to the prevailing Incident and Death Reporting System Manual issued by the NC DHHS. A NC DHHS Form QMO4-Restrictive Intervention shall accompany the Incident and Death Report if applicable.
- The staff member's immediate or on-call supervisor will be notified at the time of the incident.
- If the Staff member cannot speak with the on-call supervisor he/she must immediately contact the next level of supervision and continue up the chain of command until they speak with a local office management team member.
- The local medical personnel may be contacted if needed. The completed Incident Report shall be given to the Clinical and Medical Director within 24 hours.
- The Clinical Director will complete a Note of Significance in the consumer's service record that contains a description of the event, actions taken on the behalf of the person served, and the person served's condition following the event. Incidents are not referenced in the record or filed in the record.
- The Clinical or Medical Director (*see italicized instruction for who has primary responsibility below*) will contact the Legally Responsible Person or Next of Kin within 24 hours of incident.
- The Incident Report will be provided to the LME in person, by fax, or by mail. The report must include the name and phone number of the Clinical and Medical Directors, consumer identification information, the type of incident, description of the incident, status of effort to determine the cause of the incident, and other individuals or authorities notified or responding. Any missing or incomplete information must be

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	<b>Scope: All Programs</b>

explained.

- If at any point, if the Clinical or Medical Director or other involved staff determines that the information in the original report is erroneous, misleading or unreliable or obtains new information not available when the report was submitted to the LME, a revised report will be provided to the LME by the next business day.
- If requested by the LME, Agency will obtain and submit any additional records related to the incident including, hospital records, police reports, reports from other agencies, and a summary of Agency's response to the incident including the corrective action plan.
- If the Clinical or Medical Director determines the need for further investigation and/or a more in-depth plan to prevent further occurrences, the Clinical or Medical Director will coordinate the investigation (*see italicized instruction for who has primary responsibility below*).
- The Clinical or Medical Director (*see italicized instruction for who has primary responsibility below*) will report the results of the actions taken to prevent further occurrences upon completion. All actions to prevent further occurrences shall be in place no more than 45 days from the incident.
- The Clinical Director will maintain data for the program identifying all Level Two incidents to identify and correct recurring issues.
- Documentation will be maintained describing the incidents, corrective actions taken, and preventative measures put in place.
- *The Medical Director must review all consumer, staff, and stakeholder health and safety concerns, including individual consumer and aggregate agency incidents, seclusions, restraints, elopements, medication errors, consumer and staff injuries, and assume primary review, remediation, monitoring, and related reporting responsibilities to local, state, and national regulatory and accreditation agencies in cases involving the following:*
  - *Medication diversion;*
  - *Any allegation or suspicion of physical or sexual assault, abuse, or neglect;*
  - *Any injury or potential for injury of a consumer, or staff member;*
  - *Any death of a consumer who received services from the CABHA within the previous 120 calendar days;*
  - *Any sudden, unexpected, or suspicious death of a consumer's minor child or dependent adult*

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	Scope: All Programs

**Procedure for all critical Level III incidents for NC Division of MH/DD/SAS funded persons served**

- When a Level Three incident from the above definitions occurs, staff will first attend to the health and safety needs of the individual(s) involved.
- The person with the best and most complete knowledge shall immediately complete the Incident Report.
- All sections of the Incident Report form must be completed. The narrative summary shall include: relevant antecedent occurrences, type of incident, actions of all involved in the incident, consequences of the incident, specific emergency intervention if needed, and other relevant facts pursuant to the prevailing Incident and Death Reporting System Manual issued by the NC DHHS. A NC DHHS Form QMO4-Restrictive Intervention shall accompany the Incident and Death Report
- The staff member's immediate or on-call supervisor will be notified at the time of the incident.
- If the Staff member cannot speak with the on-call supervisor he/she must immediately contact the Clinical or Medical Director.
- The on-call supervisor will then notify Agency Clinical and Medical Directors. The Incident Report shall be given to the Clinical and Medical Directors immediately.
- The Clinical Director will complete a Note of Significance in the consumer's service record that contains a description of the event, actions taken on the behalf of the person served, and the person served's condition following the event. Incidents are not referenced in the record or filed in the record.
- The Clinical or Medical Director (*see italicized instruction for who has primary responsibility below*) will contact the Legally Responsible Person or Next of Kin immediately.
- Level Three Incidents shall be verbally reported immediately by the Clinical or Medical Director (*see italicized instruction for who has primary responsibility below*) to the:
  - Home LME
  - Host LME
  - Provider agency responsible for the treatment plan
  - Division of MH/DD/SAS Quality Management Team
  - Authorities required by law to be notified...
  - Division of Health Services Regulation if the incident occurred in a licensed facility.

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- If the Level Three Incident results in death within 7 days of a restrictive intervention, the Home and Host LME, NC Division of MH/DD/SAS and the NC Division of Facility Services (if individual was served in a licensed facility) must be notified within 72 hours of Agency's becoming aware of the death.
- All Level Three incidents occurring within 90 days of service delivery by the Agency must be reported to the LME responsible for the service area where the service was provided within 72 hours of becoming aware of the incident. The Incident Report will be provided to the LME in person, by fax, or by mail. The Incident Report must be complete with a full description of the events related to the incident. Any missing or incomplete information must be explained.
- If at any point, the Clinical or Medical Director or other involved staff determines that the information in the original report is erroneous, misleading or unreliable or obtains new information not available when the report was submitted to the LME, a revised report will be provided to the LME by the next business day.
- If requested by the LME, the Agency will obtain and submit any additional records related to the incident including, hospital records, police reports, reports from other agencies, and a summary of Agency's response to the incident including the corrective action plan.
- All Level Three incidents require the following actions:
  - The Clinical Director will immediately secure the record by making a photocopy, certifying the copy's completeness by a written statement, and provide a copy to an investigation team.
  - The original record will be sealed and locked in a secure area.
  - The Agency will establish an investigation team of at least two staff who were not directly involved in the incident nor in service delivery or supervision of the services provided to the individual.
  - The investigation process will begin within 24 hours of the incident.
  - The investigation will include a review of the copy of the individual record, a review of the Incident Report and accompanying reports, interviews with persons involved in the incident, and written employee statements, as appropriate.
  - The preliminary investigation will be completed within 5 working days of the incident and a report will be completed describing findings of fact. The report will be sent to the home and host LME's and the Medical, Clinical, and Quality

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Subject: Incident Reporting	Effective Date: 4/24/2000 Revised: 10/9/11, 5/3/12 Scope: All Programs

Management Director.

- A final report with all findings of fact, issues identified, pertinent public records, and recommendations for prevention of future incidents will be produced within 3 months of the incident. The final report will be signed by the CEO, Medical Director, and Clinical Director and at least one of the owners of the Agency and sent to the home and host LME's.
- A copy of all Level Three Incident Report will be sent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services within 72 hours of becoming aware of an incident related to an individual receiving MH, DD, or SA services. A copy of the Level Three Incident Report related to a death in a licensed residential program will also be sent to the Division of Health Services Regulation within 72 hours of becoming aware of the incident.
- *The Medical Director must review all consumer, staff, and stakeholder health and safety concerns, including individual consumer and aggregate agency incidents, seclusions, restraints, elopements, medication errors, consumer and staff injuries, and assume primary review, remediation, monitoring, and related reporting responsibilities to local, state, and national regulatory and accreditation agencies in cases involving the following:*
  - *Medication diversion;*
  - *Any allegation or suspicion of physical or sexual assault, abuse, or neglect;*
  - *Any injury or potential for injury of a consumer, or staff member;*
  - *Any death of a consumer who received services from the CABHA within the previous 120 calendar days;*
  - *Any sudden, unexpected, or suspicious death of a consumer's minor child or dependent adult*

**Reports** Quarterly reports will be sent to the LME on the prevailing NC DMH/DD/SAS QM 11 form by the QM Director where the local Agency office is located summarizing the following information related to MH, DD, and SA consumers:

- Medication errors
- Restrictive interventions
- Searches of an individual or his/her living area;
- Seizures of property belonging to an individual or property in the possession of an individual served
- Total number of Level II and Level III incidents occurring in the quarter; or a statement saying there have been no reportable incidents during the



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	<b>Scope: All Programs</b>

quarter.

