

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/07/2022	
NAME OF PROVIDER OR SUPPLIER CAMPBELL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 201 TACOMA CIRCLE ASHEVILLE, NC 28801		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 3/7/22. The complaint was substantiated (intake #NC00184979). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 beds and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to meet the treatment needs for 1 of 1 former clients (Former Client #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record reviews and interviews, the facility failed to attend to the health and safety needs of individuals, determine the cause of the incident and develop and implement corrective measures affecting 1 of 1 former clients (Former Client #3).</p> <p>Cross Reference: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interviews, the facility failed to ensure all Level II incidents were reported to the Local Management Organization (LME) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident affecting 1 of 1 former clients (Former Client #3).</p> <p>Review on 2/22/22 of Former Client (FC) #3's record revealed: -admitted on 7/18/14 -discharged on 12/20/21 -notice of discharge to guardian on 10/22/21</p>	V 112	<p>V 112 27G.0205 (C-D) ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN Completed Date March 4, 2022</p> <p><u>Indicate what measures will be put in place to correct the deficient area of practice</u> (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.)</p> <p>Corrective Action</p> <ul style="list-style-type: none"> ➤ A Plan of Protection has been developed, signed by the Program Director of Summerland Homes and has been attached to this Plan of Correction. COMPLETED Friday, March 4, 2022. AFL Providers have read this Plan of Protection and understand the plan and have signed the Plan of Protection and have received a copy of the Plan of Protection. A copy of the Plan of Protection signed by the AFL Providers has also been attached. <p><u>Indicate what measures will be put in place to prevent the problem from occurring again</u> Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.)</p> <ul style="list-style-type: none"> ➤ Following the steps of the Plan of Protection developed on March 4, 2022. AFL Providers have read this Plan of Protection and understand the plan and have signed the Plan of Protection and have received a copy of the Plan of Protection. <p><u>Indicate who will monitor the situation to ensure it will not occur again.</u></p> <ul style="list-style-type: none"> ➤ The Qualified Professional for the Campbell Home will be responsible for monitoring the situation. QP will make sure AFL Providers understand the importance of reporting any issues that are happening to try to prevent them from happening again. QP will discuss any issues 	

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V 112	<p>Continued From page 2</p> <p>-diagnoses of Moderate Intellectual/Developmental Disability (IDD), Attention Deficit Hyperactivity Disorder (d/o), combined type; Unspecified Cerebral Palsy, Autistic d/o, Oppositional Defiant d/o, Epilepsy, unspecified, not retractable</p> <p>-monthly notes written by the QP for FC #3 included:</p> <p>--6/15/21- "inappropriate behavior has been sporadic at times" even with medication change but medication change has been helpful</p> <p>--7/14/21-this was a duplicate of the 6/15/21 note</p> <p>--8/13/21-FC #3 "continues to act out at school and assaulting people"; most of the assaults occur at school</p> <p>--9/15/21-FC #3 was discharged from the day program, "reportedly consumer did 30,000 worth of damage to the property"; Local Management Entity/Managed Care Organization (LME/MCO) and "provider are working diligently to find new placement"; FC #3 "demonstrating 4 nights of OCD (Obsessive Compulsive Disorder) putting on layers of clothes, took sheets off bed and taking bed apart and screaming he needs help."</p> <p>--10/12/21- "consumer was beating and kicking on door when QP arrivedprovider states that client has been that way since she got home"; "provider reports she is documenting all consumer's incidents in the placement"</p> <p>--11/14/21- FC #3 continues to demonstrate behaviors in the placement, "damages property in the home, tore the toilet seats off commode, steals food out of the kitchen" FC #3's last day is 12/22/21.</p> <p>Review on 2/22/22 and 2/28/22 of FC #3's treatment plan goals effective 7/1/21 revealed:</p> <p>1. "[FC #3] will practice his coping skills daily when he becomes stressed, upset, anxious, or agitated with 2 or fewer verbal/gestural or</p>	V 112	<p>(Continued from Page 2)</p> <p>that need addressing with the Program Director immediately. The President of Summerland Homes will also be notified to make sure this type of situation does not happen again.</p> <p><u>Indicate how often the monitoring will take place.</u></p> <p>➤ Monthly monitoring will take place of the facility, unannounced visits to facility and reminders of reporting any issues, i.e., Safety Issues, Health/Medical Issues, Client Rights, Incident Reports, and Behavior Plan during telephone conversations to/from the office will be ongoing. Closer and more intense communication including telephone calls, conference calls, emails, and text messages will also happen to make sure there are no issues occurring that need to be addressed.</p>	

