STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-027	A. BUILDING: _____ B. WING _____	03/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW FARMS	200 ISLAND CREEK ROAD ROCKY POINT, NC 28457

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed March 1, 2022. The complaints were substantiated (intake #NC00184029 and #NC00185589). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 current clients. For the purpose of this report: The "small bed" as referred to throughout this report was a small twin like bed with restraints which was located in client #1's bedroom positioned adjacent to a larger bed for sleeping and included 4 leather straps which fastened to client #1's wrists and ankles. Client #1's Behavior Support Plan dated 12/2/21 revealed: "...the very restrictive nature of the wrist band procedure... a specialized bed with leg and wrist restraints..."	V 000	Please see attached POC.	
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by	V 109	RECEIVED MAR 23 2022 DHSR-MH Licensure Sect	

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V 109	Continued From page 1 exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews, observation, and interviews 1 of 1 Qualified Professional (QP)/ Executive Director (ED) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are: Cross Reference: 10A NCAC 27G .0205-Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility failed to implement strategies based on assessment affecting 1 of 3	V 109		

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V 109	Continued From page 2 clients (#1). Cross Reference: 10A NCAC 27G .5602 - Staff (V290). Based on record reviews, observation, and interviews the facility failed to ensure staff-client ratios above the minimum number to enable staff to respond to individualized client needs in the event of an emergency affecting 3 of 3 clients (#1, #2, #3). Cross Reference: 10A NCAC 27G .0603 - Incident Response Requirements for Category A & B Providers (V366). Based on record reviews and interviews the facility failed to document their response to level II incidents. Cross Reference: 10A NCAC 27G .0604 - Incident Reporting Requirements For Category A & B Providers (V367). Based on record reviews and interview, the facility failed to report incidents to the Local Management Entity/Managed Care Organization (LME/MCO) as required. Cross Reference: 10A NCAC 27E .0101 - Least Restrictive Alternative (V513). Based on interviews and record reviews the facility failed to provide services/supports that used the least restrictive intervention procedure to reduce a behavior for 1 of 3 audited clients (#1). Cross Reference: 10A NCAC 27E .0102 - Prohibited Procedures (V514). Based on record reviews, and interviews, the facility failed to adhere to prohibited procedures administered to the client for the purpose of reducing the frequency or intensity of a behavior, affecting 1 of 3 clients (#1). Cross Reference: 10A NCAC 27E .0104 - Seclusion, Physical Restraint and Isolation	V 109		

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V 109	Continued From page 3 Time-Out and Protective Devices Used for Behavioral Control (V518). Based on record reviews, observation, and interviews, the facility failed to ensure that staff were present to monitor the physical and psychological well-being of the client throughout the duration of the restrictive intervention, and failed to ensure that positive and least restrictive alternatives were considered and attempted whenever possible for 1 of 3 clients (#1). Cross Reference: 10A NCAC 27E .0104 - Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V521). Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized for 1 of 3 clients (#1). Cross Reference: 10A NCAC 27E .0104 - Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V523). Based on record reviews, observation and interviews, the facility failed to ensure periodic observation of the client for at least every 15 minutes during a physical restraint to assure the safety of the client, affecting 1 of 3 clients (#1). Cross Reference: 10A NCAC 27E .0104 - Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V524). Based on record reviews and interviews the facility failed to document notification of the treatment team and legally responsible person following each restrictive intervention as required, affecting 1 of 3 clients (#1).	V 109		

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V 109	Continued From page 4 Cross Reference: 10A NCAC 27E .0104 - Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V525). Based on record reviews and interviews, the facility failed to maintain a log of restrictive interventions performed at the facility and conduct regular reviews of restrictive interventions as required, affecting 1 of 3 clients (#1). Cross Reference: 10A NCAC 27E .0104 - Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V526). Based on record review and interviews, the facility failed to document the type of procedure used, effectiveness of procedures, length of time employed, and alternatives considered affecting 1 of 3 clients (#1). Cross Reference: 10A NCAC 27E .0104 - Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V528). Based on record reviews and interviews the facility failed to ensure that consent or approval for planned restrictive interventions shall be considered valid for no more than six months, and that the decision to continue a specific intervention shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed, affecting 1 of 3 clients (#1). Cross Reference: 10A NCAC 27E .0104 - Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V529). Based on record reviews and interview the facility failed to have documentation in the client file of description and	V 109		

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V 109	Continued From page 5 frequency of debriefing, bi-monthly evaluations of the planned intervention, and monthly review of the planned intervention by the treatment/habilitation team affecting 1 of 3 clients (client #1). Review on 1/5/22 of the QP/ED's personnel record revealed: -Date of hire: 6/24/14 -Job Title: Qualified Professional (QP)/ Executive Director (ED) Review on 2/8/22 of the Plan of Protection dated 2/8/22 and signed by the QP/ED revealed: -"What immediate action will the facility take to ensure the safety of the consumer's in your care? Effective immediately, [client #1] will no longer utilize his small bed for the purpose of a restraint whether he requests the restraint or not. Management will be notifying all ASAP (Autism Support and Programs, Inc) staff via email today that the restraints have been removed from the bed and is no longer available for [client #1] to utilize. Staff will also be informed in the email to utilize EBPI (Evidence Based Protective Interventions) techniques and training to protect themselves and [client #1] in the event that any behavioral occurrences of aggression, property destruction, and/or self injurious behaviors take place." -"Describe your plans to make sure the above happens. All restraints/equipment have been removed from [client #1's] small bed in his bedroom and will not be utilized for restraint purposes effective immediately. All team members will utilize EBPI techniques to prevent, redirect, and better manage maladaptive behaviors which may be displayed in an aggressive and/or SIB (self-injurious behavior)	V 109		

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V 109	Continued From page 6 manner. [Programs Director], ASAP's Programs Director, informed staff immediately via email (1/17/2022) not to utilize the small bed as a restraint. ASAP's Programs Director, who is also the EBPI trainer will provide a refresher course to review all EBPI restraint techniques which will be used to keep [client #1] and all staff safe during behavioral episodes. In the event [client #1] falls to the floor or begins to bang his head, staff are to utilize gym mats to protect him from hurting his head/body on the floor, wall, etc. The mat will also add a protective barrier for staff to remain safe while continuing to closely monitor [client #1] during behavioral episodes. [Qualified Professional (QP)/Executive Director], ASAP's Executive Director and Qualified Professional contacted [client #1's] Care Coordinator to inform her of [client #1] requiring a higher level of care, which ASAP is unable to provide. [Care Coordinator], the Care Coordinator for [client #1] spoke to [Local Management Entity's] Executive Team to determine if there were alternatives to him needing to be transferred to higher level of care. [Programs Director and QP/Executive Director] held an emergent Board of Director's (BOD) meeting via zoom (1/19/2022) to discuss the matter and the B.O.D. agreed that [client #1] needs a higher level of care to address his needs. [Programs Director and QP/Executive Director] spoke to [Care Coordinator] to inform her of the B.O.D.'s decision for as higher level of care. we also discussed with her the need to revise [client #1's] ISP (Individual Support Plan) to reflect the discontinuation of using the small bed for de-escalation. We also contacted [Behavior Analyst] with [community mental health business] and requested he revise [client #1's] behavior plan to reflect the discontinuation of using the small bed for de-escalation .	V 109		

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V 109	Continued From page 7 The Care Coordinator is actively looking for placement with a higher level of care for [client #1]. Once placement is arranged, ASAP will discharge [client #1] from the organization. Until placement is determined for [client #1] (outside of A.S.A.P.) and he has been officially discharged/transitioned into new placement, A.S.A.P. will continue to schedule two staff per shift." Review on 3/1/22 of the Plan of Protection dated 3/1/22 and signed by the QP/ED revealed: -"What immediate action will the facility take to ensure the safety of the consumer's in your care? Effective immediately, [client #1] will no longer utilize his small bed for the purpose of a restraint whether he requests the restraint or not. Management will be notifying all ASAP (Autism Support and Programs, Inc) staff via email today that the restraints have been removed from the bed and is no longer available for [client #1] to utilize. Staff will also be informed in the email to utilize EBPI (Evidence Based Protective Interventions) techniques and training to protect themselves and [client #1] in the event that any behavioral occurrences of aggression, property destruction, and/or self injurious behaviors take place." -"Describe your plans to make sure the above happens. All restraints/equipment have been removed from [client #1's] small bed in his bedroom and will not be utilized for restraint purposes effective immediately. All team members will utilize EBPI techniques to prevent, redirect, and better manage maladaptive behaviors which may be displayed in an aggressive and/or SIB (self-injurious behavior) manner. [Programs Director], ASAP's Programs Director, informed staff immediately via email	V 109		

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V 109	Continued From page 8 (1/17/2022) not to utilize the small bed as a restraint. ASAP's Programs Director, who is also the EBPI trainer will provide a refresher course to review all EBPI restraint techniques which will be used to keep [client #1] and all staff safe during behavioral episodes. In the event [client #1] falls to the floor or begins to bang his head, staff are to utilize gym mats to protect him from hurting his head/body on the floor, wall, etc. The mat will also add a protective barrier for staff to remain safe while continuing to closely monitor [client #1] during behavioral episodes. [Qualified Professional (QP)/Executive Director], ASAP's Executive Director and Qualified Professional contacted [client #1's] Care Coordinator to inform her of [client #1] requiring a higher level of care, which ASAP is unable to provide. [Care Coordinator], the Care Coordinator for [client #1] spoke to [Local Management Entity's] Executive Team to determine if there were alternatives to him needing to be transferred to higher level of care. [Programs Director and QP/Executive Director] held an emergent Board of Director's (BOD) meeting via zoom (1/19/2022) to discuss the matter and the B.O.D. agreed that [client #1] needs a higher level of care to address his needs. [Programs Director and QP/Executive Director] spoke to [Care Coordinator] to inform her of the B.O.D.'s decision for as higher level of care. we also discussed with her the need to revise [client #1's] ISP (Individual Support Plan) to reflect the discontinuation of using the small bed for de-escalation. We also contacted [Behavior Analyst] with [community mental health business] and requested he revise [client #1's] behavior plan to reflect the discontinuation of using the small bed for de-escalation . As of 3/1/2022, [client #1's] guardian does not feel comfortable signing the updated ISP	V 109		

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V 109	Continued From page 9 (Individual Support Plan) which reflects that the small bed has been removed as a resource. The ISP has been changed and the team will be meeting the end of this week. Once the team meets, we may or may not have an updated and signed ISP, depending on the guardian's stance after the meeting. If he chooses not to sign, I will request the unsigned plan from the Care Coordinator to have as our attempt to comply with requests. The Care Coordinator is actively looking for placement with a higher level of care for [client #1]. Once placement is arranged, ASAP will discharge [client #1] from the organization." Client #1 was a 31 year-old male admitted 6/10/09 with diagnoses of autism spectrum disorder and severe intellectual disability. In addition, client #1 suffered from frequent bowel movement/digestion issues, neck pain issues, and frequent headaches. Client #1's diagnoses and medical history manifested in the form of physical assaults, property destruction, and potentially life threatening SIBs. His SIBs included hitting his head against floors and walls, punching himself in the face, and punching his genitalia. Based on client #1's Behavior Support Plan dated 12/2/21, the facility utilized a "small bed" intervention to address self-injurious behaviors. The "small bed" was positioned adjacent to a larger bed for sleeping and included 4 leather straps which fastened to client #1's wrists and ankles. Expectations for staff monitoring were documented observations of 15- minute increments to ensure accurate data collection and the successful implementation of the behavior plan. The "small bed" intervention was used on all shifts, ranged in use from 2-30 times per month (depending on the month and	V 109		

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V 109	Continued From page 10 reporter), and lasted approximately 10 minutes to 8 hours in duration. There were 2 -3 staff working each shift with the QP/ED and male staff occasionally working alone on overnight shifts. Staff failed to recognize the observation of client #1 in 15 minute increments, observe client #1 while in the restrictive interventions, complete debriefing protocols, implement the least restrictive interventions available, adhere to prohibited procedures administered to client #1 for the purpose of reducing the frequency or intensity of behaviors, and failed to maintain safe staff-client ratios on overnight shifts. Supporting documentation was insufficient with no level II response/reporting, no authorizations for extended restrictive intervention times, no data on restrictive intervention effectiveness, length of time employed, and alternative interventions considered. In addition, there were no records of bi-monthly restrictive intervention evaluations, monthly team reviews, documentation in client #1's record of when restrictive interventions were implemented, bi-annual approvals of the intervention, treatment team/guardian notifications, or a restrictive intervention log. The QP/ED failed to take the necessary steps to follow policies and procedures, notify relevant agencies, and maintain appropriate documentation of incidents. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $5,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 109		

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V 112	Continued From page 11	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement strategies based on assessment affecting 1 of 3 clients (#1). The findings are:	V 112		

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V 112	Continued From page 12 Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -Vocabulary is limited with communication often achieved through physical guidance to desired source -No documentation of 15-minute observation checks presented Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Life Situation: I need close 1:1 staffing and supervision and need 24-hour awake staff at night for health and safety concerns (currently have visual checks at least every 15 minutes to monitor for sleep/wake cycles, safety, restroom needs, etc.). I engage in extreme behaviors which are considered life threatening." -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: My behaviors are tracked every 15 minutes and monitored 24 hours a day...During the day I have 6 hours of 1:1 time and have awake staff over night with 15 minute checks...I require a specially controlled home environment, direct supervision at home, and direct supervision in the community ...I require direct supervision during all waking hours ...I require extensive support 7 days/week, at least 18 hours/day (truly 24 hours/day). If no support is provided, I may injure myself requiring medical attention or hospitalization." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Time in small Bed with Restraints - duration of	V 112		

