Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl043-039	A. BUILDING: ______ B. WING ______	R 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA'S RESIDENTIAL SERVICES GROUP HOME #2	21 LANEXA LANE SPRING LAKE, NC 28390

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint, and follow up survey was completed 11/23/21. The complaint (Intake # NC00182052) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and	V 108		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature], MSW, LCSW
TITLE: Clinical Director
(X6) DATE: 1/03/2022

RECEIVED
By DHSR Mental Health Licensure & Certification at 8:45 am, Jan 24, 2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR: MHL # 043-039	(X2) Multiple Construction A. Building: 01 B. WING	(X3) DATE SURVEY COMPLETED 01/03/2022
NAME OF PROVIDER: SIERRA'S RESIDENTIAL SERVICES, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE	

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
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 ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.). ☐ Indicate what measures will be put in place to ***prevent*** the problem from occurring again. ☐ Indicate ***who will monitor*** the situation to ensure it will not occur again. ☐ Indicate ***how often*** the monitoring will take place.	01/03/2022
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

Katie Wamsley MSW, LCSW — Clinical Director — 1/03/2022

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

STATE FORM 6899 FE6922 If continuation sheet 1 of 1

Date: 12/13/21

Sexualized Aggressive Behavior
sign in sheet

Kenneth Daniels
Linda McPhatter
Sterling McLean
Dalena Gause
David McAllister
Cedric Thomas
Shanna Hodges
Crystal Autry
Candice Taylor

Kenneth Daniels
Linda McPhatter
Dalena Gause
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 Dunk, Office Administrator

Presenter and Title

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

12/13/2021

Date

David McAllister
12-13-21

[redacted]

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

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 McAllister Date: 12-13-21 Score: 100

David McAllister
12-13-21

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)

Mrs. Van Dunk, Office Administrator

Presenter and Title

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

12/13/2021

Date

Linda McPhee
12-13-21

Sexualized Aggressive Behavior Test 2

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 challengers in her classroom.

Linda McPhatter
12-13-21

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 McPhaul
12-13-21

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 Dunk, Office Administrator

Presenter and Title

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

12/13/2021

Date

Dalena Gause
12/13/17

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

Dalena Gause 12/13/21

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: Dalena Gause **Date:** 12/14/21 **Score:** 100

Dakin Grant
12/13/17

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.**

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

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?

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.

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

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.

☐ **EXCEPTION:** If the Consumer returns between 5PM 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.

When the Consumer is 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.

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.

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 IIII 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.

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,

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.

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

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

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. Aron (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.

NATIONAL SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Risk Assessment (Lifeline crisis center version)

NATIONAL SUICIDE PREVENTION LIFELINE

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
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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-CCRS 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.

COLUMBIA-SUICIDE SEVERITY RATING SCALE
(C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

RISK ASSESSMENT VERSION

(* elements added with permission for Lifeline centers)

Instructions: 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.

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

Describe any suicidal, self-injury or aggressive behavior (include dates):

SUICIDAL IDEATION

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	
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?*** If yes, describe:	Yes ☐	No ☐	Yes ☐	No ☐
2. Non-Specific Active Suicidal Thoughts 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. ***Have you actually had any thoughts of killing yourself?*** If yes, describe:	Yes ☐	No ☐	Yes ☐	No ☐
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act 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."* ***Have you been thinking about how you might do this?*** If yes, describe:	Yes ☐	No ☐	Yes ☐	No ☐
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?*** If yes, describe:	Yes ☐	No ☐	Yes ☐	No ☐
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** If yes, describe:	Yes ☐	No ☐	Yes ☐	No ☐

INTENSITY OF IDEATION

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.

	Most Severe	Most Severe
Lifetime - ***Most Severe Ideation:*** _____ *Type # (1-5)* _____ *Description of Ideation*		
Recent - ***Most Severe Ideation:*** _____ *Type # (1-5)* _____ *Description of Ideation*		
Frequency ***How many times have you had these thoughts?*** (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	____	____
Duration ***When you have the thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	____	____
Controllability ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	____	____
Deterrents ***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?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply	____	____
Reasons for Ideation ***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?*** (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply	____	____

SUICIDAL BEHAVIOR *(Check all that apply, so long as these are separate events; must ask about all types)*	Lifetime	Past 3 months
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, *as a result of act*. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is ***any*** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. ***There does not have to be any injury or harm***, 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. ***Have you made a suicide attempt?*** ***Have you done anything to harm yourself?*** ***Have you done anything dangerous where you could have died?*** ***What did you do?*** ***Did you_____ as a way to end your life?*** ***Did you want to die (even a little) when you_____?*** ***Were you trying to end your life when you _____?*** ***Or Did you think it was possible you could have died from_____?*** ***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)?*** (Self-Injurious Behavior without suicidal intent) If yes, describe:	Yes ☐ No ☐ Total # of Attempts _____	Yes ☐ No ☐ Total # of Attempts _____
Has subject engaged in Non-Suicidal Self-Injurious Behavior?	Yes ☐ No ☐	Yes ☐ No ☐
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act *(if not for that, actual attempt would have occurred)*. 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. ***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?*** If yes, describe:	Yes ☐ No ☐ Total # of interrupted _____	Yes ☐ No ☐ Total # of interrupted _____
Aborted or Self-Interrupted Attempt: 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. ***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?*** If yes, describe:	Yes ☐ No ☐ Total # of aborted or self-interrupted _____	Yes ☐ No ☐ Total # of aborted or self-interrupted _____
Preparatory Acts or Behavior: 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). ***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)?*** If yes, describe:	Yes ☐ No ☐ Total # of preparatory acts _____	Yes ☐ No ☐ Total # of preparatory acts _____

	Most Recent Attempt Date:	Most Lethal Attempt Date:	Initial/First Attempt Date:
Actual Lethality/Medical Damage: 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; *medical* 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; *medical* 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	*Enter Code* _____	*Enter Code* _____	*Enter Code* _____
Potential Lethality: Only Answer if Actual Lethality=0 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	*Enter Code* _____	*Enter Code* _____	*Enter Code* _____

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

North Carolina Division of Mental Health
Developmental Disabilities and
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Name: **Record Number:**

MENTAL HEALTH ASSESSMENT – CHILD

Assessment Date:						
Address: City: State Zip:						
Phone Number:	**Date of Birth** **Age**	**Medicaid #** **SS#**	**Marital Status** ☐ Single ☐ Married ☐ Separated ☐ Divorced	**Gender** ☐ Female ☐ Male	**Race/Ethnicity** ☐ White ☐ Asian ☐ Hispanic ☐ Native Am ☐ African Am ☐ Other(Biracial)	
Payment Method:	☐ Self Pay ☐ Sliding Fee	☐ Medicaid	☐ Medicare	☐ Tricare	☐ BC/BS	☐ Other: Heath Choice

Presenting problem (s) / Primary reason(s) for seeking services-

☐ Anger management (as evidenced by quickly becoming disrespectful and oppositional with authority figures)
☐ Anxiety ☐ Coping ☐ Depression ☐ Eating disorder ☐ Fear/phobias ☐ Sexual concerns ☐ Sleeping problems
☐ Addictive behaviors ☐ Alcohol/drugs ☐ Hyperactivity ☐ Other mental health concerns (specify) below:

☐ Onset: ☐ Duration:	☐ Severity:	☐ Mild	☐ Moderate	☐ Severe	Remission: ☐ Yes ☐ No If yes, how long?

Previous History of Mental Health / Substance Abuse Treatment: ☐ Unknown ☐ Yes ☐ 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:	☐ Movies ☐ Dining Out ☐ Religious / Spiritual Involvement ☐ Fishing ☐ Hunting ☐ Recreational Sports ☐ Shopping ☐ Reading ☐ Writing ☐ Sewing ☐ Crafts ☐ Collector ☐ Peer Group ☐ Strong Peer Relationships ☐ Strong Mentor Relationships ☐ Vacationing ☐ Swimming ☐ Riding Bikes ☐ Other:

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

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Name: **Record Number:**

Familial Weaknesses	☐ None Known ☐ Basic needs unmet ☐ Unable to advocate for services ☐ Financially unstable ☐ Narrow minded ☐ Does not want help ☐ No Support System ☐ Refuses Treatment ☐ Lack of resource ☐ Poor outlook on life ☐ Pessimistic ☐ Insensitive ☐ Poor role model ☐ Refuses to accept positive change ☐ Other:
Psychological Strengths	☐ None Known ☐ Strong will ☐ Willing to make positive changes ☐ Positive out look on life ☐ Resilience ☐ Optimistic ☐ Capable of accepting criticism ☐ Spiritual ☐ Sense of Humor ☐ Creative ☐ Flexible ☐ Motivated ☐ Hopeful ☐ Patience ☐ Ethical ☐ Educational Achievement ☐ Other:
Psychological Weaknesses	☐ None Known ☐ Gives up easily ☐ Inflexible ☐ Negative Out look on life ☐ Pessimistic ☐ Does not handle disappointment and criticism well ☐ Impulsive ☐ Unmotivated ☐ Engages in Unethical practices ☐ Other:
Developmental Strengths	☐ None known ☐ Has met developmental milestones ☐ Is progressing towards developmental milestones ☐ Exhibits age-appropriate behaviors ☐ Other:
Developmental Weaknesses	☐ None Known ☐ Developmental delays ☐ Poor social skills ☐ Poor coping skills when dealing with frustrations ☐ Poor interpersonal skills ☐ Inability to make rational decisions ☐ Other:
Family Health History:	
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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Name: **Record Number:**

☐ None Known ☐ Allergies - Seasonal ☐ Anemia ☐ Asthma ☐ Bleeding tendency ☐ Blindness ☐ Cancer ☐ Cerebral Palsy ☐ Cleft lips ☐ Cleft palate	☐ Deafness ☐ Diabetes ☐ Glandular problems ☐ Heart diseases ☐ High blood pressure ☐ Kidney disease ☐ Mental illness ☐ Migraines ☐ Multiple sclerosis	☐ Muscular Dystrophy ☐ Nervousness ☐ Perceptual Motor D / S ☐ Mental Retardation ☐ Seizures ☐ Spinal Bifida ☐ Suicide ☐ 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
		☐ F	☐ M	
		☐ F	☐ M	
		☐ F	☐ M	
		☐ F	☐ M	
		☐ F	☐ M	
		☐ F	☐ M	
		☐ F	☐ M	

Educational History:	Current school:			School phone number:	
	Type of school:	☐ Public	☐ Private	☐ Home Schooled	☐ Other (specify):

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Name: **Record Number:**

	Grade:	Teacher	School Counselor:
	In special education? ☐ Yes ☐ No If Yes, describe:		
	In gifted program? ☐ Yes ☐ No If Yes, describe:		
	Has child ever been held back in school? ☐ Yes ☐ 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:	☐ School suspension(s) ☐ School Expulsion ☐ School Truancy ☐ Disruptive Behavior ☐ Other:		
Developmental History:	Mental Retardation ☐ Unknown ☐ Yes ☐ No If yes, describe		
	Physical Impairment ☐ Unknown ☐ Yes ☐ No If yes, describe:		
	Hearing Impairment ☐ Unknown ☐ Yes ☐ No If yes, describe:		
	Vision Loss ☐ Unknown ☐ Yes ☐ No If yes, describe:		
	Motor Impairment ☐ Unknown ☐ Yes ☐ No		
	Signs of Autism ☐ Unknown ☐ Yes ☐ No If yes, describe:		

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	Head Injury ☐ Unknown ☐ Yes ☐ No If yes, describe:
	Other: ☐ Unknown ☐ Yes ☐ 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

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:**

Affect:

☐ Full range, appropriate to thoughts, aid normal intensity ☐ Constricted ☐ Blunted

☐ Flat ☐ Labile ☐ Intense ☐ Other

Attitude:

☐ Cooperative ☐ Guarded ☐ Paranoid ☐ Indifferent ☐ Demanding ☐ Entitled ☐ Passive-Aggressive

☐ Suspicious ☐ Manipulative ☐ Playful ☐ Resistive ☐ Other

Thought Process:

☐ Organized, Relevant, ☐ Circumstantial ☐ Tangential ☐ Flight of Ideas ☐ Loose Association & Goal Directed

☐ Preservative ☐ Confabulation ☐ Distracted ☐ Incoherent ☐ Other

Perception:

☐ No Distortion ☐ Derealization ☐ Depersonalization noted

☐ Hallucinations: ☐ Auditory ☐ Other

Thought Content:

☐ WNL ☐ Preoccupations ☐ Obsessions ☐ Compulsions ☐ Paranoid ☐ Delusions ☐ Phobias

☐ Grandiosity ☐ Depressive ☐ Thought Insertion ☐ Thought Broadcasting ☐ Fear ☐ Intent

☐ Poverty of thought content ☐ Suicidal ☐ Homicidal ☐ Ideation ☐ Plan ☐ No Risk

☐ Other

Cognitive:

Orientation: ☐ Time ☐ Place ☐ Person ☐ Situation

Intellectual: ☐ Below Avg. ☐ Average ☐ Above Average

Memory: ☐ Below Avg. ☐ Average ☐ Above Average

Concentration: ☐ Good ☐ Fair ☐ Poor

Insight:

☐ Good ☐ Fair ☐ Poor

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Developmental Disabilities and
Substance Abuse Services

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:

Sierra's Residential Services
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Developmental Disabilities and
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Name: **Record Number:**

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):

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:**

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: **MHL # 043-039**		(X2) Multiple Construction A. Building: 01 B. WING_____	(X3) DATE SURVEY COMPLETED **01/03/2022**
NAME OF PROVIDER: **SIERRA'S RESIDENTIAL SERVICES, INC.**			STREET ADDRESS, CITY, STATE, ZIP CODE **21 Lanexa Rd. Spring Lake NC 28390**	
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: 1. Technical Knowledge 2. Cultural Awareness 3. Analytical Skills 4. Decision Making 5. Interpersonal Skills 6. Communication Skills 7. Clinical Skills	01/03/2022

Memorandum for Record January 5, 2022

To Whom It May Concern

Subject: NCI Refresher Training

Sierra Residential Services contracted with On-Timetraining, 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.

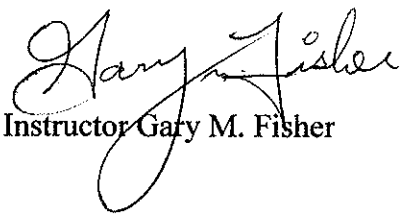
Additionally, emphasis was put on the agency's policy on the use of prohibited procedures including SECLUSION, PHYSICAL RESTRAINT and ISOLATION TIME-OUT. These procedures are against agency policy and will not be used.

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*
SIGNATURE	*JANUARY 4, 2023*
	EXPIRATION DATE:

A curriculum of NCI+; www.nciplus.com

DAVID McALLISTER © **NCI+ Restrictive Techniques Score Sheet**

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 ☐ I ☐	Two Hand Hair pull Front	C ☐ I ☐
One Hand hair pull back	C ☐ I ☐	Two Hand Hair Pull Back	C ☐ I ☐
Bite Release	C ☐ I ☐	One Hand Hair Pull Assist	C ☐ I ☐
Front Choke Wedge	C ☐ I ☐	Two Hand Hair Pull Assist	C ☐ I ☐
Back Choke Bend	C ☐ I ☐	Optional Bite Release	C ☐ I ☐
Upper Bear Hug	C ☐ I ☐	Bite Release Assist	C ☐ I ☐
Lower Bear Hug	C ☐ I ☐		
Headlock	C ☐ I ☐		
Back Choke to Headlock	C ☐ I ☐		
Full Nelson Release	C ☐ I ☐		

Therapeutic Holds:		
	Left	**Right**
Overhead A	C ☐ I ☐	C ☐ I ☐
Overhead B	C ☐ I ☐	C ☐ I ☐
Straight A	C ☐ I ☐	C ☐ I ☐
Straight B	C ☐ I ☐	C ☐ I ☐
Hook A	C ☐ I ☐	C ☐ I ☐
Hook B	C ☐ I ☐	C ☐ I ☐
Uppercut	C ☐ I ☐	C ☐ I ☐
Wrap	C X I ☐	

Walks and Carries:	
Limited Control Walk	C X I ☐
Modified LCW- Standing	C ☐ I ☐
Modified LCW- Floor	C ☐ I ☐
One Person Therapeutic Walk	C ☐ I ☐
Two Person Therapeutic Walk	C X I ☐
Escape Attempt	C ☐ I ☐
Seated Release	C ☐ I ☐

Instructor Signature: Date:

1/05/2022

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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*
SIGNATURE	JANUARY 4, 2023
	EXPIRATION DATE:

A curriculum of NCI+; www.nciplus.com

DALENA GAUSE © **NCI+ Restrictive Techniques Score Sheet**

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Hold Releases:			
One Hand hair pull front	C ☐ I ☐	Two Hand Hair pull Front	C ☐ I ☐
One Hand hair pull back	C ☐ I ☐	Two Hand Hair Pull Back	C ☐ I ☐
Bite Release	C ☐ I ☐	One Hand Hair Pull Assist	C ☐ I ☐
Front Choke Wedge	C ☐ I ☐	Two Hand Hair Pull Assist	C ☐ I ☐
Back Choke Bend	C ☐ I ☐	Optional Bite Release	C ☐ I ☐
Upper Bear Hug	C ☐ I ☐	Bite Release Assist	C ☐ I ☐
Lower Bear Hug	C ☐ I ☐		
Headlock	C ☐ I ☐		
Back Choke to Headlock	C ☐ I ☐		
Full Nelson Release	C ☐ I ☐		

Therapeutic Holds:		
	Left	**Right**
Overhead A	C ☐ I ☐	C ☐ I ☐
Overhead B	C ☐ I ☐	C ☐ I ☐
Straight A	C ☐ I ☐	C ☐ I ☐
Straight B	C ☐ I ☐	C ☐ I ☐
Hook A	C ☐ I ☐	C ☐ I ☐
Hook B	C ☐ I ☐	C ☐ I ☐
Uppercut	C ☐ I ☐	C ☐ I ☐
Wrap	C X I ☐	

Walks and Carries:	
Limited Control Walk	C X I ☐
Modified LCW- Standing	C ☐ I ☐
Modified LCW- Floor	C ☐ I ☐
One Person Therapeutic Walk	C ☐ I ☐
Two Person Therapeutic Walk	C X I ☐
Escape Attempt	C ☐ I ☐
Seated Release	C ☐ I ☐

Instructor Signature: Mary Jo Fisher 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	JANUARY 4, 2023
SIGNATURE	*EXPIRATION DATE:*

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LINDA McPHATTER © **NCI+ Restrictive Techniques Score Sheet**

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 ☐ I ☐	Two Hand Hair pull Front	C ☐ I ☐
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Bite Release	C ☐ I ☐	One Hand Hair Pull Assist	C ☐ I ☐
Front Choke Wedge	C ☐ I ☐	Two Hand Hair Pull Assist	C ☐ I ☐
Back Choke Bend	C ☐ I ☐	Optional Bite Release	C ☐ I ☐
Upper Bear Hug	C ☐ I ☐	Bite Release Assist	C ☐ I ☐
Lower Bear Hug	C ☐ I ☐		
Headlock	C ☐ I ☐		
Back Choke to Headlock	C ☐ I ☐		
Full Nelson Release	C ☐ I ☐		

Therapeutic Holds:		
	Left	**Right**
Overhead A	C ☐ I ☐	C ☐ I ☐
Overhead B	C ☐ I ☐	C ☐ I ☐
Straight A	C ☐ I ☐	C ☐ I ☐
Straight B	C ☐ I ☐	C ☐ I ☐
Hook A	C ☐ I ☐	C ☐ I ☐
Hook B	C ☐ I ☐	C ☐ I ☐
Uppercut	C ☐ I ☐	C ☐ I ☐
Wrap	C X I ☐	

Walks and Carries:	
Limited Control Walk	C X I ☐
Modified LCW- Standing	C ☐ I ☐
Modified LCW- Floor	C ☐ I ☐
One Person Therapeutic Walk	C ☐ I ☐
Two Person Therapeutic Walk	C X I ☐
Escape Attempt	C ☐ I ☐
Seated Release	C ☐ I ☐

Instructor Signature: 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 ad 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.

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)

- 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.

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.

Dri McAll BSQP 12-21-21
Employee Signature Date

David McAllister
Employee Printed Name

Cassandra Zyren, QP, Clinical Supervisor 12/21/21
Group Home Manager 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 Van Dunk, 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.

- 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:

BSQP 11-22-21

Employee Signature/Date

QP 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:

- 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~~ Thursday 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

[signature] BSOP
Employee Signature

12-22-21
Date

[signature]
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 CT KVD
- If a manager should have an issue with another Group Manager, you need to contact Ms. Van Dunk right away. DM CT KVD
- Supervisor reviewed and discussed the Policies and Functions of the SRS Level III program. DM CT KVD
- Mr. McAllister will ensure that all Group Home 2 Staff attends all Mandatory Trainings. DM CT 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 CT KVD
- Mr. McAllister was instructed to ensure the facility house schedule is implemented and never altered unless directed by upper management. DM CT KVD
- Mr. McAllister must ensure staff are completing all necessary documentations prior to leaving their shift. DM CT 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 CT KVD
- Supervisor encouraged Mr. McAllister to remain aware and in compliance with ALL safety rules and protocol and to report any concerns immediately. DM CT KVD

- 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 CS KWD
- Mr. McAllister was encouraged to ensure consumers are participating in scheduled therapeutic activities unless unique situations cause concern DM CS KWD
- 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 CS KWD
- Mr. McAllister will make sure that his work phone is always charged and ready for use. DM CS KWD
- Mr. McAllister understands that if Policies and Producers are not followed that it may result in termination.

DM CS KWD

EMPLOYEE COMMENTS:

BSQP DM 12-27-21

Employee Signature/Date

QP-CS 12-27-21

Supervisor Signature/Credentials/Date

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

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 ad 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.

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

- 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.

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 Lyon, QP 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 CJ KM
- Ms. McPhatter will ensure that she is assisting her Group Home 2 Qualified Professional by ensuring all Staff attends all Mandatory Trainings. LM CJ KM
- Ms. McPhatter must have daily briefings with the Qualified Professional for clear understanding on the Group Home daily routines are being followed LM CJ 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 CJ KM
- Ms. McPhatter was instructed to ensure the facility house schedule is implemented and never altered unless directed by upper management LM CJ KM
- Ms. McPhatter must ensure staff are completing all necessary documentations prior to leaving their shift. LM CJ 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 CJ KM
- Supervisor encouraged Ms. McPhatter to remain aware and in compliance with ALL safety rules and protocol and to report any concerns immediately. LM CJ KM

- 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 CP KM
- Ms. McPhatter was encouraged to ensure consumers are participating in scheduled therapeutic activities unless unique situations cause concern. LM CP KM
- 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 CP KM
- Ms. McPhatter will make sure that her work phone is always charged and ready for use. LM CP KM
- Ms. McPhatter understands that if Policies and Producers are not followed that it may result in termination.

LM CP KM

EMPLOYEE COMMENTS:

Linda McPhatter 11/22/21
Employee Signature/Date

Cassandra Tyson, QP 11/22/21
Supervisor Signature/Credentials/Date

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

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.

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 ~~to~~ 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

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

- 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?**

Working with Co-workers is good but can become hard when staff dont 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

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 24hrs

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 Sierras priorities in this Company.

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

Employee Signature/Date 12/27/21

Supervisor Signature/Credentials/Date BSQP 12-27-21

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	**30-40**
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								**279**
						need 8-4 and 4-12	need 8-4 and 4-12	**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	**30-40**
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**
Shanna	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								207
						8-4 and 4-12 open	8-4 and 4-12 open	

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								207
						4p-12a open	8a-4p 4p-12a open	

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

Meeting Sign-In Sheet
Date: 12/16/21
Residential _____
IIHS _____

INTERNA

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

David McAllister
Facilitator: MR. Taz, BSOP
Cultural Competence

	Print Name	Sign Name
1.	Kenneth Daniels	Kenneth Daniels
2.	Crystal Autry	Crystal Autry
3.	Sterling McLean	Sterling McLean
4.	Shanna Hodges	Shanna Hodges
5.	Cedric Thomas	Cedric Thomas
6.	Dalena Cause	Dalena Cause
7.	Linda McPhatter	Linda McPhatter
8.	David McAllister	David McAllister
9.	Candice Taylor	Candice Taylor
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
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

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

CCHT

Cultural Competence Training
POST Test

Name: David McAlister Date: 12-16-21

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

Behaviors, values and beliefs shared by a group of people, such as 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 gender
ethnicity
language
sexual orientation

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 feeling 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

Cassandra Tyler, QP

Presenter/Title

Cultural Competence Training
POST Test

Name: Dalera Gause Date: 12-16-21

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

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

CLC

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**

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

Meeting Sign-In Sheet
Date: 12-17-21
Residential _____
IIHS_____

INTERNATIONA

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

Facilitator: MR. TAZ, RSQP
Crisis Intervention

	Print Name	Sign Name
1.	Crystal Autry	Crystal Autry
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 McMillan	Sterling McMillan
8.	David McAllister	David McAllister
9.	Candice Taylor	Candice Taylor
10.		
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12.		
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14.		
15.		
16.		
17.		
18.		
19.		

CERTIFICATE OF COMPLETION

AWARED TO

DAVID MCALLISTER

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

PRESENTER/TITLE

DECEMBER 17, 2021

Date

David McAllister

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

AWARED TO

Dalena Gause

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

PRESENTER/TITLE

DECEMBER 17, 2021

Date

Dalena Grause

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
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    (E) Know when you need more help
    (F) All of the Above are True

CERTIFICATE OF COMPLETION

AWARED TO

Linda McPhatter

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

PRESENTER/TITLE

DECEMBER 17, 2021

Date

Linda McPhatter

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:
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   (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
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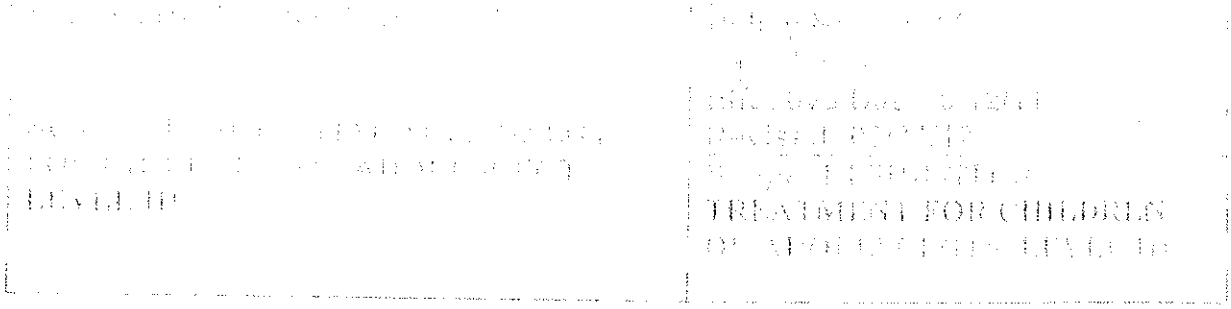
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR: **MHL # 043-039**	(X2) Multiple Construction A. Building: 01 B. WING_____	(X3) DATE SURVEY COMPLETED **01/03/2022**
NAME OF PROVIDER: **SIERRA'S RESIDENTIAL SERVICES, INC.**		STREET ADDRESS, CITY, STATE, ZIP CODE **21 Lanexa Rd. Spring Lake NC 28390**	

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	Please see Attachments for Verification. 1. QP and AP Supervision 2. QP and AP Job Description 3. Crisis Intervention Training 4. Cultural Awareness Training	01/03/2022
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 296	On: 11/22/2021, 12/16/2021, 12/22/2021 and 12/27/2021, 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.	

Division of Health Service Regulation



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

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 Van Dunk, 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:

BSQP 11-22-21
Employee Signature/Date

QP 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 ad 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.

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)

- 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.

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.

Dri McAu BSQP 12-21-21
Employee Signature Date

David McAllister
Employee Printed Name

Cassandra Lyles, QP, Clinical Supervisor 12/21/21
Group Home Manager 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:

- 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~~ Thursday 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

Employee Signature — Date: 12-22-21

Clinical Supervisor Signature — Date: 12-22-21

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 CT KVD
- If a manager should have an issue with another Group Manager, you need to contact Ms. Van Dunk right away. DM CT KVD
- Supervisor reviewed and discussed the Policies and Functions of the SRS Level III program. DM CT KVD
- Mr. McAllister will ensure that all Group Home 2 Staff attends all Mandatory Trainings. DM CT 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 CT KVD
- Mr. McAllister was instructed to ensure the facility house schedule is implemented and never altered unless directed by upper management. DM CT KVD
- Mr. McAllister must ensure staff are completing all necessary documentations prior to leaving their shift. DM CT 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 CT KVD
- Supervisor encouraged Mr. McAllister to remain aware and in compliance with ALL safety rules and protocol and to report any concerns immediately. DM CT

- 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 CS KWD
- Mr. McAllister was encouraged to ensure consumers are participating in scheduled therapeutic activities unless unique situations cause concern DM CS KWD
- 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 CS KWD
- Mr. McAllister will make sure that his work phone is always charged and ready for use. DM CS KWD
- Mr. McAllister understands that if Policies and Producers are not followed that it may result in termination.

DM CS KWD

EMPLOYEE COMMENTS:

BSQP 12-27-21
Employee Signature/Date

QP-CS 12-27-21
Supervisor Signature/Credentials/Date

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR: MHL # 043-039	(X2) Multiple Construction A. Building: 01 B. WING_____	(X3) DATE SURVEY COMPLETED 01/03/2022
NAME OF PROVIDER: SIERRA'S RESIDENTIAL SERVICES, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 21 Lanexa Rd. Spring Lake NC 28390	

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	

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

Meeting Sign-In Sheet
Date: 12/16/21
Residential _____
IIHS_____

INTERNA

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

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

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

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

December 16, 2021

Date

Identification of Criticial Incidents and Reporting Training
POST Test

Name: David McAlister 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 a likely to lead to adverse effects upon a consumer.

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

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

December 16, 2021

Date

Identification of Criticial 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, 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 physchological impairme substantial risk of death, or permanent physical or psycholo 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 illnes Anything that results in a threat to consumer's heath 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

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

December 16, 2021

Date

Identification of Critical Incidents and Reporting Training
POST Test

Name: Dalena Ganse Date: 12/16/21

1.)What is defined as an Incident?

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

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

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

Meeting Sign-In Sheet
Date: 12-17-21
Residential _____
IIHS_____

INTERNATIO

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

Facilitator: MR. TAZ, RSQP
Crisis Intervention

	Print Name	Sign Name
1.	Crystal Autry	Crystal Autry
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 McAllister	Sterling McAllister
8.	David McAllister	David McAllister
9.	Candice Taylor	Candice Taylor
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CERTIFICATE OF COMPLETION

AWARED TO

DAVID MCALLISTER

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

PRESENTER/TITLE

DECEMBER 17, 2021

Date

David McAllister

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

AWARED TO

Dalena Gause

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

PRESENTER/TITLE

DECEMBER 17, 2021

Date

Dalena Grause

Crisis Response Training Test Questions

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    (E) Know when you need more help
    (F) All of the Above are True

CERTIFICATE OF COMPLETION

AWARED TO

Linda McPhatter

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

PRESENTER/TITLE

DECEMBER 17, 2021

Date

Linda McPhatter

Crisis Response Training Test Questions

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR: **MHL # 043-039**	(X2) Multiple Construction A. Building: 01 B. WING_____	(X3) DATE SURVEY COMPLETED **01/03/2022**
NAME OF PROVIDER: **SIERRA'S RESIDENTIAL SERVICES, INC.**		STREET ADDRESS, CITY, STATE, ZIP CODE **21 Lanexa Rd. Spring Lake NC 28390**	

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	

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

Meeting Sign-In Sheet

Date: 12/16/21

Residential _____

IIHS_____

INTERNATIC

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	
2.	Cedric Thomas	
3.	Shamira Hodges	
4.	Sterling McLean	
5.	Kenneth Daniels	
6.	Linda McPhatter	
7.	Dalena Gause	
8.	Crystal Autry	
9.	Candice Taylor	
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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

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

December 16, 2021

Date

Identification of Criticial Incidents and Reporting Training
POST Test

Name: David McAllister 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 a likely to lead to adverse effects upon a consumer.

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

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

December 16, 2021

Date

Identification of Criticial 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, service or the routine care consumer and that is IK

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?

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

Consumer death due to natural causes or terminal illnes
Anything that results in a threat to consumer's heath 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

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

December 16, 2021

Date

Identification of Criticial Incidents and Reporting Training
POST Test

Name: Dalena Ganse 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

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

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

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 <u>critical Level II incidents</u> for NC Division of MH/DD/SAS funded persons served

- 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

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 fromthe CABHA within the previous 120 calendar days;*
    - *Any sudden, unexpected, or suspicious death of a consumer's minor child or dependent adult*

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.

- 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

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 fromthe 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

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.

SIERRA'S RESIDENTIAL SERVICES INCORPORATED

Meeting Sign-In Sheet
Date: 12-17-21
Residential _____
IIHS_____

INTERNATIO

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

Facilitator: MR. TAZ, BSQP
Crisis Intervention

	Print Name	Sign Name
1.	Crystal Autry	Crystal Autry
2.	Kenneth Daniels	Kenneth Daniels
3.	Shanna Hodges	Shanna Hodges
4.	Dalena Grause	Dalena Grause
5.	Linda McPhatter	Linda McPhatter
6.	Cedric Thomas	Cedric Thomas
7.	Sterling McAlvey	Sterling McAlvey
8.	David McAllister	David McAllister
9.	Candice Taylor	Candice Taylor
10.		
11.		
12.		
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15.		
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18.		
19.		

CERTIFICATE OF COMPLETION

AWARED TO

DAVID MCALLISTER

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

PRESENTER/TITLE

DECEMBER 17, 2021

Date

David McAllister

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

AWARED TO

Dalena Gause

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

PRESENTER/TITLE

DECEMBER 17, 2021

Date

Dalena Grause

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 <u>does not</u> 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 <u>Beginning</u> and an <u>End</u>. T or (F?)

6. Choose the correct answer. Teams committed to crisis resolution include the following:
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    (F) All of the Above are True

CERTIFICATE OF COMPLETION

AWARED TO

Linda McPhatter

FOR COMPLETING CRISIS INTERVENTION TRAINING

HOUR:3

Mrs. Van Dunk, Personnel

PRESENTER/TITLE

DECEMBER 17, 2021

Date

Linda McPhatter

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?

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   (D) Hierarchy of behaviors
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBR: MHL # 043-039	(X2) Multiple Construction B. Building: 01 B. WING_____	(X3) DATE SURVEY COMPLETED 01/03/2022
NAME OF PROVIDER: **SIERRA'S RESIDENTIAL SERVICES, INC.**		STREET ADDRESS, CITY, STATE, ZIP CODE **21 Lanexa Rd. Spring Lake NC 28390**	

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 IIII Residential Facility on a Random and Quarterly Basis to ensure Compliance.	01/03/2022