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V 112	Continued From page 3 modeling prompts per event for 10 of 30 days per month for the duration of the plan year" Support/intervention: "AFL (Alternative Family Living) staff will provide needed assistance for client to be able to practice his coping skills when there are unexpected changes to his schedule or situation or he becomes upset or agitated. Coping skills that have been effective for [FC #3] include but are not limited to -closing eyes and taking ten deep breaths, counting out loud, playing with his number cards, taking a walk with staff, reading his map book, and playing with his tablet (Kindle)" 2. "[FC #3] will exhibit appropriate behavior and social skills daily while in the home and in the community with 3 or fewer verbal prompts per event for 15 of 30 days per month for the duration of the plan year" Support/Intervention: "AFL staff will provide training and instruction for [FC #3] to learn and exhibit appropriate behavior and social skills while at home and in the community. Training will be provided through role playing, anticipatory guidance, modeling and gentle counseling. Appropriate behaviors and social skills to be taught and encouraged include but are not limited to: keeping hands and feet to self, respecting the property of others, giving eye contact when interacting with others, refraining from cursing, refraining from inappropriate teasing and practical jokes. AFL staff will provide praise and encouragement for [FC #3's] efforts to exhibit social skills and behavior." -new goals and strategies were not developed to address ongoing behaviors of verbal and physical aggression, agitation, and property destruction despite the increased intensity and frequency since the 7/1/21 treatment plan effective date.	V 112		

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V 112	Continued From page 4 Review on 2/25/22 and 2/28/22 of the summary of incidents documented on a spreadsheet by Staff #1 and Staff #2 revealed: -FC #3's behavior from 10/6/21 through 12/14/21 was recorded on this spreadsheet -there were 41 entries between 10/6/21-12/14/21 documenting FC #3's behavior under the column heading "description of situation" which included: -29 incidents of verbal aggression -27 incidents of "physical aggression towards self" described as "dropping to knees, scratching/hitting self"; FC #3 scratched his arm, nose, or chest, and scratched his arm on a window blind panel -20 incidents of property damage which included breaking a light cover, smacking the walls and kicking the door for 1.75 hours, kicked bedroom door consistently for hours/pictures fell off the wall, slamming doors, smacking the car door and windows, knocked pictures off the wall, throwing things, hitting bathroom window/broke bathroom window blinds, hitting bedroom window and door/broke the bottom panel of bedroom door, scratching walls in hall and bedroom, hitting the car window and pulling at seat while in moving car, beating on bedroom door, pushed out the bathroom screen and threw things out of the window, jumping on bed on and off for 5 hours, broke the box spring and bed again, broke toilet seat off toilet, kicked foot board off his bed -14 incidents of physical aggression which were described as "hitting/kicking others" -6 incidents occurred in one day on 10/11/21 -7 incidents occurred in one day on 10/12/21 -the strategies under the column heading "action of staff during incident" utilized to address FC #3's behavior included verbal prompts, remove breakable items, redirection, remove the audience, breathing techniques, safe space to calm down and time	V 112		