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V 112	Continued From page 13 time spent in bed specifically and only used by ASAP (Autism Support and Programs, Inc.) for restraints for severe problem behavior." -"Estimated Functions of Problem Behaviors...When [client #1] is placed in the small bed the procedure is to check on him every 15 minutes asking him if he is ready to get out of the small bed Sometimes his yes/no cards are used during this procedure and sometimes he is asked sooner or later than 15 minutes." -"Interventions and Rationales...[Client #1] will receive interaction every 3 minutes (noncongruent reinforcement) to help decrease his motivation for engaging in undesired behaviors that are reinforced by attention." -"Data Collection Procedures...Staff will be using ASAP-designed datasheets that track occurrence (partial interval recording) of each behavior every 15 minutes. Data will be calculated as percentage of total weekly 15-minutes intervals during which each behavior occurred, and analyzed at least monthly." -"Behavior Support Plan Procedures - Preventive...Provide social interaction at least every 2-3 minutes in the absence of target behaviors...Staff should be able to see and hear [client #1]." Review on 1/5/22 and 1/6/22 of client #1's Partial Interval Recording Sheet dated 9/13/21 - 1/2/22 revealed: -Observation periods were listed in 16 daily one-hour blocks from 8am - 11pm, and one single block which captured the hours of 11pm - 7am. -Individual blocks were separated into two observable behaviors and recorded using tick marks. Behavior #1 was identified as "Aggression" and behavior #2 was identified as "Self-Injurious Behavior (SIB)." -Staff initials were missing for 192 individual block	V 112		

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V 112	Continued From page 14 hours. -Staff initials were missing for 2 blocks which captured observation between the hours of 11pm - 7am (9/28/21 and 11/26/21). Review on 2/4/22 of client #1's Log Book for the dates of 10/6/21 - 2/2/22 revealed: -There was no documentation of 15 minute checks recorded. Attempted interviews with client #1 on 1/5/22 and 1/6/22 proved unsuccessful due to verbal limitations and client #1's detachment from the interview process. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She had been employed with the agency for approximately 1 year. -Staff were to check on client #1 every 2 hours to ensure that he was able to use the bathroom and to ensure his safety. -There were no specific requirements for observation checks with regards to time observed on day shift. -Observations of client #1 were to be recorded in log book at the end of each shift but were not completed by all staff regularly and were not accurate. Interview on 1/11/22 staff #3 stated: -She had been employed with the agency for over a year. -There were no specific requirements with regards to observation times for client #1 when he was in his room. -Observation of client #1 was dependent on the staff working and the "mood" of the client. Interviews on 1/4/22, 1/12/22 and 2/4/22 staff #4	V 112		

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V 112	Continued From page 15 stated: -She had been employed with the agency since November of 2021. -Supervision requirements for client #1 were to remain in line of sight with client when he was awake. -There were no specific requirements with regards to observation times for client #1 when he was in bed. -There were no specific documentation requirements for observations of client #1. -She would check on client #1 every 30 minutes when he used his "small bed." Interview on 2/3/22 staff #7 stated: -She had been employed with the agency for several months, but she had been employed with agency previously. -Staff were to be checking on client #1 every 15-30 minutes. -Client #1 was able to remain in his room unattended but should have had an open door when in his room. Interview on 2/4/22 staff #8 stated: -She had been employed with the agency for approximately 1 year. -She had never been educated on specific observation requirements for client #1. -Observations of client #1 were to be recorded in a log book but were not completed by all staff regularly and were not accurate. Interview on 1/11/22 former staff #5 (FS #5) stated: -She resigned from the agency in December of 2021. -Management "never pushed" how often client #1 was to be observed. -Observations were to be recorded in a log book.	V 112		

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V 112	Continued From page 16 -There were no specific observation requirements for client #1. -Staff would interact with client #1 when he was happy. However, staff would "just place him in his room and listen for him" when he was upset or "having a bad day." Interview on 1/18/22 the local managment entity (LME)/managed care organization (MCO) Care Coordinator stated: -Agency staff should have been using 15-minute observation logs with client #1 and recording observations appropriately. -Client #1 should have been under line of sight supervision during awake hours due to the seriousness of his self-injurious behaviors. Interview on 1/11/22 the behavior analyst stated: -Client #1 had been receiving services since 2014. -Agency staff had previously used 15-minute observation logs but stopped recording those in February 2021. -Agency staff switched to their own observation log designed to monitor behaviors on an hourly basis. -Agency staff should have been checking and recording data on client #1 every 15 minutes when he was in any restraint, including the "small bed" restraint. Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -Client #1 required 1:1 supervision and should have been within line of sight when he was awake. -The agency had previously employed 15 minute checks when client #1 was using his small bed. However, staff stopped documenting the 15-minute checks.	V 112		

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V 112	Continued From page 17 -Observation of client #1 in 15-minute increments had not been documented. -Staff were required to check on client #1 to ensure he was not wet when he was using the "small bed." -Staff were to be checking on client #1 every 30 minutes during sleep hours. -She was responsible for ensuring staff completed client documentation. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the	V 114		

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V 114	Continued From page 18 facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 1/5/22 of facility records, from 1/1/21 - 12/31/21 revealed: -There were no fire drills documented between 4/01/21 - 12/31/21. -There were no disaster drills documented between 4/01/21 - 12/31/21. Due to verbal and cognitive limitations, interviews with clients #1, #2, and #3 on 1/5/22 and 1/6/22 were unsuccessful in determining fire and disaster drill routines. Interviews on 1/6/22, 1/10/22, and 2/7/22 staff #2 stated: -She had been employed with the agency for approximately 1 year. -She primarily worked overnight shifts. -Fire and disaster drills were to be completed monthly, but she had not personally participated in any fire or disaster drills. -Fire and disaster drills had been completed more regularly when the facility had employed Team Leads. Interview on 2/4/22 staff #3 stated: -She had been employed with the agency for over a year. -She worked all shifts. -Fire and disaster drills were completed "periodically," but she had not participated in any fire or disaster drills. Interviews on 1/4/22, 1/12/22 and 2/4/22 staff #4 stated: -She had been employed with the agency since November of 2021.	V 114		

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V 114	Continued From page 19 -Fire and disaster drills were to be completed monthly, but she had not personally participated in any fire or disaster drills. Interview on 2/7/22 staff #6 stated: -She had been employed with agency since August of 2021. -She had not participated in any fire or disaster drills. Interview on 2/4/22 staff #8 stated: -She had been employed with the agency for approximately 1 year. -She primarily worked the overnight shifts. -She had not participated in fire or disaster drills since her employment began. Interview on 2/4/22 staff #9 stated: -She had been employed with the agency since September of 2020. -Fire and disaster drills were to be completed monthly, but she could not remember participating in any fire drills or disaster drills since "it got cold." Interview on 1/11/22 former staff #5 (FS #5) stated: -She was hired in February of 2020 and resigned from the agency in December of 2021. -She had not participated in any fire drills or disaster drills. Interview on 1/14/22 and 2/8/22 the Program Director stated: -Agency would address the fire drills and disaster drills.	V 114		
V 118	27G .0209 (C) Medication Requirements	V 118		

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V 118	Continued From page 20 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as	V 118		

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V 118	Continued From page 21 ordered by a physician, failed to demonstrate competency with medications, and failed to keep MARs current affecting 3 of 3 clients (#1,#2,#3). The findings are: Finding #1 Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe Review on 1/5/22 of client #1's physician's orders revealed: 9/18/20 -Clotrimazole 1% Cream, Apply to affected area and surrounding areas twice daily and as needed for itching. 3/25/21 -Clonazepam 1 milligram (mg), Take 1 tablet (tab) at noon and 1 tab every evening. Review on 1/5/22 of client #1's MARs from October 1, 2021 - January 5, 2022 revealed: -There were no staff initials to indicate Clotrimazole 1% Cream was applied on 11/9/21 at 7pm. -There were no staff initials to indicate Clonazepam 1mg was administered on 10/6/21 and 10/8/21 at 12pm. Finding #2: Review on 1/5/22 and 1/6/22 of client #2's record revealed: -56 year-old male -Admission date of 9/1/11 -Diagnoses of autistic disorder, impulse control, and intellectual disability-moderate	V 118		

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V 118	Continued From page 22 Review on 1/5/22 of client #2's physician's orders revealed: FL2- 2/16/21: -Diazepam 10mg, Take 1 tab twice daily. -Divalproex Sodium Delayed Release (DR) 500mg, Take 1 tab twice daily. -Topiramate 200mg, Take 1 tab every evening. Review on 1/5/22 of client #2's MARs from October 1, 2021 - January 5, 2022 revealed: -There were no staff initials to indicate Diazepam 10mg, Divalproex Sodium DR 500mg, and Topiramate 200mg were administered on 10/17/21 at 7pm. Finding #3 Review on 1/5/22 and 1/6/22 of client #3's record revealed: -21 year-old male -Admission date of 8/4/17 -Diagnoses of autistic disorder, impulse control, intellectual disability-moderate, and non-verbal Review on 1/5/22 of client #3's physician's orders revealed: -Progesterone 100mg, Take 1 capsule (cap) every evening. -Clonidine 0.1mg, Take 1 and ½ tabs 3 times daily. Review on 1/5/22 of client #3's MARs from October 1, 2021 - January 5, 2022 revealed: -There were no staff initials to indicate Progesterone 100mg was administered on 12/4/21 at 7pm. -There were no staff initials to indicate Clonidine 0.1mg was administered on 10/17/21 and 12/23/21 at 12pm. Due to verbal and cognitive limitations, interviews	V 118		

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V 118	Continued From page 23 with clients #1, #2, and #3 on 1/5/22 and 1/6/22 were unsuccessful in determining medication regimen. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She had been employed with the agency for approximately 1 year. -She did not pass medications. -She had witnessed medications pre-filled in medication cups and stored for clients to take at a later time. -She had found loose medications in client #1's bed. -She had found medication cups with unused medications in the trash. -There was an incident approximately 2 weeks earlier (interview date of 2/7/22) where evening medications for the upcoming shift were signed as given in all 3 client's MARs. The incoming staff for the next shift identified the discrepancy with the missing medications and notified management of the medication discrepancy. Interview on 2/7/22 staff #6 stated: -She had been employed with the agency since August of 2021. -There were evening medications missing on a shift approximately 2 weeks earlier (2/7/22). As she prepared noon medications for the clients, she witnessed the upcoming evening medications had been signed off as given in all 3 client's MARs. In addition, the evening shift medications were unaccounted for in the medication blister packs for all 3 clients. She notified management of the medication discrepancy. -She observed client #2 as "moving a lot slower" that particular afternoon. Interview on 2/4/22 staff #8 stated:	V 118		

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V 118	Continued From page 24 -She had been employed with the agency for approximately 1 year. -She had witnessed medications pre-filled in medication cups and stored for the clients to take at later time. This had occurred on two occasions over the last 2 months. -There had been a medication error on 1/22/22 or 1/23/22. During the the evening of 1/22/22 and the morning of 1/23/22, the evening medications for 1/23/22 were administered for all 3 clients. The MARs had been completed for the shifts on 1/22/22 and 1/23/22 and then crossed out and initialed indicating a transcription error by the QP/ED. On the afternoon shift of 1/23/22, staff noticed the discrepancy and notified management. When the medications were counted, the staff noticed the medication blister packs for the evening shift of 1/23/22 had pills missing for the 1/23/22 evening dose. -She had passed along her concerns to the Program Director. Interview on 1/11/22 former staff #5 (FS #5) stated: -She resigned from agency in December of 2021. -She had witnessed "ongoing problems" with the agency staff filling in the wrong boxes of MARs and not completing the MARs after giving medications. Interview on 2/4/22 staff #9 stated: -She had worked with agency since September of 2020. -She had witnessed several medication errors, including medications given at the wrong time and MARs filled out incorrectly. -She had witnessed her initials crossed out on completed MARs and filled in by other staff. Interview on 2/8/22 the Qualified Professional	V 118		

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V 118	Continued From page 25 (QP)/ Executive Director (ED) stated: -She had made a transcription error on 1/23/22 and signed in the wrong box but had initialed the correction. -She had not made any additional errors with regards to administering medications on 1/22/22 or 1/23/22. -If medications were missing on 1/23/22 it may have been due to staff theft or an error on the part of another staff. She had not had a chance to complete an investigation to determine if any such events had occurred. -She was unaware of medications being removed from the medication blister packs and stored in the medication cabinet for a later administering time. -She was unaware of any additional medication errors. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure	V 290		

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V 290	Continued From page 26 the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to ensure staff-client ratios above the minimum number to enable staff to respond to individualized client needs affecting	V 290		