- The QM Director will maintain a quarterly report of all incidents involving individuals served in their office whether they are required to be reported to an LME or not. Individuals receiving services funded through other agencies/authorities involved in incidents must have the incident reported, documented in their service record, and a corrective action plan to prevent further incidents must be completed.

Retention and Disposition- The original shall be filed at the Home Office.

**Trend Analysis** A written analysis of all critical incidents identified is provided to the CEO.

- At least annually
- That addresses:
  - Causes
  - Trends
  - Actions for improvement
  - Results of performance improvement plans
  - Necessary education and training of personnel
  - Prevention of recurrence
  - Internal and external reporting requirements.



Meeting Sign-In Sheet

Date: 12-17-21

Residential \_\_\_\_\_

IHS \_\_\_\_\_

CONF

INTERNATIO

North Carolina Division of Mental Health Developmental Disabilities and Substances Abuse Services

Facilitator: YMR. TAZ, ROSAP

Crisis Intervention

Print Name	Sign Name
1. Crystal Astry	Crystal Astry
2. Kenneth Daniels	Kenneth Daniels
3. Shanna Hodges	Shanna Hodges
4. Dalena Gause	Dalena Gause
5. Linda McPhatter	Linda McPhatter
6. Cedric Thomas	Cedric Thomas
7. Sterling McPherson	Sterling McPherson
8. David McAllister	David McAllister
9. Candice Taylor	Candice Taylor
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CERTIFICATE OF COMPLETION

AWARDED TO

**DAVID MCALLISTER**

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

DECEMBER 17, 2021

\_\_\_\_\_  
PRESENTER/TITLE

\_\_\_\_\_  
Date

## Crisis Response Training Test Questions

1. Crisis Prevention Planning should emphasize to the weakness of person. T or  F?
2. Crisis Prevention Planning includes information on how to respond to a crisis  T or  F?
3. Which answer is not correct?  
A way to develop a Crisis Prevention Plan is to hold a team meeting to gather information to include:
  - (A) History
  - (B) Diagnosis risk and concerns
  - (C) Triggers
  - (D) Hierarchy of behaviors
  - (E) The integration of an outdated behavioral plan
4. Prevention planning specifically does not presents an array of options along the crisis continuum accessible by the client and his/her family. T or  F?
5. Crisis Resolutions have only a Beginning and an End. T or  F?
6. Choose the correct answer. Teams committed to crisis resolution include the following:
  - (A) Views themselves as a conduit to hospitalization
  - (B) If a respite resource is needed, they think natural and they think brief
  - (C) If a respite resource is needed, they think natural and they think brief
  - (D) (A) and (C) only
  - (E) (A), (B) and (C)
7. Which answer is incorrect? Planning for return home should include which of the following?
  - (A) Should begin on the first day of placement
  - (B) Does not need to involve the client
  - (C) Must involve the Team
  - (D) May involve additional Consultants
  - (E) Requires coordinating with existing providers
8. Which answer is incorrect? When managing a crisis the following should apply.
  - (A) Maintain leadership
  - (B) Collaborate with involved others
  - (C) Serve as the information hub
  - (D) Only plan within the present and ignore the future
  - (E) Help to figure out the disposition
9. When documenting it is important to document things as they occur.  T or  F?
10. When providing crisis support it is important to do which of the following?
  - (A) Consult with the client
  - (B) Offer hope for recovery
  - (C) Have all the information you can know about the client
  - (D) Perform a quick risk assessment
  - (E) Know when you need more help
  - (F) All of the Above are True

CERTIFICATE OF COMPLETION

AWARDED TO

**Dalena Gause**

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

DECEMBER 17, 2021

\_\_\_\_\_  
PRESENTER/TITLE

\_\_\_\_\_  
Date

Crisis Response Training Test Questions

1. Crisis Prevention Planning should emphasize to the weakness of person. T or  F?
2. Crisis Prevention Planning includes information on how to respond to a crisis  T or F?
3. Which answer is not correct?  
A way to develop a Crisis Prevention Plan is to hold a team meeting to gather information to include:
  - (A) History
  - (B) Diagnosis risk and concerns
  - (C) Triggers
  - (D) Hierarchy of behaviors
  - (E) The integration of an outdated behavioral plan
4. Prevention planning specifically does not presents an array of options along the crisis continuum accessible by the client and his/her family. T or  F?
5. Crisis Resolutions have only a Beginning and an End. T or  F?
6. Choose the correct answer. Teams committed to crisis resolution include the following:
  - (A) Views themselves as a conduit to hospitalization
  - (B) If a respite resource is needed, they think natural and they think brief
  - (C) If a respite resource is needed, they think natural and they think brief
  - (D) (A) and (C) only
  - (E) (A), (B) and (C)
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  - (A) Consult with the client
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  - (C) Have all the information you can know about the client
  - (D) Perform a quick risk assessment
  - (E) Know when you need more help
  - (F) All of the Above are True

CERTIFICATE OF COMPLETION

AWARDED TO

**Linda Mephanter**

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Durk, Personnel

DECEMBER 17, 2021

PRESENTER/TITLE

Date

Crisis Response Training Test Questions

1. Crisis Prevention Planning should emphasize to the weakness of person. T or F?  F?
2. Crisis Prevention Planning includes information on how to respond to a crisis T or F?  T
3. Which answer is not correct?  
A way to develop a Crisis Prevention Plan is to hold a team meeting to gather information to include:
  - (A) History
  - (B) Diagnosis risk and concerns
  - (C) Triggers
  - (D) Hierarchy of behaviors
  - (E) The integration of an outdated behavioral plan
4. Prevention planning specifically does not presents an array of options along the crisis continuum accessible by the client and his/her family. T or F?  F?
5. Crisis Resolutions have only a Beginning and an End. T or F?  F?
6. Choose the correct answer. Teams committed to crisis resolution include the following:
  - (A) Views themselves as a conduit to hospitalization
  - (B) If a respite resource is needed, they think natural and they think brief
  - (C) If a respite resource is needed, they think natural and they think brief
  - (D) (A) and (C) only
  - (E) (A), (B) and (C)
7. Which answer is incorrect? Planning for return home should include which of the following?
  - (A) Should begin on the first day of placement
  - (B) Does not need to involve the client
  - (C) Must involve the Team
  - (D) May involve additional Consultants
  - (E) Requires coordinating with existing providers
8. Which answer is incorrect? When managing a crisis the following should apply.
  - (A) Maintain leadership
  - (B) Collaborate with involved others
  - (C) Serve as the information hub
  - (D) Only plan within the present and ignore the future
  - (E) Help to figure out the disposition
9. When documenting it is important to document things as they occur. T or F?  T
10. When providing crisis support it is important to do which of the following?
  - (A) Consult with the client
  - (B) Offer hope for recovery
  - (C) Have all the information you can know about the client
  - (D) Perform a quick risk assessment
  - (E) Know when you need more help
  - (F) All of the Above are True





Division of Health Service Regulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR: <b>MHL # 043-039</b>	(X2) Multiple Construction B. Building: 01 B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/03/2022</b>
NAME OF PROVIDER: <b>SIERRA'S RESIDENTIAL SERVICES, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>21 Lanexa Rd. Spring Lake NC 28390</b>	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	27G .0303(c) Facility and Grounds Maintenance  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the home was maintained in a clean, safe and attractive manner.	(V 736) The repairs regarding the aforementioned were completed by SRS' Maintenance Person on 12/30/2021.  Please see Attachments for Verification.  1. Photos of Repairs  All Maintenance Orders will be immediately turned into SRS' Office and will be completed within 72 Hours upon the Office receiving the Work Order.  Group Home Manager (DM) Qualified Professional or Designated Staff will conduct Safety Checks on a Daily Basis to ensure Compliance.  SRS' Clinical Supervisor and/or SRS' Personnel will provide Ongoing Monitoring of the Level III Residential Facility on a Random and Quarterly Basis to ensure Compliance.	01/03/2022