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V 112	<p>Continued From page 5</p> <p>-follow-up response by staff included: reviewed expectations, discussed expectations/consequences, processed behaviors, discussed replacement behaviors, reviewed goals and choices, and planned ignoring/1 prompt directive</p> <p>-there were 8 incidents that included a time frame for FC #3's behavior which ranged from 2 hours to "majority of the day"</p> <p>-the QP initialed, dated and reviewed the spreadsheet on 10/19/21, 11/21/21, and 1/6/22; the QP made notes on each entry which included "incident handled appropriately, appropriate action taken, processed and handle incident appropriately, or occurrence handled appropriately."</p> <p>Interviews on 2/23/22 and 2/28/22 with the QP revealed:</p> <p>-she completed monthly QP notes and submitted the notes to the Licensee</p> <p>-she participated in goal plan meetings; the last annual treatment plan meeting was June 2021</p> <p>-she met with Staff #1 and Staff #2 monthly; Staff #1 called her outside of their monthly meeting if she had questions or needed assistance with FC #3</p> <p>-she did impromptu visits to the facility; she noticed holes in the walls due to FC #3's behavior</p> <p>-FC #3's behaviors escalated and he was hitting walls, doors and was assaultive to workers; behaviors occurred at the facility and the day program</p> <p>-Staff #1 called the Licensee office to alert them of behaviors or if Staff #1 needed guidance in addressing FC #3's behaviors</p> <p>-she thinks FC #3 had the same 1:1 worker after he was discharged from the day program and she is not sure if the worker tried to come up with new strategies to address FC #3's behavior</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>-"never knew what was getting him (FC #3) escalated"; no one needed first aid that she knew of when FC #3 was aggressive towards himself or others</p> <p>-she reviewed the spreadsheet documenting behaviors when Staff #1 sent it to her and then she forwarded it to the Program Director</p> <p>-FC #3's "behavior was every hour on the hour"</p> <p>-she thought FC #3 needed a higher level of care</p> <p>-she did not change the goals and strategies on FC #3's treatment plan after the June 2021 meeting despite the ongoing behaviors.</p> <p>Review on 3/4/22 of an email written on 3/3/22 by the President of the Company in response to the Division of Health Service Regulation (DHSR) surveyor's question to clarify who was responsible for updating the goal plan revealed:</p> <p>-"The Team meets annually and during the year if there is an update to the ISP (Individual Support Plan). The QP, Guardian, Complex Care Manager, any other providers that need to also meet with the Team. Needs are discussed at the meeting and the QP writes the short term goals to address the needs. If the QP assigned to the particular member is not available at the time of this meeting, [Program Director] will make herself available to meet during this time."</p> <p>Interview on 3/1/22 and 3/2/22 with the Local Management Entity/Managed Care Organization (LME/MCO) Care Manager (CM) revealed:</p> <p>-FC #3's behavior was "cyclical" and Staff #1 and Staff #2 "knew what worked and what didn't work"</p> <p>-there was an annual treatment team meeting in June 2021 to update the treatment plan</p> <p>-there were additional meetings to address FC #3's behavior but new goal and strategies were not added to the the treatment plan to address the ongoing escalating behaviors.</p>	V 112		

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V 112	<p>Continued From page 7</p> <p>-she was not getting written documentation of FC #3's behavior which impacted her ability to ask for additional services</p> <p>-there was a lot of phone discussion with Staff #1 and #2 and FC #3's mother but there was not a written update to the goal plan</p> <p>-Staff #1 and Staff #2 completed monthly notes and sent the notes to the QP but she wasn't getting any written documentation.</p> <p>Review on 3/4/22 of the Plan of Protection dated 3/4/22 by the Program Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ol style="list-style-type: none"> 1. The Treatment Team will identify the unsafe behaviors that are happening, included in this meeting will be the QP, Staff, Behavior Plan Specialist, Complex Care Manager and the Guardian. 2. The Treatment Team will hold an emergency meeting to address the urgency of the individual's needs. 3. Discuss what the strategies that are not working and try to implement new strategies to try to reduce behavioral episodes. 4. The Treatment Team will update the short team goals in the treatment plan and develop strategies and interventions to lessen and/or respond to an unsafe/crisis situation. 5. The Treatment Team will also discuss the setting or situations where the behaviors are likely to occur. 6. The Team will develop a safety plan to insure the safety of the individual served and other individuals. 7. Make sure the treatment plan includes access to North Carolina Start or a local respite facility to change the scene of inappropriate behaviors for a 	V 112		

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V 112	<p>Continued From page 8</p> <p>de-escalation period.</p> <p>Describe your plans to make sure the above happens.</p> <p>The QP and facility staff will follow their training to report incident reports in a timely manner using the appropriate forms.</p> <p>Summerland Homes (Licensee) will be responsible for contacting all individuals above with time of meeting, place of meeting (virtual or in person) to put the above plan into action to provide the plan of protection for the individual served and others involved."</p> <p>Review on 3/4/22 of the revised Plan of Protection dated 3/4/22 written by the Program Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ol style="list-style-type: none"> 1. The Treatment Team will identify the unsafe behaviors that are happening, included in this meeting will be the QP, Staff, Behavior Plan Specialist, Complex Care Manager and the Guardian. 2. The Treatment Team will hold an emergency meeting to address the urgency of the individual's needs. The timeframe for this meeting will be within 3-7 days based on urgency of the client's needs. 3. Discuss what the strategies that are not working and try to implement new strategies to try to reduce behavioral episodes. 4. The agency's QP on the Treatment Team will update the short term goals in the treatment plan and develop strategies and interventions to lessen and/or respond to an unsafe/crisis situation. 	V 112		

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V 112	<p>Continued From page 9</p> <p>5. The Treatment Team will also discuss the setting or situations where the behaviors are likely to occur.</p> <p>6. The Team will develop a safety plan to insure the safety of the individual served and other individuals. The team will review the safety plan in 30 days or what the team would consider necessary based on the client's needs.</p> <p>7. Make sure the treatment plan includes access to North Carolina Start or a local respite facility to change the scene of inappropriate behaviors for a de-escalation period.</p> <p>Describe your plans to make sure the above happens.</p> <p>The QP and facility staff will follow their training to report incident reports in a timely manner using the appropriate forms.</p> <p>Summerland Homes will be responsible for contacting all individuals above with time of meeting, place of meeting (virtual or in person) to put the above plan into action to provide the plan of protection for the individual served and others involved."</p> <p>The Campbell Home is an Alternative Family Living in a Private Residence facility. Former Client (FC) #3's diagnoses included Moderate Intellectual/Developmental Disability (IDD), Attention Deficit Hyperactivity Disorder (d/o), combined type; Unspecified Cerebral Palsy, Autistic d/o, Oppositional Defiant d/o, Epilepsy, unspecified, not retractable. There were a total of 41 incidents documented by Staff #1 and Staff #2 that occurred between 10/6/21 and 12/14/21 which included 29 verbal and 14 physical aggression (hitting /kicking others), 20 property damage, and 27 aggression to self. These behaviors ranged from 2 hours to the majority of</p>	V 112		

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V 112	Continued From page 10 the day and were increasing in intensity and frequency. Despite the Qualified Professional and Summerland Homes being aware of the ongoing behaviors no new strategies were added to the treatment plan to address these behaviors. Additionally, the facility did not address the behaviors as incidents that are required to be reported and didn't submit reports to the NC Incident Response Improvement System as required. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 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 112		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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;	V 366		

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V 366	Continued From page 11 (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; (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;	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/07/2022	
NAME OF PROVIDER OR SUPPLIER CAMPBELL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 201 TACOMA CIRCLE ASHEVILLE, NC 28801		
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V 366	Continued From page 12 (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 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.	V 366		

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V 366	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to attend to the health and safety needs of individuals, determine the cause of the incident and develop and implement corrective measures affecting 1 of 1 former clients (Former Client #3). The findings are:</p> <p>Refer to tag V112 for a summary of incidents for Former Client (FC) #3.</p> <p>Review of the Incident Response Improvement System (IRIS) on 2/22/22 revealed: -there were no Level II incident reports for FC #3 from 6/1/21 to 12/20/21.</p> <p>Interviews on 2/23/22 and 2/28/22 with the Qualified Professional (QP) revealed: -she met with Staff #1 and Staff #2 monthly -she reminded Staff #1 and Staff #2 complete and submit incident reports (IR) within 24 hours -she didn't enter incidents in IRIS; she signed off on it and forwarded it to the Licensee to enter in IRIS -Former Client (FC) #3's behaviors escalated and he was hitting walls, doors and assaultive to workers; behaviors occurred at the facility and the day program -FC #3's behaviors were ongoing and Staff #1 didn't distinguish his behavior as incidents that needed reporting -she instructed Staff #1 and Staff #2 to record behaviors; she encouraged them to document every time there was an incident -she wasn't sure about incidents rising to a level II; she suggested talking to the Program Director or the President.</p>	V 366	<p>A Type A1 rule violation is cited for 10A NCAC 27G .0205 Assessment and Treatment/ Habilitation or Service Plan (V112) Type A1 with cross references: o 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366)</p> <p><u>Indicate what measures will be put in place to correct the problem from occurring again</u> Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.)</p> <ul style="list-style-type: none"> ➤ AFL Provider and QP will receive retraining of the Incident Accident & Death Reporting Policy. COMPLETED 2-19-2022 ➤ Policy Re-Training of Incident Reports, Client Rights and Search & Seizure Policy and Responsibilities Executing to the policy of a Behavior Plan and review of the Disciplinary Policy was completed on Saturday, February 19, 2022. In attendance were the QP of the Campbell Home and the AFL Providers for the Campbell Home. Training was provided by Alene Summersgill, M.Ed., QP, Program Director and Annette Kirkland, President at Summerland Homes. Copies of all training materials and policies were given to the QP and AFL Providers to reference if needed. Completed Training certificates and Attendance Sheet are attached to this Plan of Correction. <p><u>Indicate what measures will be put in place to prevent the problem from occurring again.</u></p> <ul style="list-style-type: none"> ➤ Following the steps of the Plan of Protection developed on March 4, 2022. AFL Providers have read this Plan of Protection and understand the plan and have signed the Plan of Protection and have received a copy of the Plan of Protection. 	

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V 366	<p>Continued From page 14</p> <p>Interview on 2/23/22 with Staff #1 revealed: -she did a monthly report and FC #3's behavior was documented in her notes -she created a spreadsheet so anyone could access it; she started using this form in October 2021 -we "kind of normalized behavior because we are a skilled family" -FC #3's behavior escalated over 6-7 months -sometimes FC #3's behaviors would go on for hours -she was told to complete incident reports, "was hard to stop in the middle of dinner, clear the room for safety" and complete a report -she acknowledged she wasn't completing reports -she completed a daily tracking log in Therap (electronic health record) of FC #3's progress towards goals.</p> <p>Interview on 2/23/22 with Staff #2 revealed: -FC #3's behaviors were "challenging, frequent ...multiple times a day" -Staff #1 did most of the documentation but he completed the daily tracking grid in Therap for FC #3.</p> <p>Interviews on 2/25/22 and 3/1/22 with the President of the Company revealed: -all incident reports need to be submitted on the Licensee's "Incident/Accident Report for Level I" form -Staff #1 and Staff #2 were responsible for completing the incident report, forwarding it to the QP for review and the QP forwarded it to the office -there were no written incident reports for FC #3 from 6/1/21-12/20/21 -either she or the Program Director were</p>	V 366	<p>(Continued from Page 14)</p> <p>➤ AFL Providers and Qualified Professional will receive retraining of the Incident Accident & Death Reporting Policy. Incident Accident & Death Reporting will be required annually. A copy of the Policy on Incident Accident & Death Reporting was handed out to AFL Providers and QP during training. COMPLETED Saturday, 2-19-2022 (Training certificates and attendance record attached).</p> <p>➤ Making sure there are no Incident Reports happening that have not been documented and reported in a timely manner.</p> <p>➤ Qualified Professional will specifically document any discussions with AFL Providers concerning Incident Reports on the Monthly QP Monitoring form, to include the following: Safety Issues, Health/Medical Issues, Client Rights, Incident Reports, and Behavior Plan. Program Director will review for trend analysis and immediately discuss with QP. A team meeting with AFL Providers will be scheduled if needed. FORM REVISED 2-7-2022. Revised Form being completed on monthly visits as of 2-7-2022.</p> <p>➤ Program Director will provide reminders to QPs that AFL Providers are to document any behaviors that happen, even if they are daily. Disciplinary Policy will be followed if AFL Provider does not provide incident reports if they happen. In addition, going forward, Program Director will perform trend analysis as part of the Corrective Action Plan.</p> <p>➤ If there is a Behavior Plan that has been put in place, and after a period of time, there has been no decrease in inappropriate behaviors and no increase in appropriate, we will, at that time, schedule a team meeting to discuss and what next steps we need to consider and the need for a higher level of care for that particular individual living in the facility.</p>	

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V 366	<p>Continued From page 15</p> <p>responsible for entering the information in IRIS, not the QP or Staff #1 or #2</p> <p>-if the time is short, Staff #1 or Staff #2 could forward it directly to the office, prior to the QP reviewing it</p> <p>-FC #3 did not physically harm anyone, "may bump you" but not serious physical harm</p> <p>-FC #3 did property damage at the facility</p> <p>-the QP, Staff #1 and Staff #2 completed training on 2/19/22 on Summerland's (Licensee) "Incident Accident Report Policy" and "Incident Accident Report Form"</p> <p>-Staff #1 was handwriting monthly notes through 10/1/21 documenting FC #3's behavior; beginning in October, Staff #1 and Staff #2 began using a spreadsheet to document FC #3's behavior</p> <p>-the QP did monthly supervision with Staff #1 and Staff #2 in addition to her own monthly notes about each client at the facility.</p> <p>Interview on 2/24/22 with FC #3's guardian revealed:</p> <p>-she spoke frequently with Staff #1</p> <p>-her only complaint was that the "provider" was not doing paperwork but she addressed that with Staff #1</p> <p>-she didn't know about some incidents except when someone else mentioned it</p> <p>-she thought Staff #1 and Staff #2 normalized FC #3's behavior versus seeing it as an incident that needed more documentation.</p> <p>Review on 3/1/22 of "Monthly Alternative Family Living (AFL) Report" for July, August and September 2021 signed by Staff #2 revealed:</p> <p>-July 2021- FC #3 "continues to have sporadic outburst and explosive episodes ...able to pull it together within an hour or so ...suspended from day program for throwing chairs, hitting staff, and pushed client ...behaviors not so well since the</p>	V 366	<p>(Continued from Page 14 and 15</p> <p><u>Indicate who will monitor the situation to ensure it will not occur again.</u></p> <p>➤ The Qualified Professional for the Campbell Home will be responsible for monitoring the situation. QP will make sure AFL Providers understand the importance of reporting any issues that are happening to try to prevent them from happening again. QP will discuss any issues that need addressing with the Program Director immediately. The President of Summerland Homes will also be notified to make sure this type of situation does not happen again.</p> <p><u>Indicate how often the monitoring will take place.</u></p> <p>➤ Monthly monitoring will take place of the facility, unannounced visits to facility and reminders of reporting any issues, i.e., Safety Issues, Health/Medical Issues, Client Rights, Incident Reports, and Behavior Plan during telephone conversations to/from the office will be ongoing. Closer and more intense communication including telephone calls, conference calls, emails, and text messages will also happen to make sure there are no issues occurring that need to be addressed.</p>	
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V 366	<p>Continued From page 16</p> <p>suspension ...has shown increase agitation, on edge and will act out at any given time ...one of his outbursts he kicked holes in his bathroom wall, tore off the towel holder from the wall ...slammed door so hard the knob went threw the wall"</p> <p>-August 2021- FC #3 "was doing well at beginning of month. He was immediately discharged from day program due to aggressive behaviors towards staff/clients ...since then , he has been on an emotional rollercoaster ...some behaviors are happening more frequently. They seem to be more intense ...[psychiatrist] and the team have discussed a plan-looking for a new day program and other options ..."</p> <p>-September 2021- FC #3 "no longer in day program ...majority of his time is in the home ...becomes upset about not going to program. Which usually results in a behavior meltdown, outburst and sometimes aggression to self/others ...behaviors have not changed however are more frequentwe continue to review goals, get creative with incentives and accommodate him anyway we can. [Psychiatrist] has recommended a higher level of care due to nature of his aggressive behaviors ...seems that he's more compulsive obsessive behaviors triggered by his anxiety/anxiousness and not adjusting to schedule change- these behaviors at times can be safety issues."</p> <p>-the monthly notes were signed and dated by Staff #2 and the Program Director.</p> <p>Interview on 2/25/22 and 3/1/22 with the Program Director revealed:</p> <p>-FC #3's behavior of hitting and kicking others was "nothing that lays you out or bruises you"</p> <p>-Staff #1 and Staff #2 were very competent but FC #3 was becoming unsafe in the community</p> <p>-FC #3's behavior escalated in the last 6 months</p>	V 366		

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V 366	Continued From page 17 -there were a lot of meetings, calls, and discussions between the QP, Staff #1 and Staff #2 that FC #3 needed a higher level of care -incidents were not processed ... "would be debriefing all day long." This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and Treatment/ Habilitation or Service Plan (V112) 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; (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	V 367		

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V 367	<p>Continued From page 18</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(e) Category A and B providers shall send a 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:</p>	V 367		
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V 367	<p>Continued From page 19</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all Level II incidents were reported to the Local Management Organization (LME) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident affecting 1 of 1 former clients (Former Client #3). The findings are:</p> <p>Refer to V112 for summary of incidents for Former Client (FC) #3.</p> <p>Review of the Incident Response Improvement System (IRIS) on 2/22/22 revealed: -there were no Level II incident reports for FC #3 from 6/1/21 to 12/20/21.</p>	V 367	<p>10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367)</p> <p>Indicate what measures will be put in place to correct the problem from occurring again Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.)</p> <ul style="list-style-type: none"> ➤ AFL Provider and QP will receive retraining of the Incident Accident & Death Reporting Policy COMPLETED 2-19-22 ➤ Policy Re-Training of Incident Reports, Client Rights and Search & Seizure Policy and Responsibilities. Executing to the policy of a Behavior Plan and review of the Disciplinary Policy was completed on Saturday, February 19, 2022. In attendance were the QP of the Campbell Home and the AFL Providers for the Campbell Home. Training was provided by Alene Summersgill, M.Ed., QP Program Director and Annette Kirkland, President at Summerland Homes. Copies of all training materials and policies were given to the QP and AFL Providers to reference if needed. Completed Training certificates and Attendance Sheet are attached to this Plan of Correction. <p>Indicate what measures will be put in place to prevent the problem from occurring again.</p> <ul style="list-style-type: none"> ➤ Following the steps of the Plan of Protection developed on March 4, 2022. AFL Providers have read this Plan of Protection and understand the plan and have signed the Plan of Protection and have received a copy of the Plan of Protection. 	

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V 367	Continued From page 20 Interview on 2/25/22 with the Local Management Entity/Managed Care Organization (LME/MCO) representative revealed: -the facility was not completing Level II incident reports in IRIS -FC #3's behavior was "frequent and regular"; Staff #1 said it was just his typical behavior and it didn't feel like it needed to be documented -the treatment team was unable to request additional services because they didn't have the documentation to justify it -the treatment team needed behavioral documentation to request a higher level of care -she thinks Staff #1 "came around and realized she needed to do it" (documentation). Interviews on 2/25/22 and 3/1/22 with the President of the Company revealed: -all incident reports need to be submitted on the Licensee's "Incident/Accident Report for Level I" form -Staff #1 and Staff #2 were responsible for completing the incident report, forwarding it to the QP for review and the QP forwarded it to the office -there were no written incident reports for FC #3 from 6/1/21-12/20/21. This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for a Type A1 rule violation and must be corrected within 23 days.	V 367	(Continued from Page 20) ➤ AFL Providers and Qualified Professional will receive retraining of the Incident Accident & Death Reporting Policy. Incident Accident & Death Reporting will be required annually. A copy of the Policy on Incident Accident & Death Reporting was handed out to AFL Providers and QP during training. COMPLETED Saturday, 2-19-2022 (Training certificates and attendance record attached). ➤ Making sure there are no Incident Reports happening that have not been documented and reported in a timely manner. ➤ Qualified Professional will specifically document any discussions with AFL Providers concerning Incident Reports on the Monthly QP Monitoring form, to include the following: Safety Issues, Health/Medical Issues, Client Rights, Incident Reports, and Behavior Plan. Program Director will review for trend analysis and immediately discuss with QP. A team meeting with AFL Providers will be scheduled if needed. FORM REVISED 2-7-2022. Revised Form being completed on monthly visits as of 2-7-2022. ➤ Program Director will provide reminders to QPs that AFL Providers are to document any behaviors that happen, even if they are daily. Disciplinary Policy will be followed if AFL Provider does not provide incident reports if they happen. In addition, going forward, Program Director will perform trend analysis as part of the Corrective Action Plan. (CONTINUED ON BACK OF PAGE 21)		

(Continued from Page 20 and 21)

- If there is a Behavior Plan that has been put in place, and after a period of time, there has been no decrease in inappropriate behaviors and no increase in appropriate, we will, at that time, schedule a team meeting to discuss and what next steps we need to consider and the need for a higher level of care for that particular individual living in the facility.

Indicate *who will monitor the situation to ensure it will not occur again.*

- The Qualified Professional for the Campbell Home will be responsible for monitoring the situation. QP will make sure AFL Providers understand the importance of reporting any issues that are happening to try to prevent them from happening again. QP will discuss any issues that need addressing with the Program Director immediately. The President of Summerland Homes will also be notified to make sure this type of situation does not happen again.

Indicate *how often the monitoring will take place.*

- Monthly monitoring will take place of the facility, unannounced visits to facility and reminders of reporting any issues, i.e., **Safety Issues, Health/Medical Issues, Client Rights, Incident Reports, and Behavior Plan** during telephone conversations to/from the office will be ongoing. Closer and more intense communication including telephone calls, conference calls, emails, and text messages will also happen to make sure there are no issues occurring that need to be addressed.

Summerland Homes

Date of Training: 2/19/22

Employee/Contractor Name: LeVette Campbell

CERTIFICATE OF COMPLETION

My signature below and initials beside each training indicates that I have received training on each topic listed and initialed.

I have received the following training from Summerland Homes and understand the training materials presented to me. I understand that at any time during my employment with Summerland Homes I should contact my supervisor immediately if I have any questions on any of these topics. I have received a copy of these training materials to use as a reference.

Please initial each topic that you have received training:

- PC Incident Accident Report Policy and Incident Accident Report Form
- PC Incident Accident & Death Reporting Procedures
- PC Search & Seizure Policy
- PC Protection of Clothing & Possessions and Personal Funds
- PC Client Rights & Confidentiality Training
- PC Elements for Client Rights
- PC Assurance of Client Confidentiality
- PC Client Confidentiality Rules
- PC HIPAA
- PC Client Discharge Policy
- PC Alleged or Suspected Abuse or Neglect Policy
- PC Disciplinary Policy

By signing below, you state that you have received the training on all topics you have initialed and understand the information give to you.

LeVette Campbell
Habilitation Technician

2/19/22
Date

Alex Summerland
Trainer Signature and Title
m. ed., QP

2/19/22
Date

Summerland Homes, Inc.

Certificate of Completion

LeVette Campbell

Review of Documentation of Clinical Monitoring
Review of QP Monthly Monitoring Documentation

2/19/22

Date

Aline Summersgill,

Summerland Homes Instructor

m. ES., QP

INCIDENT / ACCIDENT REPORT POLICY

If the person you are supporting has an incident during the time you are working with him/her, you will need to complete an Incident Report. Such incidents may include but not limited to:

- Medication Errors/Refusal
- Incidents Involving injury
- Infection control
- Wandering and/or Elopement
- Biohazardous accidents
- Suicide and attempted suicide
- Use and unauthorized possession of weapons
- Unauthorized use and possession of legal or illegal substances
- Emergencies that involve outside agencies (i.e. police, fire, other providers) client
- