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WOODHAVEN FAMILY CARE FACILITY	436 WEST ROAD CAMERON, NC 28326

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{V 000}	INITIAL COMMENTS A follow up survey was completed on 1/3/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability The survey sample consisted of two current clients.	{V 000}		
{V 109}	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall	{V 109}		

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{V 109}	Continued From page 1 develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on observation, record review and interview one of one Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are: Review on 1/3/22 of the QP's record revealed: -Date of hire: 8/9/21 Review on 1/3/22 of QP's job duties revealed: -"Responsible for the psychosocial active treatment delivered to the consumers in a manner commensurate with the vision, mission, and values of Victor& Associates, Inc. (Licensee) -Provide direct intervention and also arrange, coordinate and monitor services. -Facilitate initial development and ongoing revision of individual Support Plan. -Implementation of the consumer's individualized individual Support Plan. -Shall initiate and oversee the process of assessment and reassessment of the individuals level of care and the review of the Individual Support Plan -On-site training for paraprofessionals on an as	{V 109}		

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{V 109}	Continued From page 2	{V 109}		

needed basis (i.e. new hires, re-training)
-Orient and supervise employees that provide active treatment
-Mediate between the individuals and environment assuring the least restrictive environment is available to help the individual improve capabilities for independence (i.e., school, level of care, etc.)
-MARS oversight"

A. Cross-reference: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112). Based on record review and interview the facility failed to implement strategies in a Treatment Plan for one of two clients (#1).

B. Cross-reference: 10A NCAC 27G 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118). Based on record review, interview and observation, the facility failed to ensure one of two clients (#2) blood glucose strips were present in the facility and the MAR was kept current.

C. Cross-reference: 10A NCAC 27G .5603 OPERATIONS (V291). Based on record review, observation and interview the facility failed to coordinate services for one of two clients (#1).

D. Cross-reference: 10A NCAC 27E .0105 PROTECTIVE DEVICES (V531) Based on observation, record review and interview the facility failed to ensure a protective device was implemented by employees who were trained and demonstrated competence in the utilization of a protective device for one of two clients (#1).

Review on 12/21/21 of the Plan of Protection dated 12/21/21 completed by the Quality Management Director on 12/21/21 revealed:

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{V 109}	Continued From page 3 "What immediate action will the facility take to ensure the safety of the consumers in your care? -The QP will be re-assigned from monitoring activity at Woodhaven and replaced with [new QP] effective December 21, 2021. The new QP will monitor in the home and day program 3 times weekly ensure continued compliance. -The QP [new QP] will monitor in the home and the day program the use of the protective helmet for member [client #1]. In addition QP will monitor implementation of BSP's (Behavior Support Plans) for 2/2 clients. -The QP [new QP] will inservice staff on [client #1's] behavior support plan and use of the helmet for self-injurious behaviors, to address use of protective devices. -The QP [QP] will receive training on QP essential duties and responsibilities before reassignment to Woodhaven group home. -The QP [new QP] will provide monitoring in the home to address the availability of glucose strips in the home and the medication administration system. -The QP [new QP] will monitor in the home to ensure copies of the treatment plans and current copies of behavior support plans are in place and staff are in-service on these current plans. -The QP [new QP] will monitor to ensure that all recited tags are corrected and the facility achieves and maintains compliance. Describe you plans to make sure the above happens. -Quality Management Director will monitor to ensure the actions are in place and documented accordingly. -It should be noted that the provider is not in agreement with the need for a plan of protection as the surveyor communicated at the exit on 12/15/21-following the follow-up survey that the	{V 109}		

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{V 109}	Continued From page 4	{V 109}		

facility was in compliance with the Level A1 citation. The surveyor communicated that she would cite only standard levels tags and lift the A1 citation. Hence this plan of protection is submitted in protest and the Provider plans to peruse legal channels to appeal this recent determination by the state survey agency."

[This deficiency constitutes a re-cited deficiency.]

The facility served clients diagnosed with Mild Intellectual Developmental Disability (IDD), Mood Disorder, Psychotic Disorder, Schizoaffective Disorder, Intermittent Explosive Disorder, Type II Diabetes, Autistic Spectrum Disorder, Profound IDD and Cerebral Palsy. Client #1 had a Behavior Support Plan recently updated on 9/10/21 to reflect the use of her protective helmet. Although her plan reflected the use of the protective helmet, staff in the facility and her day program were not aware of the strategies for its use. Staff had not been trained on the strategies for the use of the protective helmet. Client #1 was observed wearing the helmet and was told by the day program staff she wore it all day, although she only had self injurious behaviors once a day for approximately 10 minutes. Staff #3 also stated client #1 wore the helmet all day in the facility except during bathing and sleeping. Client #2 was a Type II diabetic who had been without her blood glucose strips for two weeks (12/1/21-12/14/21) and had not had her blood sugar checked during that time. The QP stated he did not deal with the day program and assumed someone from the office had given the day program the new Behavior Support Plan. The QP also stated he just became aware of client #2 being out of her blood glucose strips within the last day. The staff and Quality Management Director both had informed the QP

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{V 109}	Continued From page 5 two weeks earlier of client #2's blood glucose strips being out. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of $500.00 per day is imposed for failure to correct within 23 days.	{V 109}		
{V 112}	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	{V 112}		

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{V 112}	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement strategies in a Treatment Plan for one of two clients (#1). The findings are: Review on 12/13/21 of client #1's record revealed: -Admission date of 6/25/18 -Diagnoses of Autistic Spectrum Disorder, Mood Disorder, Profound Intellectual Developmental Disability (IDD) and Cerebral Palsy Review on 12/13/21 of the Behavior Support Plan for client #1 located at the corporate office dated 9/10/21 revealed: -Behavior Support Plan 9/10/21 -"Self Injurious behavior, aggression, agitation and spitting...Contingent Restraint Device- if [client #1] continues to exhibit SI (Self Injurious) behavior staff will immediately place the Protective Restraint Device on her head (Protective helmet)...The device will remain on her head until she has not exhibited any SI behaviors for ten minutes, the clock will be set for 10 minutes...The helmet will be removed... The maximum amount of time wearing the helmet is one hour and 50 minutes... At that time the helmet will be removed from her head and staff will remain with [client #1] one on one basis during this ten minute interval...All episodes will be documented..." Observation on 12/14/21 of client #1 at 11:30 AM at her day program revealed: -Client #1 was sitting in her wheelchair with her helmet on.	{V 112}		

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{V 112}	Continued From page 7 Review on 12/14/21 of client #1's record in the facility did not have the current Behavior Support Plan present. Interview on 12/14/21 the Quality Management Director stated: -Not sure why the current Behavior Support Plan (9/10/21) was not present in the facility -The staff had been trained on the new plan and it should be in her record in the facility Interview on 12/15/21 staff #3 stated: -She had been working in the facility since October 2021. -Client #1 wore the helmet all day, everyday except at bath and bed. -Had not seen a plan in the home that addressed her wearing the helmet. -Received no training on client #1's helmet and its use. Interview on 12/15/21 staff #4 stated: -Had only been working in the facility for a week -Was not told by anyone at the home how to implement the helmet for client #1 -As far as she knew, client #1 wore the helmet at all times -Had seen client #1 bang her head, but only one time a shift. Interview on 12/15/21 the Qualified Professional (QP) stated: -He thought the current Behavior Support Plan was in the facility -Just trained staff #4 who was hired a week ago on the plan yesterday (12/14/21) [This deficiency constitutes a re-cited deficiency and must be corrected]	{V 112}		

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{V 112}	Continued From page 8 This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for failure to correct Type A1 rule violaton.	{V 112}		
{V 118}	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	{V 118}		

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{V 118}	Continued From page 9 This Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure one of two client's (#2) blood glucose strips were present in the facility and the MAR was kept current. The findings are: Review on 12/13/21 of client #2's record revealed: -Date of admission of 6/15/17 -Diagnoses of Mild Intellectual Developmental Disability (IDD), Mood Disorder, Psychotic Disorder, Schizoaffective Disorder, Intermittent Explosive Disorder and Type II Diabetes Review on 12/13/21 of client #2's FL-2 dated 3/3/21 revealed: -"Check blood glucose daily before breakfast." Review on 12/13/21 of client #2's MAR revealed: -12/1/21-12/14/21 was initialed beside the "Check blood glucose daily before breakfast." Review on 12/13/21 of Blood Sugar daily log for client #2 revealed: -12/1/21-12/14/21 had no entries for blood sugar levels -on 12/1, 12/2, 12/7, 12/11, 12/12/21 all had written "No test strips" Observation on 12/13/21 at 12:20 PM of the medication cabinet revealed no blood glucose strips present. Interview on 12/15/21 staff #3 stated:	{V 118}		

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{V 118}	Continued From page 10 -Had been checking client #2's blood sugar every morning until two weeks ago. -Told the Qualified Professional (QP) about over a week ago and he said he would contact the office to get them ordered -The QP went by the home every day, so he should have noticed they still did not have them. Interview on 12/15/21 the QP stated: -Went to the home everyday to check on things -Checked the MARs daily to ensure they were correct. -Wouldn't have known they were out, as he mostly checked the MARs where the staff signs. - Normally checked the blood sugar logs, but that particular sheet was an "oversight" -Was just told about these strips being out a day ago -Took the strips out yesterday to the home -Addressed this situation with the staff yesterday and let them know that anyone from the team could get those strips out there Interview on 12/14/21 and 12/15/21 the Quality Management Director stated: -Not sure why there were no blood glucose strips present in the facility -Staff should be letting the QP or administration know so they can get them to the home -Texted the QP on 12/2/21 to let him know the strips were out and he should have had them there by now. -Not sure how the QP "dropped the ball" on this one as he was aware and it's his responsibility to handle this. [This deficiency constitutes a re-cited deficiency.] This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified	{V 118}		

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{V 118}	Continued From page 11 Professionals and Associate Professionals (V109) for Failure to Correct Type A1 rule violaton.	{V 118}		
{V 291}	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	{V 291}		

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{V 291}	Continued From page 12 This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to coordinate services for one of two clients (#1). The findings are: Review on 12/13/21 of client #1's record revealed: -Admission date of 6/25/18 -Diagnoses of Autistic Spectrum Disorder, Mood Disorder, Profound Intellectual Developmental Disability (IDD) and Cerebral Palsy Review on 12/13/21 of the Behavior Support Plan for client #1 located at the corporate office dated 9/10/21 revealed: -Behavior Support Plan 9/10/21 -"Self Injurious behavior, aggression, agitation and spitting...Contingent Restraint Device- if [client #1] continues to exhibit SI (Self Injurious) behavior... staff will immediately place the Protective Restraint Device on her head (Protective helmet)...The device will remain on her head until she has not exhibited any SI behaviors for ten minutes, the clock will be set for 10 minutes...The helmet will be removed... The maximum amount of time wearing the helmet is one hour and 50 minutes... At that time the helmet will be removed from her head and staff will remain with [client #1] one on one basis during this ten minute interval...All episodes will be documented..." Observation on 12/14/21 of client #1 at 11:30 AM at her day program revealed: -Client #1 was sitting in her wheelchair with her helmet on. Interview on 12/14/21 client #1's worker at the day program stated: -Client #1 arrived daily with her helmet on.	{V 291}		

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{V 291}	Continued From page 13 -Client #1 wore it daily, all day. -Client #1 did have a behavior an hour ago where she was banging her head and it only lasted a few minutes. -Not seen any Behavior Support Plan regarding the helmet -No one had trained her on the use of the protective helmet. Interview on 12/14/21 the Qualified Professional (QP) for the day program stated: -Client #1 usually wore her helmet daily for self injurious behaviors -Had a Behavior Support plan dated 9/1/21 that was provided by the group home. -This plan did not have the helmet as a part of it -No one from client #1's facility had provided them with the current Behavior Support Plan Interview on 12/15/21 the facility's QP stated: -Did not have contact with client #1's day program -That was not part of his job -Not aware of what items needed to be sent to the day program -Never been to any meetings at the day program regarding client #1. Interview on 12/14/21 and 12/15/21 the Quality Management Director stated: -The day program should have the most current Behavioral Support Plan regarding client #1's helmet -The QP should be maintaining contact and coordinating with the day program -Spoke with the day program QP yesterday (12/14/21) and made sure they have the current Behavioral Support Plan there. [This deficiency constitutes a re-cited deficiency.]	{V 291}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-048	A. BUILDING: _____ B. WING _____	R 01/03/2022

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{V 291}	Continued From page 14 This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for Failure to Correct Type A1 rule violaton.	{V 291}		
{V 531}	27E .0105(a) Client Rights - Protective Devices 10A NCAC 27E .0105 PROTECTIVE DEVICES (a) Whenever a protective device is utilized for a client, the governing body shall develop and implement policy to ensure that: (1) the necessity for the protective device has been assessed and the device is applied by a facility employee who has been trained and has demonstrated competence in the utilization of protective devices; (2) the use of positive and less restrictive alternatives have been reviewed and documented and the protective device selected is the appropriate measure; (3) the client is frequently observed and provided opportunities for toileting, exercise, etc. as needed. When a protective device limits the client's freedom of movement, the client shall be observed at least every hour. Whenever the client is restrained and subject to injury by another client, a facility employee shall remain present with the client continuously. Observations and interventions shall be documented in the client record; (4) protective devices are cleaned at regular intervals; and (5) for facilities operated by or under contract with an area program, the utilization of protective devices in the treatment/habilitation plan shall be subject to review by the Client Rights Committee, as required in 10A NCAC 27G	{V 531}		

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{V 531}	Continued From page 15 .0504. Copies of this Rule and other pertinent rules are published as Division publication RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES, APSM 30-1,and may be purchased at a cost of five dollars and seventy-five cents ($5.75) per copy. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a protective device was implemented by employees who were trained and demonstrated competence in the utilization of a protective device for one of two clients (#1). The findings are: Review on 12/13/21 of client #1's record revealed: -Admission date of 6/25/18 -Diagnoses of Autistic Spectrum Disorder, Mood Disorder, Profound Intellectual Developmental Disability (IDD) and Cerebral Palsy Review on 12/13/21 of the Behavior Support Plan for client #1 located at the corporate office dated 9/10/21 revealed: -Behavior Support Plan 9/10/21 -"Self Injurious behavior, aggression, agitation and spitting...Contingent Restraint Device- if [client #1] continues to exhibit SI (Self Injurious) behavior... staff will immediately place the Protective Restraint Device on her head (Protective helmet)...The device will remain on her head until she has not exhibited any SI behaviors for ten minutes, the clock will be set for 10 minutes...The helmet will be removed... The maximum amount of time wearing the helmet is one hour and 50 minutes... At that time the	{V 531}		

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{V 531}	Continued From page 16 helmet will be removed from her head and staff will remain with [client #1] one on one basis during this ten minute interval...All episodes will be documented..." Observation on 12/14/21 of client #1 at 11:30 AM at her day program revealed: -Client #1 was sitting in her wheelchair with her helmet on. Interview on 12/14/21 client #1's worker at the day program stated: -Client #1 arrived daily with her helmet on. -Client #1 wore it daily, all day. -Client #1 did have a behavior an hour ago where she was banging her head and it only lasted a few minutes. Interview on 12/15/21 staff #3 stated: -She had been working in the facility since October 2021. -Client #1 wore the helmet all day, everyday except at bath and bed. -Had not seen a current plan in the home that addressed her wearing the helmet. -Received no training on client #1's helmet and its use. -Client #1 would have one episode a day of banging her head and this would only last about 10 minutes. -Always placed client #1's helmet on her when she was heading to her day program. Interview on 12/15/21 staff #4 stated: -Had only been working in the facility for a week -Was not told by anyone at the home how to implement the helmet for client #1 -As far as she knew, client #1 wore the helmet at all times -Had seen client #1 bang her head, but only one	{V 531}		

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{V 531}	Continued From page 17 time a shift. Interview on 12/15/21 the Qualified Professional (QP) stated: -Visited the home daily to see the clients. -Client #1 "hardly" ever had the helmet on when he was there. -Not aware if she was wearing the helmet at the day program -Staff were trained on the use of the helmet and client #1 Interview on 12/14/21 and 12/15/21 the Quality Management Director stated: -The day program and the facility should have the most current Behavioral Support Plan regarding client #1's helmet and not sure why she was wearing it all day. -There was contingent use for the helmet and all staff were trained on it -The QP should be monitoring the use of the helmet -Will make sure the QP and all staff review the Behavior Support Plan put in place to address this immediately. [This deficiency constitutes a re-cited deficiency.] This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for Failure to Correct Type A1 rule violaton.	{V 531}		