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V 290	Continued From page 27 3 of 3 clients (#1, #2, #3). The findings are: Finding #1: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan (ISP) dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Life Situation: I need close 1:1 staffing and supervision and need 24-hour awake staff at night for health and safety concerns (currently have visual checks at least every 15 minutes to monitor for sleep/wake cycles, safety, restroom needs, etc.). I engage in extreme behaviors which are considered life threatening -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Social Network: I need 1:1 assistance and occasional 2:1 supports if I engage in behaviors." -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: my severe injurious behaviors (SIB) have lessened over time, but I have used crisis services with 2:1 staffing last year and my SIB continues ...I need full support to avoid health and safety hazards - someone else must be aware of safety hazards for me and help me through them (walking in traffic, using safety rails, nonslip mats, using smoke detectors/carbon monoxide detectors/fire alarms, storing chemicals, reading safety danger signs regarding hazards and poisons, locking doors) ...I require monitoring with ambulating and moving about - I move independently but I may need prompting to get up and go somewhere,	V 290		

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V 290	Continued From page 28 and just need monitoring for safety ...I need full support with learning how to access emergency services - I have no awareness of emergency skills, using a personal emergency response system, planning access to emergency services, and planning/practicing response to emergencies." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Reason for Referral...[Client #1] was referred for behavior consultative services due to the high frequency and intensity of his problem behaviors, as well as the restrictive nature of the current interventions (from ASAP) (Autism Support and Programs, Inc). These problem behaviors and restrictions impair his ability to integrate into the community and function safely across environments and to reach his ISP goals." -"Interventions and rationales...Data for the past year (Oct 2020 - Sept 2021) show slightly elevated levels for both SIB and aggression, thereby indicating regression from baseline." Observation on 1/5/22 of client #1's bedroom at approximately 11:45am revealed: -Staff #1 was providing 1:1 services with client #1. -While staff #1 was in the kitchen, client #1 was observed alone in his bedroom with the bedroom light off. -Client #1 was lying in a bed (identified by staff as the small bed) with 4 leather straps extending from the bed and connected to both of client #1's wrists and ankles. -The "small bed" was positioned adjacent to a second bed which was identified by staff as the "big bed " which client #1 used for sleeping. -Client #1 did not appear in distress and was unresponsive to dialogue.	V 290		

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V 290	Continued From page 29 Finding #2: Review on 1/5/22 and 1/6/22 of client #2's record revealed: -56 year-old male -Admission date of 9/1/11 -Diagnoses of autistic disorder, impulse control, and intellectual disability-moderate Review on 1/5/22 and 1/6/22 of client #2's ISP dated 2/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Life Situation- I do require 24 hour supervision...I need support to make safe choices when at home and in the community as well as support to evacuate my home or area in the event of a fire." Finding #3 Review on 1/5/22 and 1/6/22 of client #3's record revealed -21 year-old male -Admission date of 8/4/17 -Diagnoses of autistic disorder, impulse control, intellectual disability-moderate, and non-verbal Review on 1/5/22 and 1/6/22 of client #3's ISP dated 7/1/21 revealed: -"Important People /Things - Having enough staff assistance and supervision to ensure his health and safety in all settings is important." -"My Choices & Supports - Where I choose to live: [Client #3] is very active and needs a good deal of supervision. He cannot be left alone at home or any other location." -"My Support Needs - Behavioral health support needs: [Client #3] does not have a good sense of danger, will walk fast and will get away from you sometimes without paying attention to where he is going. He is a very fast walker. [Client #3] does not always respond to requests made of him or	V 290		

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V 290	Continued From page 30 follow rules or boundaries." -"When I may need Extra Help - Things that may create stress. Situations where I'll need extra help? - Target behaviors are more likely to occur: a) when he is denied a preferred item or activity (e.g. preferred food), b) when he is redirected to participate in an activity he's not interested in, c) when a routine or ritual (e.g. placing items in specific locations) is interrupted d) when the environment is noisy, e) when there is an environmental change (e.g. an item of his is moved) and f) when his tolerance level for that day/activity is exceeded. h) staff and routine changes" -"When I may need Extra Help - What you can do to help me prepare ahead? - Noisy environments that are unfamiliar to [client #3] (when he doesn't know what to expect) could lead to negative behaviors." -"Long-range Goal 6: [Client #3] will decrease his anxiety, agitation, frustration and physical aggression toward self and others...Where am I now: [Client #3] requires one on one staffing to help address his health and safety..." Review on 1/5/22 and 1/6/22 of client #3's Risk/Support Needs Assessment dated 7/1/21 revealed: "...Safety Supports in Home and Community...Requires support to evacuate home in event of fire. Describe: [Client #3] does not understand consequences. (marked yes)...Requires support to access help in emergencies. Describe: [Client #3] does not know how to get help. (marked yes)" Interviews on 1/5/22 and 2/4/22 staff #1 stated: -She had been rehired with the agency as of January 3, 2022. -She had previously worked with the agency for	V 290		

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V 290	Continued From page 31	V 290		

approximately 3 years.
-She was working 1:1 with client #1 on 1/5/22.
-The afternoon of 1/5/22 was the first afternoon she had used the " small bed " intervention with client #1 since her rehire.

Interviews on 1/6/22, 1/10/22, and 2/7/22 staff #2 stated:
-She had been employed with the agency for approximately 1 year.
-She primarily worked overnight shifts.
-She had witnessed client #1 using the "small bed" intervention on two separate occasions during the overnight shift.
-She had worked alone on one overnight shift.
-The Qualified Professional (QP)/ Executive Director (ED) and male staff were the only individuals allowed to work alone on overnight shifts.
-She did not believe anyone working alone would have been able to get all 3 clients out of the home in the event of a fire.
-Client #3 was especially difficult to arouse once he was asleep.

Interview on 2/4/22 staff #8 stated:
-She had been employed with the agency for approximately 1 year.
-She primarily worked overnight shifts.
-She had witnessed client #1 using the "small bed" intervention on two separate occasions during the overnight shift.
-She had worked alone on one overnight shift.
-The QP/ED and male staff were the only other individuals she was aware of who had worked alone on overnight shifts.
-She did not believe any staff working alone could safely exit all 3 clients out of the home in the event of a fire.
-Evacuating client #2 and client #3 would have

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V 290	Continued From page 32 proven especially difficult during a fire due to client #2's balance issues and client #3's difficulty waking up. Interview on 2/4/22 staff #9 stated: -She had been employed with the agency since September of 2020. -Only the QP/ED, male staff, and "seasoned staff" were allowed to work alone on overnight shifts. Interview on 1/11/22 former staff #5 (FS#5) stated: -She resigned from agency in December of 2021. -The QP/ED and male staff had worked alone on overnight shifts. -She would not have been able to safely assist all 3 clients in exiting the home had a fire started while she was working alone. -Escaping a fire quickly would have proven very difficult due to the difficulty of waking client #3 and mobility issues with client #2. Interviews on 2/7/22 and 2/8/22 the QP/ED stated: -She and one other former male staff had been the only ones that had worked overnight shifts alone. -The Board of Directors for the agency had recommended having more than 1 staff on overnight shifts, but it had not been a requirement. -All of the overnight shifts since 1/14/22 had included multiple staff. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 290		

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V 291	Continued From page 33	V 291		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain coordination between the facility operator and the professionals who are	V 291		

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V 291	Continued From page 34 responsible for the client's treatment affecting 2 of 3 clients (#2 and #3). The findings are: Finding #1: Review on 1/5/22 and 1/6/22 of client #2's record revealed: -56 year-old male -Admission date of 9/1/11 -Diagnoses of autistic disorder, impulse control, and intellectual disability-moderate -No documentation of follow-up visit with podiatrist following 8/30/21 appointment. Review on 1/5/22 and 1/6/22 of client #2's Individual Support Plan dated 2/1/21 revealed: " Medical/Behavioral - I have a hard time maintaining my toenails and I see a podiatrist to help keep them trimmed and manageable..." - " I require support to promote skin integrity - incontinence, assistance with lotion, toenail issues ... " Review on 2/4/22 of client #2's physician notes from podiatry appointment dated 8/30/21 revealed: -"Plan - At this time patient wishes to proceed with debridement of painful toenails. I debrided toenails 1-5 left and 6-10 right with toenail nippers. I then smoothed each toenail with the electric dremel. I debrided the fissures of his heels bilaterally with and smoothed with an electric debrider....Patient to RTO (return to office) in 9 weeks for a follow up evaluation or sooner if needed." Finding #2: Review on 1/5/22 and 1/6/22 of client #3's record revealed: -21 year-old male -Admission date of 8/4/17	V 291		

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V 291	Continued From page 35 -Diagnoses of autistic disorder, impulse control, intellectual disability-moderate, and non-verbal -Last documented dental visit was for an evaluation of previous wisdom tooth extractions on 1/22/20. Review on 1/5/22 and 1/6/22 of client #3 's Risk/Support Needs Assessment dated 7/1/21 (start date) revealed: -"Physician Supports - Dentist - twice yearly ...Approximate Date of Last Visit- 1/2021." -"...Supports for Communicating Needs - Requires full assistance from familiar persons to communicate most or all essential needs..." -"...Supports Needed to Complete Activities of Daily Living. - Requires Support for making appointments ...(marked yes)." Review on 1/5/22 and 1/6/22 of physician's note for client #3 dated 1/14 /21 - 11/19/21 revealed: -Client #3 was "Due for dental visit " on the following dates: 1/14/21, 1/30/21, 3/25/21, 5/28/21, 7/23/21, 8/27/21, 10/14/21, and 11/19/21. Interviews on 1/14/22, 1/19/22, and 2/8/22 the Program Director revealed: -Client #3 had a dental appointment scheduled in December, 2021 which had been canceled. -He had been working on scheduling another appointment following the cancellation. -Regular appointments with podiatrist were maintained to manage the care of client #2's feet.	V 291		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	V 366		

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V 366	Continued From page 36 (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy;	V 366		

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V 366	Continued From page 37 (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment	V 366		

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V 366	Continued From page 38 area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to document their response to level II incidents. The findings are: Review on 1/5/22 of Incident Response Improvement System (IRIS) from January 1, 2021 - January 6, 2022 revealed no documented incident reports for client #1. Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of any restrictive interventions being employed between the dates of 1/1/21 - 1/5/22 Review on 1/5/22 and 1/6/22 of client #1's Partial	V 366		

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V 366	Continued From page 39 Interval Recording Sheet dated 9/13/21 - 1/2/22 revealed: -Observation periods were listed in 16 daily one-hour blocks from 8am - 11pm, and one single block which captured the hours of 11pm - 7am. -Individual blocks were separated into two observable behaviors and recorded using tick marks. Behavior-1 was identified as "Aggression" and behavior-2 was identified as "Self-Injurious Behavior (SIB)." -Staff initials were missing for 192 individual block hours. -Staff initials were missing for 2 blocks which captured observation between the hours of 11pm - 7am (9/28/21 and 11/26/21). Interviews on 1/5/22 and 2/4/22 staff #1 stated: -She had been rehired with the agency as of January 3, 2022. -She had previously worked with the agency for approximately 3 years. -The afternoon of 1/5/22 was the first afternoon she had used the " small bed " intervention with client #1 since her rehire. -The Program Director had shown her how to use the "small bed" straps with client #1 by ensuring the straps were secured properly and maintaining his safety throughout the process. Interviews on 1/6/22, 1/10/22, and 2/7/22 staff #2 stated: -She had worked with the agency for approximately 1 year. -Client behaviors were supposed to be recorded in a log book. -The data recorded in the log book was not accurate, as staff failed to record data on a regular basis. -Client #1 used the "small bed" intervention for as little as "30 minutes to all day."	V 366		

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V 366	Continued From page 40 -She estimated that client #1 may have used the "small bed" intervention an average of "15-30 times per month" over the "last few months." Interviews on 1/5/22, and 1/11/22 staff #3 stated: -She had been employed with the agency for approximately 1 year. -Client behaviors were recorded in a black and white notebook. -Client #1 used the "small bed" intervention for as little as 30 minutes and as long as 1 hour. -She estimated client #1 had used the "small bed" intervention up to 2-3 times per week in December of 2021. Interviews on 1/5/22, 1/12/22 and 2/4/22 staff #4 stated: -She had been employed with the agency since November of 2021. -She had been rehired after a 1 year absence. -Documentation requirements for client #1's behaviors were recorded in a black and white log book. -Client #1 used the "small bed" intervention for as little as "30 minutes" and as long as "1-2 hours." -She estimated client #1 had used the "small bed" intervention 3-5 times in December of 2021 and 2-3 times in November of 2021. Interview on 2/7/22 staff #6 stated: -She had been employed with the agency since August of 2021. -She estimated client #1 had used the "small bed" intervention on an average of 1 time per week in December of 2021. -Client #1 used the "small bed" intervention for as little as "15-20 minutes" at a minimum. Interview on 2/4/22 staff #8 stated:	V 366		

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V 366	Continued From page 41 -She had been employed with the agency for approximately 1 year. -She had witnessed client #1 using the "small bed" intervention on two separate occasions during the overnight shift. -The data recorded in the log book was not accurate, as staff failed to record data on a regular basis. Interview on 2/4/22 staff #9 stated: -She had been employed with the agency since September of 2020. -Documentation requirements for client #1's behaviors were recorded in a black and white log book. -Client #1 used the "small bed" intervention for as little as "25-30 minutes" and as long as "all day." -She estimated client #1 had used the "small bed" intervention 2-3 times in December of 2021. Interview on 1/12/22 former staff (FS #5) stated: -Her employment with the agency ended in December 2021. -Behaviors were documented in a logbook but not documented consistently by staff. -Client #1 used the "small bed" intervention for as little as "15-20 minutes" and as much as "maybe 8 hours." -She estimated client #1 had used the "small bed" intervention approximately 10 times for the last full month she worked (October). During interviews on 1/5/22, 1/6/22, 1/10/22, and 1/19/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -The facility had witnessed positive results with the implementation of the "small bed" intervention and would continue to use the method as a primary form of therapeutic intervention moving	V 366		

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V 366	Continued From page 42 forward. -Client #1's use of the "small bed" intervention varied depending on his mood. There were times where it was implemented daily and other times where it was implemented once a week, or less. -She believed that a level II incident response was not required due to the established behavior plan with the intervention listed. -She was responsible for completing all level II incident reports. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information;	V 367		

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V 367	Continued From page 43 (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a	V 367		

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V 367	Continued From page 44 report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report incidents to the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are: Review on 1/5/22 and 1/6/22 of facility records and Incident Response Improvement System (IRIS) from January 1, 2021 - January 6, 2022 revealed no documented incident reports for client #1.	V 367		

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V 367	Continued From page 45 Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of any restrictive interventions being employed between the dates of 1/1/21 - 1/5/22 Review on 1/5/22 and 1/6/22 of client #1's Partial Interval Recording Sheet dated 9/13/21 - 1/2/22 revealed: -Observation periods were listed in 16 daily one-hour blocks from 8am - 11pm, and one single block which captured the hours of 11pm - 7am. -Individual blocks were separated into two observable behaviors and recorded using tick marks. Behavior-1 was identified as "Aggression" and behavior-2 was identified as "Self-Injurious Behavior (SIB)." -Staff initials were missing for 192 individual block hours. -Staff initials were missing for 2 blocks which captured observation between the hours of 11pm - 7am (9/28/21 and 11/26/21). Interviews on 1/5/22 and 2/4/22 staff #1 stated: -She had been rehired with the agency as of January 3, 2022. -She had previously worked with the agency for approximately 3 years. -The afternoon of 1/5/22 was the first afternoon she had used the " small bed " intervention with client #1 since her rehire. -The Program Director had shown her how to use the "small bed" straps with client #1 by ensuring the straps were secured properly and maintaining his safety throughout the process.	V 367		

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V 367	Continued From page 46 Interviews on 1/6/22, 1/10/22, and 2/7/22 staff #2 stated: -She had worked with the agency for approximately 1 year. -Client behaviors were supposed to be recorded in a log book. -The data recorded in the log book was not accurate, as staff failed to record data on a regular basis. -Client #1 used the "small bed" intervention for as little as "30 minutes to all day." -She estimated that client #1 may have used the "small bed" intervention an average of "15-30 times per month" over the "last few months." Interviews on 1/5/22 and 1/11/22 staff #3 stated: -She had been employed with the agency for approximately 1 year. -Client behaviors were recorded in a black and white notebook. -Client #1 used the "small bed" intervention for as little as 30 minutes and as long as 1 hour. -She estimated client #1 had used the "small bed" intervention up to 2-3 times per week in December of 2021. Interviews on 1/5/22, 1/12/22 and 2/4/22 staff #4 stated: -She had been employed with the agency since November of 2021. -She had been rehired after a 1 year absence. -Documentation requirements for client #1's behaviors were recorded in a black and white log book. -Client #1 used the "small bed" intervention for as little as "30 minutes" and as long as "1-2 hours." -She estimated client #1 had used the "small bed" intervention 3-5 times in December of 2021 and 2-3 times in November of 2021.	V 367		

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V 367	Continued From page 47 Interview on 2/7/22 staff #6 stated: -She had been employed with the agency since August of 2021. -She estimated client #1 had used the "small bed" intervention on an average of 1 time per week in December of 2021. -Client #1 used the "small bed" intervention for as little as "15-20 minutes" at a minimum. Interview on 2/4/22 staff #8 stated: -She had been employed with the agency for approximately 1 year. -She had witnessed client #1 using the "small bed" intervention on two separate occasions during the overnight shift. -The data recorded in the log book was not accurate, as staff failed to record data on a regular basis. Interview on 2/4/22 staff #9 stated: -She had been employed with the agency since September of 2020. -Documentation requirements for client #1's behaviors were recorded in a black and white log book. -Client #1 used the "small bed" intervention for as little as "25-30 minutes" and as long as "all day." -She estimated client #1 had used the "small bed" intervention 2-3 times in December of 2021. Interview on 1/12/22 former staff (FS #5) stated: -Her employment with the agency ended in December 2021. -Behaviors were documented in a logbook but not documented consistently by staff. -Client #1 used the "small bed" intervention for as little as "15-20 minutes" and as much as "maybe 8 hours."	V 367		

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V 367	Continued From page 48 -She estimated client #1 had used the "small bed" intervention approximately 10 times for the last full month she worked (October). During interviews on 1/5/22, 1/6/22, and 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -The facility had witnessed positive results with the implementation of the "small bed" intervention and would continue to use the method as a primary form of therapeutic intervention moving forward. -Client #1's use of the "small bed" intervention varied depending on his mood. There were times where it was implemented daily and other times where it was implemented once a week, or less. -She believed that level II incident reporting was not required due to the established behavior plan with the intervention listed. -She was responsible for completing all level II incident reports. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 513	27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement	V 513		

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V 513	Continued From page 49 skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide services/supports that used the least restrictive intervention procedure to reduce a behavior for 1 of 3 clients (#1). The findings are: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation available to support the use of less restrictive interventions Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan (ISP) dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Social Network: I need 1:1	V 513		

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V 513	Continued From page 50 assistance and occasional 2:1 supports if I engage in behaviors. -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: my severe injurious behaviors (SIB) have lessened over time, but I have used crisis services with 2:1 staffing last year and my SIB continues." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Background Information. - Due to the very restrictive nature of the wrist band procedure (as well as his preferred activity of staying in a specialized bed with leg and wrist restraints (aka 'small bed'), one of [client #1's] goals has been to increase time out of wrist bands/small bed eventually leading to discarding the wrist band. ASAP (Autism Support and Programs) staff have preferred to keep the small bed as per their HRC (Human Rights Committee) recommendations that are outside the scope of this BSP (Behavior Support Plan)." -"Clinical Formulation. - They are continuing to use the restraint bed as well if [client #1] engages in SIB or physical aggression (SIB most frequently), as well as PRN (as needed) at the onset of precursor behaviors. At the current time, [Program Director] does not feel like they need additional strategies..." Review on 2/4/22 of client #1's logbook for the dates of 10/6/21 - 2/2/22 revealed: -There were over 30 shifts with specific entries citing the use of the "small bed" intervention. -There were 30 shifts without any indication of whether a restraint was employed while using the "small bed" intervention. -There were 6 shifts with specific entries citing the use of restraints while implementing the "small bed" intervention.	V 513		

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V 513	Continued From page 51 -There were 3 shifts with specific entries citing use of the "small bed" while not using the restraints in the bed. -There was 1 shift with a specific entry citing both the use and non-use of restraints while using the "small bed" intervention. -There was no documentation identifying the use of less restrictive interventions. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She had been employed with the agency for approximately 1 year. -She had been trained that the "small bed" intervention was to be utilized as a "last resort" when addressing client #1. -She had been informed by co-workers that they used the "small bed" intervention when "they didn't want to deal" with client #1. Interview on 1/11/22 former staff #5 (FS #5) stated: -She was hired by the agency in February of 2020 and resigned in December of 2021. -Staff would interact with client #1 when "he was happy" and would "put him in his room and just listen for him" when he was "having a bad day." -She had witnessed staff use the "small bed" intervention as a way to "avoid" client #1. Interview on 2/3/22 staff #7 stated: -She had worked with the agency since October of 2021. -She had previously worked with the agency prior to her rehire. -Client #1 used the "small bed" intervention approximately 4 times per month. -There had been some staff, who were no longer working with the agency, that had used the "small bed" intervention as a means of avoiding more	V 513		

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V 513	Continued From page 52 "aggressive behaviors." Interview on 2/4/22 staff #8 stated: -She had been employed with the agency for approximately 1 year. -Sometimes, the "small bed" intervention was used as a form of disciplinary action by staff who "did not want to deal with him." Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -All data pertaining to the details of the "small bed" intervention were recorded in client #1's logbook. -She was responsible for reviewing all client documentation and ensuring it was implemented. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 513		
V 514	27E .0102 Client Rights - Prohibited Procedures 10A NCAC 27E .0102 PROHIBITED PROCEDURES In each facility the following types of procedures shall be prohibited: (1) those interventions which have been prohibited by statute or rule which shall include: (a) any intervention which would be considered corporal punishment under G.S. 122C-59; (b) the contingent use of painful body contact; (c) substances administered to induce painful bodily reactions, exclusive of Antabuse; (d) electric shock (excluding medically	V 514		

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V 514	Continued From page 53 administered electroconvulsive therapy); (e) insulin shock; (f) unpleasant tasting foodstuffs; (g) contingent application of any noxious substances which include but are not limited to noise, bad smells or splashing with water; and (h) any potentially physically painful procedure, excluding prescribed injections, or stimulus which is administered to the client for the purpose of reducing the frequency or intensity of a behavior. (2) those interventions determined by the governing body to be unacceptable for or prohibited from use in the facility. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to adhere to prohibited procedures administered to the client for the purpose of reducing the frequency or intensity of a behavior, affecting 1 of 3 clients (#1). The findings are: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan (ISP) dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Social Network: I need 1:1 assistance and occasional 2:1 supports if I engage in behaviors. -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: my severe injurious behaviors (SIB) have lessened over	V 514		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-027	A. BUILDING: _____ B. WING _____	03/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW FARMS	200 ISLAND CREEK ROAD ROCKY POINT, NC 28457

(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 514	Continued From page 54 time, but I have used crisis services with 2:1 staffing last year and my SIB continues." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Background Information. - Due to the very restrictive nature of the wrist band procedure (as well as his preferred activity of staying in a specialized bed with leg and wrist restraints (aka 'small bed'), one of [client #1's] goals has been to increase time out of wrist bands/small bed eventually leading to discarding the wrist band. ASAP (Autism Support and Programs) staff have preferred to keep the small bed as per their HRC (Human Rights Committee) recommendations that are outside the scope of this BSP (Behavior Support Plan)." -"Clinical Formulation. - They are continuing to use the restraint bed as well if [client #1] engages in SIB or physical aggression (SIB most frequently), as well as PRN (as needed) at the onset of precursor behaviors. At the current time, [Program Director] does not feel like they need additional strategies..." Attempted interviews with client #1 on 1/5/22 and 1/6/22 proved unsuccessful due to verbal limitations and client #1's detachment from the interview process. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She had been employed with the agency for approximately 1 year. -She estimated that client #1 may have used the "small bed" intervention 15-30 times per month on average over the last "few months." -Staff were informed upon hire that the "small bed" intervention was only to be used as a last resort.	V 514		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 514	Continued From page 55 -She had been informed by co-workers that they used the "small bed" intervention when "they didn't want to deal" with client #1. Interview on 1/11/22 former staff #5 (FS #5) stated: -She was hired by the agency in February of 2020 and resigned in December of 2021. -She estimated client #1 had used the "small bed" intervention approximately 10 times for the last full month she worked (October). -Staff would interact with client #1 when "he was happy" and would "put him in his room and just listen for him" when he was "having a bad day." -She witnessed staff use the "small bed" intervention" to avoid client #1 when he was upset and displaying problematic behaviors and aggression. Interview on 2/3/22 staff #7 stated: -She had worked with the agency since October of 2021. -She had previously worked with the agency prior to her rehire. -Client #1 used the "small bed" intervention approximately 4 times per month. -There had been some staff, who were no longer working with the agency, that had used the "small bed" intervention as a means of avoiding more "aggressive behaviors." Interview on 2/4/22 staff #8 stated: -She had been employed with the agency for approximately 1 year. -She had witnessed the "small bed" intervention used as a form of "disciplinary" action by staff as means of avoiding interactions with client #1. Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated:	V 514		

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V 514	Continued From page 56 -The "small bed" intervention was used to prevent dangerous self-injurious behaviors and to provide sensory stimulation. -The "small bed" intervention was sometimes requested by client #1 to help calm him. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 514		
V 518	27E .0104(e1-2) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (1) the requirement that positive and less restrictive alternatives are considered and attempted whenever possible prior to the use of more restrictive interventions; (2) consideration is given to the client's physical and psychological well-being before, during and after utilization of a restrictive intervention, including: (A) review of the client's health history or the client's comprehensive health assessment conducted upon admission to a facility. The health history or comprehensive health assessment shall include the identification of pre-existing medical conditions or any disabilities and limitations that would place the client at greater risk during the use of restrictive interventions; (B) continuous assessment and monitoring	V 518		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 518	Continued From page 57 of the physical and psychological well- being of the client and the safe use of restraint throughout the duration of the restrictive intervention by staff who are physically present and trained in the use of emergency safety interventions; (C) continuous monitoring by an individual trained in the use of cardiopulmonary resuscitation of the client's physical and psychological well-being during the use of manual restraint; and (D) continued monitoring by an individual trained in the use of cardiopulmonary resuscitation of the client's physical and psychological well-being for a minimum of 30 minutes subsequent to the termination of a restrictive intervention; This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to ensure that staff were present to monitor the physical and psychological well-being of the client throughout the duration of the restrictive intervention, and failed to ensure that positive and least restrictive alternatives were considered and attempted whenever possible for 1 of 3 clients (#1). The findings are: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of alternatives to restrictive interventions being employed between the dates of 1/1/21 - 1/5/22 -No documentation of staff monitoring the	V 518		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 518	Continued From page 58 physical and psychological well-being throughout the duration of the restrictive interventions employed between the dates of 1/1/21 - 1/5/22 -No documentation that the least restrictive intervention alternatives were considered Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan (ISP) dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Social Network: I need 1:1 assistance and occasional 2:1 supports if I engage in behaviors. -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: my severe injurious behaviors (SIB) have lessened over time, but I have used crisis services with 2:1 staffing last year and my SIB continues." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Background Information. - Due to the very restrictive nature of the wrist band procedure (as well as his preferred activity of staying in a specialized bed with leg and wrist restraints (aka 'small bed'), one of [client #1's] goals has been to increase time out of wrist bands/small bed eventually leading to discarding the wrist band. ASAP (Autism Support and Programs) staff have preferred to keep the small bed as per their HRC (Human Rights Committee) recommendations that are outside the scope of this BSP (Behavior Support Plan)." -"Clinical Formulation. - They are continuing to use the restraint bed as well if [client #1] engages in SIB or physical aggression (SIB most frequently), as well as PRN (as needed) at the onset of precursor behaviors. At the current time, [Program Director] does not feel like they need additional strategies..."	V 518		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 518	Continued From page 59 Review on 2/4/22 of client #1's logbook for the dates of 10/6/21 - 2/2/22 revealed: -There were over 30 shifts with specific entries citing the use of the "small bed" intervention. -There was no documentation of alternatives to restrictive interventions being employed between the dates of 1/1/21 - 1/5/22 -There was no documentation of staff monitoring the physical and psychological well-being throughout the duration of the restrictive intervention. -There was no documentation that the least restrictive intervention alternatives were considered. Observation on 1/5/22 at approximately 11:45am revealed: -Staff #1 was providing 1:1 services with client #1. -Client #1 was observed alone in his bedroom with the bedroom light out. -Client #1 was lying in a bed (identified by staff as the small bed) with 4 leather straps extending from the bed and connected to both of client #1 's wrists and ankles. -The "small bed" was positioned adjacent to a second bed which was identified by staff as the "big bed " which client used for sleeping. -Client #1 did not appear in distress and was unresponsive to dialogue. Attempted interviews with client #1 on 1/5/22 and 1/6/22 proved unsuccessful due to verbal limitations and client #1's detachment from the interview process. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She estimated that client #1 may have used the "small bed" intervention 15-30 times per month	V 518		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 518	Continued From page 60 on average over the last "few months." -There were no specific observation times for monitoring client #1 while using the "small bed" intervention. Interviews on 1/6/22 and 1/11/22 staff #3 stated: -She estimated client #1 had used the "small bed"intervention 2-3 times per week in December of 2021. -Staff were required to watch client #1 for "5 - 10 minutes" when using the "small bed" intervention, to ensure that client #1 did not wriggle free from the restraints. -Staff returned to check on client #1 "when he was ready." -There were no additional observation requirements when client #1 used the "small bed" intervention. Interviews on 1/4/22, 1/12/22 and 2/4/22 staff #4 stated: -She estimated that client #1 had used the "small bed" intervention 3 - 5 times in December of 2021, and 2 -3 times in November of 2021. -There were no specific observation requirements for monitoring client #1 while using the "small bed" intervention. -She was not required to remain in the room with client #1 while he was utilizing the "small bed" intervention. Interview on 2/7/22 staff #6 stated: -Client #1 only required use of the restrictive straps with his "small bed" approximately once per week during December of 2021. -The observation requirements for client #1 were to check on him every 30 minutes. -The observation requirements for client #1 when utilizing the "small bed" intervention were to check on him a "little more often" than normal	V 518		

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V 518	Continued From page 61 observation periods. Interview on 2/3/22 staff #7 stated: -Client #1 used the "small bed" intervention approximately 4 times per month. -Staff were not required to be in the room to observe client #1 while using the "small bed" intervention. Interview on 2/4/22 staff #8 stated: -She had worked 2 overnight shifts where client #1 had used the "small bed" intervention. -There were no specific observation requirements for monitoring client #1 while using the "small bed" intervention. Interview on 1/11/22 former staff #5 (FS #5) stated: -Client #1 used the "small bed" intervention for as little as 15-20 minutes and as much as 8 hours. -She estimated client #1 had used the "small bed" intervention approximately 10 times for the last full month she worked (October). -There were no specific observation requirements for monitoring client #1 while using the "small bed" intervention. Interview on 2/4/22 staff #9 stated: -Client #1 had used the "small bed" intervention approximately 2 -3 times in December of 2021. -When utilizing the "small bed" intervention, staff would return to check on client #1 after approximately 15 minutes to assess his progress. Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -All data pertaining to the details of the "small bed" intervention were recorded in client #1's logbook.	V 518		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 518	Continued From page 62 She was responsible for reviewing all client documentation and ensuring it was implemented. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 518		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate	V 521		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 521	Continued From page 63 or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized for 1 of 3 clients (#1). The findings are: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of client's physical and psychological well-being following following a restrictive intervention -No documentation of the frequency, intensity, and duration of the behavior which led to the intervention -No documentation of the rationale for the use of the restrictive intervention, and the alternative interventions considered -No documentation of a description, date, time, and duration of the intervention -No documentation of debriefing Review on 1/5/22 and 1/6/22 of client #1's	V 521		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 521	Continued From page 64 Individual Support Plan (ISP) dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Social Network: I need 1:1 assistance and occasional 2:1 supports if I engage in behaviors. -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: my severe injurious behaviors (SIB) have lessened over time, but I have used crisis services with 2:1 staffing last year and my SIB continues." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Background Information. - Due to the very restrictive nature of the wrist band procedure (as well as his preferred activity of staying in a specialized bed with leg and wrist restraints (aka 'small bed'), one of [client #1's] goals has been to increase time out of wrist bands/small bed eventually leading to discarding the wrist band. ASAP (Autism Support and Programs) staff have preferred to keep the small bed as per their HRC (Human Rights Committee) recommendations that are outside the scope of this BSP (Behavior Support Plan)." -"Clinical Formulation. - They are continuing to use the restraint bed as well if [client #1] engages in SIB or physical aggression (SIB most frequently), as well as PRN (as needed) at the onset of precursor behaviors. At the current time, [Program Director] does not feel like they need additional strategies..." Review on 2/4/22 of client #1's logbook for the dates of 10/6/21 - 2/2/22 revealed: -There were over 30 shifts with specific entries citing the use of the "small bed" intervention. -There was no additional documentation detailing client's physical and psychological well-being	V 521		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 521	Continued From page 65 following following a restrictive intervention, frequency, intensity, and duration of the behavior which led to the intervention, rationale for the use of the restrictive intervention, alternative interventions considered, description, date, time, and duration of the intervention, and debriefing following the intervention. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She documented the dates of behaviors and interventions, time of interventions, and factors that led to the intervention in client #1's logbook. -There were no debriefing requirements following use of "small bed." Interview on 1/11/22 and 2/4/22 staff #3 stated: -She documented why client #1 needed the "small bed" intervention, what caused the need for the intervention, and how he felt after the intervention in client #1's logbook. Interviews on 1/4/22, 1/12/22 and 2/4/22 staff #4 stated: -Staff were required to document when client #1 used the "small bed" intervention. -There were no specific documentation requirements with regards to follow-up with client #1 when he finished the use of the "small bed" intervention. -Documentation was recorded in client #1's logbook. Interview on 2/4/22 staff #8 stated: -Staff were supposed to record behaviors and causal factors leading to the behaviors in client #1's logbook. The logbook was not accurate, as staff often failed to complete documentation requirements appropriately. -There were no debriefing requirements following	V 521		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 521	Continued From page 66 use of "small bed." Interview on 2/4/22 staff #9 stated: -She documented all actions leading to the use of the"small bed" intervention in client #1's logbook. -Staff were not consistently recording data in client #1's logbook. Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -All data pertaining to the details of the "small bed" intervention were recorded in client #1's logbook. -She was responsible for reviewing all client documentation and ensuring it was implemented. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 521		
V 523	27E .0104(e11) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (11) The following precautions and actions shall be employed whenever a client is in: (A) seclusion or physical restraint, including a protective device when used for the purpose or with the intent of controlling unacceptable behavior: periodic observation of the client shall occur at least every 15 minutes, or more often as necessary, to assure the safety of the client,	V 523		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-027	A. BUILDING: _____ B. WING _____	03/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW FARMS	200 ISLAND CREEK ROAD ROCKY POINT, NC 28457

(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 523	Continued From page 67 attention shall be paid to the provision of regular meals, bathing and the use of the toilet; and such observation and attention shall be documented in the client record; (B) isolation time-out: there shall be a facility employee in attendance with no other immediate responsibility than to monitor the client who is placed in isolation time-out; there shall be continuous observation and verbal interaction with the client when appropriate; and such observation shall be documented in the client record; and (C) physical restraint and may be subject to injury: a facility employee shall remain present with the client continuously. This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to ensure periodic observation of the client for at least every 15 minutes during a physical restraint to assure the safety of the client, affecting 1 of 3 clients (#1). The findings are: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of 15 minute observation periods during the use of a restrictive intervention between the dates of 1/1/21 - 1/5/22 Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan (ISP) dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Social Network: I need 1:1	V 523		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 523	Continued From page 68 assistance and occasional 2:1 supports if ! engage in behaviors. -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: my severe injurious behaviors (SIB) have lessened over time, but I have used crisis services with 2:1 staffing last year and my SIB continues." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Background Information. - Due to the very restrictive nature of the wrist band procedure (as well as his preferred activity of staying in a specialized bed with leg and wrist restraints (aka 'small bed'), one of [client #1's] goals has been to increase time out of wrist bands/small bed eventually leading to discarding the wrist band. ASAP (Autism Support and Programs) staff have preferred to keep the small bed as per their HRC (Human Rights Committee) recommendations that are outside the scope of this BSP (Behavior Support Plan)." -"Clinical Formulation. - They are continuing to use the restraint bed as well if [client #1] engages in SIB or physical aggression (SIB most frequently), as well as PRN (as needed) at the onset of precursor behaviors. At the current time, [Program Director] does not feel like they need additional strategies..." Observation on 1/5/22 at approximately 11:45am revealed: -Staff #1 was providing 1:1 services with client #1. -Client #1 was observed alone in his bedroom with the bedroom light out. -Client #1 was lying in a bed (identified by staff as the small bed) with 4 leather straps extending from the bed and connected to both of client #1 ' s wrists and ankles. -The "small bed" was positioned adjacent to a	V 523		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 523	Continued From page 69 second bed which was identified by staff as the "big bed " which client used for sleeping. -The client did not appear in distress and was unresponsive to dialogue. Attempted interviews with client #1 on 1/5/22 and 1/6/22 proved unsuccessful due to verbal limitations and client #1's detachment from the interview process. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She estimated that client #1 may have used the "small bed" intervention "15-30 times" per month on average over the last "few months." -She estimated that client #1 used the "small bed" intervention from "30 minutes" at a minimum to "all day." -There were no specific observation times for monitoring client #1 while using the "small bed" intervention. Interviews on 1/6/22 and 1/11/22 staff #3 stated: -She estimated client #1 had used the "small bed"intervention 2-3 times per week in December of 2021. -Staff were required to watch client #1 for "5 - 10 minutes" when using the "small bed" intervention, to ensure that client #1 did not wriggle free from the restraints. -Staff returned to check on client #1 "when he was ready." Interviews on 1/4/22, 1/12/22 and 2/4/22 staff #4 stated: -She estimated that client #1 had used the "small bed" intervention 3 - 5 times in December of 2021, and 2 -3 times in November of 2021. -There were no specific observation times for monitoring client #1 while using the "small bed"	V 523		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 523	Continued From page 70 intervention. Interview on 2/7/22 staff #6 stated: -Client #1 only required use of the restrictive straps with his "small bed" approximately once per week during December of 2021. -The observation requirements for client #1 were to check on him every 30 minutes. -The observation requirements for client #1 when utilizing the "small bed" intervention were to check on him a "little more often" than normal observation periods. Interview on 2/3/22 staff #7 stated: -Client #1 used the "small bed" intervention approximately 4 times per month. -Staff were not required to be in the room to observe client #1 while using the "small bed" intervention. Interview on 2/4/22 staff #8 stated: -There were no specific observation times for monitoring client #1 while using the "small bed" intervention. Interview on 1/11/22 former staff #5 (FS #5) stated: -Client #1 used the "small bed" intervention for as little as 15-20 minutes and as much as 8 hours. -She estimated client #1 had used the "small bed" intervention approximately 10 times for the last full month she worked (October of 2021). -There were no specific observation times for monitoring client #1 while using the "small bed" intervention. Interview on 2/4/22 staff #9 stated: -Client #1 had used the "small bed" intervention approximately 2 -3 times in December of 2021.	V 523		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 523	Continued From page 71 -When utilizing the "small bed" intervention, staff would return to check on client #1 after approximately 15 minutes to assess his progress. Interview on 1/11/22 the behavior analyst stated:- -Agency staff should have been checking and recording data on client #1 every 15 minutes when he was in a restraint. -His expectation was that staff remained within "arms reach" when client #1 was using the "small bed" intervention. Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -Client #1 required 1:1 supervision and should be within line of sight when he was awake. -The facility had previously employed 15-minute checks when client #1 was using his small bed. However, staff no longer completed 15-minute checks. -Observation of client #1 in 15-minute increments had not been documented. -Staff were required to check on client #1 to ensure he was not wet when he was using the "small bed." -She was responsible for reviewing all client documentation and ensuring it was implemented. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 523		
V 524	27E .0104(e12-16) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION	V 524		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 524	Continued From page 72 TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (12) The use of a restrictive intervention shall be discontinued immediately at any indication of risk to the client's health or safety or immediately after the client gains behavioral control. If the client is unable to gain behavioral control within the time frame specified in the authorization of the intervention, a new authorization must be obtained. (13) The written approval of the designee of the governing body shall be required when the original order for a restrictive intervention is renewed for up to a total of 24 hours in accordance with the limits specified in Item (E) of Subparagraph (e)(10) of this Rule. (14) Standing orders or PRN orders shall not be used to authorize the use of seclusion, physical restraint or isolation timeout. (15) The use of a restrictive intervention shall be considered a restriction of the client's rights as specified in G.S. 122C-62(b) or (d). The documentation requirements in this Rule shall satisfy the requirements specified in G.S. 122C-62(e) for rights restrictions. (16) When any restrictive intervention is utilized for a client, notification of others shall occur as follows: (A) those to be notified as soon as possible but within 24 hours of the next working day, to include: (i) the treatment or habilitation team, or its designee, after each use of the intervention; and (ii) a designee of the governing body; and (B) the legally responsible person of a minor client or an incompetent adult client shall be	V 524		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 524	Continued From page 73 notified immediately unless she/he has requested not to be notified. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document notification of the treatment team and legally responsible person following each restrictive intervention as required, affecting 1 of 3 clients (#1). The findings are: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of treatment team notifications following each restrictive intervention -No documentation of the notification of parties legally responsible for client #1 following each restrictive intervention Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan (ISP) dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Social Network: I need 1:1 assistance and occasional 2:1 supports if I engage in behaviors. -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: my severe injurious behaviors (SIB) have lessened over time, but I have used crisis services with 2:1 staffing last year and my SIB continues." Review on 2/4/22 of client #1's logbook for the dates of 10/6/21 - 2/2/22 revealed: -There were over 30 shifts with specific entries citing the use of the "small bed" intervention.	V 524		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 524	Continued From page 74 There was no documentation of treatment team notifications following each restrictive intervention. -There was no documentation of the notification of parties legally responsible for client #1 following each restrictive intervention. Attempted interviews with client #1 on 1/5/22 and 1/6/22 proved unsuccessful due to verbal limitations and client #1's detachment from the interview process. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She estimated that client #1 may have used the "small bed" intervention 15-30 times per month on average over the last "few months." Interviews on 1/6/22, 1/11/22, and 2/4/22 staff #3 stated: -She initially estimated client #1 had used the "small bed"intervention 2-3 times per week in December of 2021. -Client #1 would only utilize the straps in his bed about 50% of the time the bed was used. Interviews on 1/4/22, 1/12/22 and 2/4/22 staff #4 stated: -She estimated that client #1 had used the "small bed" intervention 3-5 times in December of 2021 and 2-3 times in November of 2021. Interview on 2/7/22 staff #6 stated: -Client #1 only required use of the restrictive straps with his "small bed" approximately 1 time per week during December of 2021. Interview on 2/3/22 staff #7 stated: -Client #1 used the "small bed" intervention approximately 4 times per month.	V 524		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 524	Continued From page 75 Interview on 2/4/22 staff #8 stated: -She had worked 2 overnight shifts where client #1 had used the "small bed" intervention. Interview on 1/11/22 former staff #5 (FS #5) stated: -She estimated client #1 had used the "small bed" intervention approximately 10 times for the last full month she worked (October of 2021). Interview on 2/4/22 staff #9 stated: -Client #1 had used the "small bed" intervention approximately 2 -3 times in December of 2021. Interview on 2/7/22 client #1's guardian stated: -Agency staff notified him when there were any significant concerns. -He did not feel it was necessary for agency staff to notify him following every restrictive intervention. -He had no concerns with the care client #1 was receiving. Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -Client #1 had been using the "small bed" intervention approximately once per week of late. -Team reviews were completed prior to COVID 19 but were completed "when we can" since the COVID 19 emergence. -She was responsible for reviewing all client documentation and ensuring it was implemented. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 524		

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V 525	Continued From page 76	V 525		
V 525	27E .0104(e17) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (17) The facility shall conduct reviews and reports on any and all use of restrictive interventions, including: (A) a regular review by a designee of the governing body, and review by the Client Rights Committee, in compliance with confidentiality rules as specified in 10A NCAC 28A; (B) an investigation of any unusual or possibly unwarranted patterns of utilization; and (C) documentation of the following shall be maintained on a log: (i) name of the client; (ii) name of the responsible professional; (iii) date of each intervention; (iv) time of each intervention; (v) type of intervention; (vi) duration of each intervention; (vii) reason for use of the intervention; (viii) positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used; (ix) debriefing and planning conducted with the client, legally responsible person, if applicable, and staff, as specified in Parts (e)(9)(F) and (G) of this Rule, to eliminate or reduce the probability of the future use of restrictive interventions; and (x) negative effects of the restrictive intervention, if any, on the physical and psychological well-being of the client.	V 525		

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V 525	Continued From page 77 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain a log of restrictive interventions performed at the facility and conduct regular reviews of restrictive interventions as required, affecting 1 of 3 clients (#1). The findings are: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of restrictive intervention log to reflect the restrictive interventions between the dates of 1/1/21 - 1/5/22 -No documentation to accurately reflect the restrictive interventions performed at the facility between the dates of 1/1/21 - 1/5/22 Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan (ISP) dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Social Network: I need 1:1 assistance and occasional 2:1 supports if I engage in behaviors. -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: my severe injurious behaviors (SIB) have lessened over time, but I have used crisis services with 2:1 staffing last year and my SIB continues." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Background Information. - Due to the very restrictive nature of the wrist band procedure (as well as his preferred activity of staying in a	V 525		

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V 525	Continued From page 78 specialized bed with leg and wrist restraints (aka 'small bed'), one of [client #1's] goals has been to increase time out of wrist bands/small bed eventually leading to discarding the wrist band. ASAP (Autism Support and Programs) staff have preferred to keep the small bed as per their HRC (Human Rights Committee) recommendations that are outside the scope of this BSP (Behavior Support Plan)." -"Clinical Formulation. - They are continuing to use the restraint bed as well if [client #1] engages in SIB or physical aggression (SIB most frequently), as well as PRN (as needed) at the onset of precursor behaviors. At the current time, [Program Director] does not feel like they need additional strategies..." Review on 2/4/22 of client #1's log book (shift notes) for the dates of 10/6/21 - 2/2/22 revealed: -There were over 30 shifts with specific entries citing the use of the "small bed" intervention. -There was no documentation detailing the use of restrictive interventions. Attempted interviews with client #1 on 1/5/22 and 1/6/22 proved unsuccessful due to verbal limitations and client #1's detachment from the interview process. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She estimated that client #1 may have used the "small bed" intervention 15-30 times per month on average over the last "few months." -She documented why client #1 needed the "small bed" intervention, what caused the need for the intervention, and how he felt after the intervention in client #1's logbook. Interviews on 1/6/22, 1/11/22, and 2/4/22 staff #3	V 525		

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V 525	Continued From page 79 stated:. -She initially estimated client #1 had used the "small bed"intervention 2-3 times per week in December of 2021. -Client #1 would only utilize the straps in his bed about 50% of the time the bed was used. -She documented why client #1 needed the "small bed" intervention, what caused the need for the intervention, and how he felt after the intervention in client #1's logbook. Interviews on 1/4/22, 1/12/22 and 2/4/22 staff #4 stated: -She estimated that client #1 had used the "small bed" intervention 3 - 5 times in the month of December, 2021 and 2 -3 times in the month of November. 2021. -Staff were required to document when client #1 used the "small bed" intervention. -There were no specific documentation requirements with regards to follow-up with client #1 when he finished the use of the "small bed" intervention. -Documentation was recorded in client #1's logbook. Interview on 2/7/22 staff #6 stated: -The use of the "small bed" intervention was recorded in client #1's logbook. -Client #1 only required use of the restrictive straps with his "small bed" approximately 1 time per week during December of 2021. Interview on 2/3/22 staff #7 stated: -The use of the "small bed" intervention was recorded in client #1's logbook. -Interventions were not always logged in the logbook, but they were "generally" logged in the book. -Client #1 used the "small bed" intervention	V 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-027	A. BUILDING: _____ B. WING _____	03/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW FARMS	200 ISLAND CREEK ROAD ROCKY POINT, NC 28457

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V 525	Continued From page 80 approximately 4 times per month. Interview on 2/4/22 staff #8 stated: -All actions related to use of the "small bed" were recorded in the logbook. -She had worked 2 overnight shifts where client #1 had used the "small bed" intervention. -Staff were supposed to record behaviors and causal factors leading to the behaviors in client #1's logbook. The logbook was not accurate, as staff often failed to complete documentation requirements appropriately. Interview on 1/11/22 former staff #5 (FS #5) stated: -Behaviors were documented in a logbook but not documented consistently by staff. -Client #1 used the "small bed" intervention for as little as "15-20 minutes" and as much as "8 hours." -She estimated client #1 had used the "small bed" intervention approximately 10 times for the last full month she worked (October). Interview on 2/4/22 staff #9 stated: -She documented all actions leading to the use of the "small bed" intervention in client #1's logbook. -Staff were not consistently recording data in client #1's logbook. -Client #1 had used the "small bed" intervention approximately 2 -3 times in December. Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -All data pertaining to the details of the "small bed" intervention were recorded in client #1's logbook. -She was responsible for reviewing all client documentation and ensuring it was implemented.	V 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 525	Continued From page 81 This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 525		
V 526	27E .0104(e18-19) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (18) The facility shall collect and analyze data on the use of seclusion and physical restraint. The data collected and analyzed shall reflect for each incident: (A) the type of procedure used and the length of time employed; (B) alternatives considered or employed; and (C) the effectiveness of the procedure or alternative employed. The facility shall analyze the data on at least a quarterly basis to monitor effectiveness, determine trends and take corrective action where necessary. The facility shall make the data available to the Secretary upon request. (19) Nothing in this Rule shall be interpreted to prohibit the use of voluntary restrictive interventions at the client's request; however, the procedures in this Rule shall apply with the exception of Subparagraph (f)(3) of this Rule. This Rule is not met as evidenced by: Based on record reviews and interviews, the	V 526		

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V 526	Continued From page 82 facility failed to document the type of procedure used, effectiveness of procedures, length of time employed, and alternatives considered affecting 1 of 3 clients (#1). The findings are Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of the effectiveness of procedures, length of time employed, and alternatives to the restrictive intervention (small bed) being employed. Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan (ISP) dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Social Network: I need 1:1 assistance and occasional 2:1 supports if I engage in behaviors. -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME...Medical/Behavioral: my severe injurious behaviors (SIB) have lessened over time, but I have used crisis services with 2:1 staffing last year and my SIB continues." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Background Information. - Due to the very restrictive nature of the wrist band procedure (as well as his preferred activity of staying in a specialized bed with leg and wrist restraints (aka 'small bed'), one of [client #1's] goals has been to increase time out of wrist bands/small bed eventually leading to discarding the wrist band. ASAP (Autism Support and Programs) staff have preferred to keep the small bed as per their HRC	V 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 526	Continued From page 83 (Human Rights Committee) recommendations that are outside the scope of this BSP (Behavior Support Plan)." -"Clinical Formulation. - They are continuing to use the restraint bed as well if [client #1] engages in SIB or physical aggression (SIB most frequently), as well as PRN (as needed) at the onset of precursor behaviors. At the current time, [Program Director] does not feel like they need additional strategies..." Review on 2/4/22 of client #1's Logbook for the dates of 10/6/21 - 2/2/22 revealed: -There were over 30 shifts with specific entries citing the use of the "small bed" intervention. -There was no documentation of the effectiveness of the procedures, length of time employed, and alternatives considered for over 30 recorded shift entries where the "small bed" intervention was recorded. Attempted interviews with client #1 on 1/5/22 and 1/6/22 proved unsuccessful due to verbal limitations and client #1's detachment from the interview process. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -She documented the dates of behaviors and interventions, time of interventions, and factors that led to the intervention in client #1's logbook. -She estimated that client #1 may have used the "small bed" intervention "15-30 times" per month on average over the last "few months." Interview on 1/11/22 and 2/4/22 staff #3 stated: -She estimated client #1 had used the "small bed"intervention 2-3 times per week in December of 2021. -She documented why client #1 needed the	V 526		

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V 526	Continued From page 84 "small bed" intervention, what caused the need for the intervention, and how he felt after the intervention in client #1's logbook. Interviews on 1/4/22, 1/12/22 and 2/4/22 staff #4 stated: -She estimated that client #1 had used the "small bed" intervention 3 - 5 times in December of 2021 and 2 -3 times in November of 2021. -Staff were required to document when client #1 used the "small bed" intervention. -There were no specific documentation requirements with regards to follow-up with client #1 when he finished the use of the "small bed" intervention. -Documentation was recorded in client #1's logbook. Interview on 2/7/22 staff #6 stated: -Client #1 only required use of the restrictive straps with his "small bed" approximately 1 time per week during December of 2021. -Precursors to the use of the "small bed" and the amount of time the "small bed" was employed were documented in the logbook. Interview on 2/3/22 staff #7 stated: -Client #1 used the "small bed" intervention approximately 4 times per month. -The use of the "small bed" intervention was recorded in client #1's logbook. -Interventions were "generally" recorded in client #1's logbook. Interview on 2/4/22 staff #8 stated: -Staff were supposed to record behaviors and causal factors leading to the behaviors in client #1's logbook. -The logbook was not accurate, as staff often failed to complete documentation requirements	V 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 526	Continued From page 85 appropriately. Interview on 1/11/22 former staff #5 (FS#5) stated: -She estimated client #1 had used the "small bed" intervention approximately 10 times for the last full month she worked (October). -Staff documented all actions related to use of the "small bed" intervention in client #1's logbook. -Documentation was not recorded accurately by all staff. Interview on 2/4/22 staff #9 stated: -Client #1 had used the "small bed" intervention approximately 2 -3 times in December. -She documented all actions related to use of the "small bed" intervention in client #1's logbook. -Staff were not consistently recording data in client #1's logbook. Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -All data pertaining to the details of the "small bed" intervention were recorded in client #1's logbook. -She was responsible for reviewing all client documentation and ensuring it was implemented. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 526		
V 528	27E .0104(g1-2) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED	V 528		

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V 528	Continued From page 86 FOR BEHAVIORAL CONTROL (g) When a restrictive intervention is used as a planned intervention, facility policy shall specify: (1) the requirement that a consent or approval shall be considered valid for no more than six months and that the decision to continue the specific intervention shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed; (2) prior to the initiation or continued use of any planned intervention, the following written notifications, consents and approvals shall be obtained and documented in the client record: (A) approval of the plan by the responsible professional and the treatment and habilitation team, if applicable, shall be based on an assessment of the client and a review of the documentation required by Subparagraph (e)(9) and (e)(14) of this Rule if applicable; (B) consent of the client or legally responsible person, after participation in treatment planning and after the specific intervention and the reason for it have been explained in accordance with 10A NCAC 27D .0201; (C) notification of an advocate/client rights representative that the specific intervention has been planned for the client and the rationale for utilization of the intervention; and (D) physician approval, after an initial medical examination, when the plan includes a specific intervention with reasonably foreseeable physical consequences. In such cases, periodic planned monitoring by a physician shall be incorporated into the plan. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that consent or approval	V 528		

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V 528	Continued From page 87 for planned restrictive interventions shall be considered valid for no more than six months, and that the decision to continue a specific intervention shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed, affecting 1 of 3 clients (#1). The findings are: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of semi-annual reviews for planned restrictive interventions since May of 2017 Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME ...Life/Situation: When asked if I need a break, I will walk in my room toward my small bed and for the most part I only request (by gesture) that legs be strapped. This is due to sensory needs I have had for many years." -" WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME ...Medical/Behavioral: I have documented restrictions in place related to these risks in my ISP and behavior plan." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Background Information. - Due to the very restrictive nature of the wrist band procedure (as well as his preferred activity of staying in a specialized bed with leg and wrist restraints (aka 'small bed'), one of [client #1's] goals has been to increase time out of wrist bands/small bed	V 528		

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V 528	Continued From page 88 eventually leading to discarding the wrist band. ASAP (Autism Support and Programs) staff have preferred to keep the small bed as per their HRC (Human Rights Committee) recommendations that are outside the scope of this BSP (Behavior Support Plan)." -"Clinical Formulation. - They are continuing to use the restraint bed as well if [client #1] engages in SIB or physical aggression (SIB most frequently), as well as PRN (as needed) at the onset of precursor behaviors. At the current time, [Program Director] does not feel like they need additional strategies..." Review on 1/5/22 and 1/6/22 of ASAP Human Rights Committee (HRC) document signed and dated 5/24/17 - 5/26/17 revealed: -HRC members approved the use of a "prescribed hospital bed with safe straps that are only used upon [client #1's] request using 'yes'/'no' cards." -HRC members approved the use of "arm bands used only at the request of [client #1]." Review on 1/14/22 of 5 HRC meeting notes/emails dated 10/28/19 - 8/10/21 revealed: -There was no documentation present identifying client #1. -There was no documentation present identifying client #1's restrictive interventions. Interview on 1/10/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -Client #1's behavior interventions were approved by HRC and were included in his behavior support plan and individual support plan. -She was not certain when HRC last gathered due to COVID 19. -She was responsible for reviewing all client documentation and ensuring it was implemented.	V 528		

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V 528	Continued From page 89 This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 528		
V 529	27E .0104(g3-6) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (g) When a restrictive intervention is used as a planned intervention, facility policy shall specify: (3) within 30 days of initiation of the use of a planned intervention, the Intervention Advisory Committee established in accordance with Rule .0106 of this Section, by majority vote, may recommend approval or disapproval of the plan or may abstain from making a recommendation; (4) within any time during the use of a planned intervention, if requested, the Intervention Advisory Committee shall be given the opportunity to review the treatment/habilitation plan; (5) if any of the persons or committees specified in Subparagraphs (h)(2) or (h)(3) of this Rule do not approve the initial use or continued use of a planned intervention, the intervention shall not be initiated or continued. Appeals regarding the resolution of any disagreement over the use of the planned intervention shall be handled in accordance with governing body policy; and (6) documentation in the client record regarding the use of a planned intervention shall indicate: (A) description and frequency of debriefing with the client, legally responsible person, if applicable, and staff if determined to be clinically	V 529		

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V 529	Continued From page 90 necessary. Debriefing shall be conducted as to the level of cognitive functioning of the client; (B) bi-monthly evaluation of the planned by the responsible professional who approved the planned intervention; and (C) review, at least monthly, by the treatment/habilitation team that approved the planned intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have documentation in the client file of description and frequency of debriefing, bi-monthly evaluations of the planned intervention, and monthly review of the planned intervention by the treatment/habilitation team affecting 1 of 3 clients (client #1). the findings are: Review on 1/5/22 and 1/6/22 of client #1's record revealed: -31 year-old male -Admission date of 6/10/09 -Diagnoses of autism spectrum disorder and intellectual disability-severe -No documentation of description and frequency of debriefing -No documentation of bi-monthly evaluations of the planned intervention -No documentation of monthly reviews of the planned intervention by the treatment/habilitation team Review on 1/5/22 and 1/6/22 of client #1's Individual Support Plan dated 6/1/21 revealed: -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME ...Life/Situation: When asked if I need a break, I will walk in my room toward my small bed and for the most part I only request (by	V 529		

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V 529	Continued From page 91 gesture) that legs be strapped. This is due to sensory needs I have had for many years." -"WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME ...School/Vocational: I will stand beside supports with my arm out to request arm bands and supports use yes/no cards to ask me if I'd like the small bed so supports are always needed for me to engage and say I want the specific item or maintain that routine. I also cannot physically put on the arm band or put myself in the small bed independently, someone must physically assist me with implementing those coping strategies." -" WHAT OTHERS NEED TO KNOW TO BEST SUPPORT ME ...Medical/Behavioral: Support staff keep data sheets to track/document the following activities: meals, bowels, urination, behaviors, sleep, wrist cuff removals, time spent in small bed, leisure time activities, personal private time, choices of activities, body scan for injuries, and behavior charts...I have documented restrictions in place related to these risks in my ISP and behavior plan." Review on 1/11/22 of client #1's Behavior Support Plan dated 12/2/21 revealed: -"Background Information. - Due to the very restrictive nature of the wrist band procedure (as well as his preferred activity of staying in a specialized bed with leg and wrist restraints (aka 'small bed'), one of [client #1's] goals has been to increase time out of wrist bands/small bed eventually leading to discarding the wrist band. ASAP (Autism Support and Programs) staff have preferred to keep the small bed as per their HRC (Human Rights Committee) recommendations that are outside the scope of this BSP (Behavior Support Plan)." -"Clinical Formulation. - They are continuing to use the restraint bed as well if [client #1] engages	V 529		

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V 529	Continued From page 92 in SIB or physical aggression (SIB most frequently), as well as PRN (as needed) at the onset of precursor behaviors. At the current time, [Program Director] does not feel like they need additional strategies..." Review on 2/4/22 of client #1's Logbook for the dates of 10/6/21 - 2/2/22 revealed: -There were over 30 shifts with specific entries citing the use of the "small bed" intervention. -There was no description and frequency of debriefing for over 30 recorded shift entries where the "small bed" intervention was recorded. Review on 1/5/22 and 1/6/22 of ASAP Human Rights Committee document signed and dated 5/24/17 - 5/26/17 revealed: -Board members approved the use of a "prescribed hospital bed with safe straps that are only used upon [client #1's] request using 'yes'/'no' cards." -Board members approved the use of "arm bands used only at the request of [client #1]." Review on 1/14/22 of 5 board meeting notes/emails dated 10/28/19 - 8/10/21 revealed: -There was no documentation present identifying client #1. -There was no documentation present identifying client #1's restrictive interventions. Attempted interviews with client #1 on 1/5/22 and 1/6/22 proved unsuccessful due to verbal limitations and client #1's detachment from the interview process. Interviews on 1/6/22, 1/10/22 and 2/7/22 staff #2 stated: -There were no debriefing requirements following use of "small bed."	V 529		

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	MHL071-027	A. BUILDING: _____ B. WING _____	03/01/2022

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V 529	Continued From page 93 -Observations of client #1 were to be recorded in client #1's logbook at the end of each shift but were not completed by all staff regularly and were not accurate. Interviews on 1/4/22, 1/12/22 and 2/4/22 staff #4 stated: -There were no specific documentation requirements with regards to follow-up with client #1 when he finished the use of the "small bed" intervention. Interview on 2/4/22 staff #8 stated: -All actions related to use of the "small bed" were recorded in client #1's logbook. -There were no debriefing requirements following use of "small bed." Interview on 1/10/22 and 1/12/22 the Qualified Professional (QP)/ Executive Director (ED) stated: -Client #1's behavior interventions were approved by a board and were included in his behavior support plan and individual support plan. -She was not certain when board last gathered due to COVID 19. -Team reviews were completed prior to COVID 19 but were completed "when we can" since the COVID 19 emergence. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 529		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO	V 537		

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V 537	Continued From page 94 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of:	V 537		

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V 537	Continued From page 95 (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program	V 537		

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V 537	Continued From page 96 teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years.	V 537		

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V 537	Continued From page 97 (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to ensure 2 of 8 audited staff (#1 and #3) received annual training update in seclusion, physical restraint and isolation time out. The findings are: Review on 1/5/22 of staff #1's personnel record revealed: -Date of Hire: 1/3/22 -Job Title: Paraprofessional -EBPI (Evidence Based Protective Interventions) training dated 9/3/20, expired 9/2/21 -No documentation of updated EBPI training	V 537		

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V 537	Continued From page 98 Review on 1/5/22 of staff #3 ' s personnel record revealed: -Date of Hire: 10/8/20 -Job Title: Paraprofessional -EBPI dated 11/6/20, expired 11/6/21 -No documentation of updated EBPI training Observation on 1/5/22 at approximately 11:45am revealed: -Staff #1 was providing 1:1 services with client #1. -Client #1 was observed alone in his bedroom with the bedroom light out. -Client #1 was lying in a bed (identified by staff as the small bed) with 4 leather straps extending from the bed and connected to both of client #1 ' s wrists and ankles. -The "small bed" was positioned adjacent to a second bed which was identified by staff as the "big bed " which client used for sleeping. -The client did not appear in distress and was unresponsive to dialogue. Interviews on 1/5/22 and 2/4/22 staff #1 stated: -She had been rehired with the agency as of January 3, 2022. -She had previously worked with the facility for approximately 3 years. -The afternoon of 1/5/22 was the first afternoon she had used the " small bed " intervention with client #1 since her rehire. -The Program Director had shown her how to use the "small bed" straps with client #1 by ensuring the straps were secured properly and maintaining his safety throughout the process. Interviews on 1/6/22, 1/11/22, and 2/4/22 staff #3 stated: -She had been employed with the agency for over a year. -She initially estimated client #1 had used the	V 537		

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V 537	Continued From page 99 "small bed"intervention 2-3 times per week in the month of December, 2021. -Client #1 would only utilize the straps in his bed about 50% of the time the bed was used. Interviews on 1/14/22, and 2/8/22 the Qualified Professional (QP)/ Executive Director (ED) had no additional questions related to EBPI trainings.	V 537		

ASAP
AUTISM SUPPORT AND PROGRAMS

March 21, 2022

Plan of Correction:
DHSR – MHL Annual & Complaint Survey 3/1/2022
MHL # 071-027 (Rainbow Farms)
Intake #NC00184029 & #NC00185589

1. **27G .0203 Privileging/Training Professionals**
   - Qualified Professional will provide closer supervision of all team members.
   - Qualified Professional will immediately develop a written individualized plan for Associate Professional to monitor competency in each core skill.
   - Moving forward, Executive Director will ensure all professionals receive a written individualized plan upon hire and monitor monthly.
2. **27G .0205 Assessment and Treatment/Habilitation or Service Plan**
   - Qualified Professional will review all assessments and strategies for each participant in the program.
   - Qualified Professional will be responsible for overseeing staff implementation of all strategies outlined in each plan.
   - Qualified Professional will perform monthly supervisions with all staff and document implementation of all strategies, concerns, and feedback on progress of all goals with participants.
3. **27G .5602 Supervised Living for Adults with Mental Illness-Staff**
   - Effective immediately all shifts will have 2 staff members present to remain in compliance with staff-client ratios. All staff will be able to effectively remove all residents from the facility in the event of an emergency.
   - Programs Director will be responsible for ensuring two staff members are scheduled across all three shifts.
4. **27G .0603 Incident Response Requirements for Category A and B Providers (V366)**
   - All staff members will receive training and will be required to document in writing any occurrences of behavioral episodes or injuries utilizing forms for incident reporting. Agency will maintain the incident reports on-site in a separate notebooks.
   - Qualified Professional/Programs Director will ensure all staff attend training classes to review procedure for completing incident reports. Qualified Professional/Associate Professional will ensure all Level I and Level II incident reports are maintained in notebook identified by location.
5. **27G .0604 Incident Response Requirements for Category A and B Providers (V367)**
   - Agency will inform local LME of all Level II or higher incident via the Incident Response Improvement System (IRIS) within 72 hours.
   - Qualified Professional/Programs Director will be responsible for ensuring all staff members complete written reports to provide detailed information referencing the occurrence.

6. **27E .0101 Least Restrictive Alternative (V513)**
    - All staff members will receive a refresher training to understand the process of using least restrictive interventions to assist in de-escalation of maladaptive behaviors.
    - Programs Director, who is also the EBPI (Evidenced Based Protective Interventions) Instructor, will be responsible for ensuring all new staff receive this training upon hire and current staff will immediately receive a refresher training.
7. **27E .0102 Prohibited Procedures (V514)**
    - Agency will immediately discontinue use of "small bed" as a means to assist with de-escalation of maladaptive behaviors. All staff were informed via email that this practice has been discontinued and least restrictive EBPI interventions will be used moving forward. Approved EBPI restrictive interventions will be used as a last resort to ensure the safety of each resident.
    - Qualified Professional/Programs Director will ensure each staff remains current on his/her EBPI certification and will be informed anytime restrictive EBPI interventions are utilized.
8. **27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V518)**
    - All staff will be retrained on monitoring requirements during use of restrictive interventions. Moving forward all staff members will discontinue use of "small bed" and will utilize least restrictive and/or restrictive (when necessary) EBPI interventions to de-escalate maladaptive behaviors.
    - Qualified Professional/Associate Professional/Programs Director will be responsible for ensuring all staff are providing required monitoring of all residents.
9. **27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V521)**
    - All staff members will receive training and will be required to document in writing any occurrences of behavioral episodes on formal incident reports. All incident reports will be kept in a binder which will be maintained and reviewed by the Qualified Professional.
    - Qualified Professional/Programs Director will be responsible for ensuring all staff members are writing these detailed reports and submitting them in the required time frame.
10. **27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V523)**
    - All staff will be retrained on monitoring requirements during use of restrictive interventions. Moving forward all staff members will discontinue use of "small bed" and will utilize least restrictive and/or restrictive (when necessary) EBPI techniques to de-escalate maladaptive behaviors. All staff members will utilize 15-minute checklist for monitoring the safety and well-being during use of restrictive interventions for all residents.
    - Qualified Professional/Associate Professional/Programs Director will be responsible for ensuring all staff are providing required monitoring of residents during the use of any approved EBPI interventions.

11. **27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V524)**
    - Effective immediately all parents, legal guardians, and treatment team will be notified each time an approved EBPI restrictive intervention is utilized.
    - Qualified Professional/Associate Professional/Programs Director will be responsible for this notification and documenting the method of contact, which will be kept in the client's record.
12. **27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V525)**
    - Agency will maintain an accurate log of all EBPI approved restrictive interventions.
    - Qualified Professional and Human Rights Committee will meet quarterly and review all rights restrictions every 6 months for any trends or other interventions that may be effective in reducing maladaptive behaviors.
13. **27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V526)**
    - All staff members will receive training and will be required to document in writing any occurrences of behavioral episodes or injuries utilizing forms for incident reporting.
    - All incident reports will include details of the least restrictive and/or restrictive interventions, effectiveness of the interventions, and how long the intervention(s) lasted.
    - Qualified Professional/Associate Professional/Programs Director will be responsible for ensuring all staff are completing detailed incident reports with required information for all residents.
14. **27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V528)**
    - Agency will immediately discontinue use of "small bed" (planned intervention) to assist with de-escalation of maladaptive behavior(s). All staff were informed via email that this practice has been discontinued and least restrictive EBPI techniques will be used moving forward. Approved EBPI restrictive techniques will be used as a last resort to ensure the safety of each resident.
    - Qualified Professional, Human Rights Committee, and Treatment Team will review any "planned" restrictive interventions bi-monthly for any trends or other interventions that may be effective in reducing maladaptive behaviors.
15. **27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (V529)**
    - Agency will develop operating procedure with clear bi-monthly timelines to review all planned interventions with the Treatment Team and Human Rights Committee.
    - Qualified Professional will be responsible for facilitating these meetings and document the outcome in the client's record.

16. 27E .0108 Training in Seclusion, Physical Restraint, and Isolation Time-Out (V537)

- All staff members will receive a refresher training to understand the process of using least restrictive interventions to assist in de-escalation of maladaptive behaviors.
- Programs Director, who is also the EBPI (Evidenced Based Protective Interventions) Instructor, will be responsible for ensuring all new staff receive this training upon hire and current staff will immediately receive a refresher training.

17. 27G. 0205 Assessment and Treatment/Habilitation or Service Plan

- Agency will review ISP for client #1 and immediately implement 15-minute tracking of client's maladaptive behaviors (SIB, physical aggression, or property destruction).
- Agency will review "Partial Interval Recording Sheet" with all staff to accurately record specified maladaptive behaviors.
- Qualified Professional/Associate Professional will be responsible for ensuring 15-minute checklist and "Partial Interval Recording Sheet" are completed daily for all specified hour intervals.

18. 27G .0207 Emergency Plans and Supplies

- Agency will perform monthly Fire/Disaster drills. One of each drill will be unannounced and one of each drill will be performed across all 3 shifts.
- Fire evacuation routes will be posted from each room and practiced during drills.
- Programs Director will be responsible for ensuring these drills are performed and documented properly and kept in an on-site binder.

19. 27G .0209 (C) Medication Requirements

- All med-certified staff will receive a refresher training on proper procedures to administer medications to all residents. Training will also include accurately documenting on the MAR when a medication has been administered to a client.
- Any errors or missed doses will immediately be reported to the Programs Director and an incident report with supporting details will be written.
- Programs Director/Associate Professional will be responsible for ensuring the MARs are completed accurately and any errors are immediately documented.

20. 27G .5602 Supervised Living – Staff

- Agency will review the requirements of all residents' ISPs and retrain all staff members.
- Client #1 will receive close 1:1 staffing and supervision; all residents will have 24-hour awake staff at night for the safety of all residents; All residents will receive 15-minute monitoring for their safety and all needs pertaining to their care.
- Qualified Professional/Associate Professional/Programs Director will be responsible for ensuring all staffing requirements are being met and accurate monitoring is being completed.

21. 27G .5603 Supervised Living – Operations

- Agency will ensure all residents are scheduled and taken to appointments with professionals for all their routine needs and care.
- Physician notes will be included in the resident's files, detailing the outcome of each visit.
- Programs Director will be responsible for coordination of all physician appointments and any follow-up appointments as needed.

22. 27G .0603 Incident Response Requirements

- Agency will input all Level II and Level III incident reports with details into the IRIS system within 72 hours of the incident.
- Agency will keep detailed incident reports for all residents on-site in a binder for review.
- Qualified Professional will be responsible for inputting incident reports into the IRIS system and maintaining the binder.

23. 27G .0604 Incident Response Requirements

- Agency will input all Level II and Level III incident reports with details into the IRIS system within 72 hours of the incident.
- Agency will keep detailed incident reports for all residents on-site in a binder for review.
- Qualified Professional will be responsible for inputting incident reports into the IRIS system and maintaining the binder.

24. 27E .0101 Least Restrictive Alternative

- Agency immediately discontinued the use of the "small bed" as an intervention to de-escalate any occurrences of aggression or maladaptive behaviors.
- All staff will be retrained to utilize least restrictive EBPI techniques to assist with calming and anxiety displayed by the residents.
- Programs Director will ensure all staff are retrained and are competent in utilizing least restrictive interventions; EBPI approved restrictive interventions will only be used as a last resort to maintain the safety of each resident.

25. 27E .0102 Client Rights – Prohibited Procedures

- Agency immediately discontinued the use of the "small bed" as an intervention to de-escalate any occurrences of aggression or maladaptive behaviors.
- All staff will be retrained to utilize least restrictive EBPI techniques to assist with calming and anxiety displayed by the residents.
- Programs Director will ensure all staff are retrained and are competent in utilizing least restrictive interventions; EBPI approved restrictive interventions will only be used as a last resort to maintain the safety of each resident.

26. 27E .0104 (e1-2) Seclusion, Physical Restraint, and Isolation Time-Out and Protective Devices Used For Behavioral Control

- Agency immediately discontinued the use of the "small bed" as an intervention to de-escalate any occurrences of aggression or maladaptive behaviors.
- All staff will be retrained to utilize least restrictive EBPI techniques to assist with calming and anxiety displayed by any of the residents. Staff will be retrained to visually monitor all residents every 15 minutes and while implementing any EBPI (least and/or restrictive) approved interventions.
- Programs Director will ensure all staff are retrained and are competent in utilizing least restrictive interventions; EBPI approved restrictive interventions will only be used as a last resort to maintain the safety of each resident.

27. **27E .0104 (e9) Seclusion, Physical Restraint, and Isolation Time-Out and Protective Devices Used For Behavioral Control**
    - All staff members will receive training and will be required to document in writing any occurrences of behavioral episodes or injuries utilizing forms for incident reporting.
    - All incident reports will include details of the least restrictive and/or restrictive interventions, effectiveness of the interventions, and how long the intervention(s) lasted.
    - Qualified Professional/Associate Professional/Programs Director will be responsible for ensuring all staff are completing detailed incident reports with required information of client #1 and all other clients.
28. **27E .0104 (e11) Seclusion, Physical Restraint, and Isolation Time-Out and Protective Devices Used For Behavioral Control**
    - Agency immediately discontinued the use of the "small bed" as an intervention to de-escalate any occurrences of aggression or maladaptive behaviors.
    - All staff will be retrained to utilize least restrictive EBPI techniques to assist with calming and anxiety displayed by any of the residents. Staff will be retrained to visually monitor all residents every 15 minutes and while implementing any EBPI (least and/or restrictive) approved interventions.
    - Programs Director will ensure all staff are retrained and are competent in utilizing least restrictive interventions; EBPI approved restrictive interventions will only be used as a last resort to maintain the safety of each resident.
29. **27E .0104 (e12-16) Seclusion, Physical Restraint, and Isolation Time-Out and Protective Devices Used For Behavioral Control**
    - Effective immediately all parents, legal guardians, and treatment team will be notified each time an approved EBPI restrictive intervention is utilized.
    - Qualified Professional/Associate Professional/Programs Director will be responsible for this notification and documenting the method of contact, which will be kept in the client's record.

30. **27E .0104 (e17) Seclusion, Physical Restraint, and Isolation Time-Out and Protective Devices Used For Behavioral Control**
    - Agency will maintain an accurate log of all EBPI approved restrictive interventions.
    - Qualified Professional and Human Rights Committee will review all rights restrictions bi-monthly for any trends or other interventions that may be effective in reducing maladaptive behaviors.
31. **27E .0104 (e18-19) Seclusion, Physical Restraint, and Isolation Time-Out and Protective Devices Used For Behavioral Control**
    - All staff members will receive training and will be required to document in writing any occurrences of behavioral episodes or injuries utilizing forms for incident reporting. Agency will maintain the incident reports on-site in a separate notebook for each location.
    - Qualified Professional/Programs Director will ensure all staff attend training to review procedure for completing incident reports. Qualified Professional will ensure all Level I and Level II incident reports are maintained in these notebooks.

32. 27E .0104 (g1-2) Seclusion, Physical Restraint, and Isolation Time-Out and Protective Devices Used For Behavioral Control

- Agency will immediately discontinue use of "small bed" (planned intervention) to assist with de-escalation of maladaptive behavior(s). All staff were informed via email that this practice has been discontinued and least restrictive EBPI techniques will be used moving forward. Approved EBPI restrictive techniques will be used as a last resort to ensure the safety of each resident.
- Qualified Professional, Human Rights Committee, and Treatment Team will review any "planned" restrictive interventions bi-monthly for any trends or other interventions that may be effective in reducing maladaptive behaviors.

33. 27E .0104 (g3-6) Seclusion, Physical Restraint, and Isolation Time-Out and Protective Devices Used For Behavioral Control

- Agency will develop operating procedure with clear bi-monthly timelines to review all "planned interventions" with the Treatment Team and Human Rights Committee.
- Qualified Professional will be responsible for facilitating these meetings and document the outcome in the client's record.

34. 27E .0108 Training In Seclusion, Physical Restraint, and Isolation Time-Out

- All staff members will receive a refresher training to understand the process of using least restrictive interventions to assist in de-escalation of maladaptive behaviors.
- Programs Director, who is also the EBPI (Evidenced Based Protective Interventions) Instructor, will be responsible for ensuring all new staff receive this training upon hire and current staff will immediately receive a refresher training. Certificates identifying completion of this training will be kept in staff's file and updated at least annually.

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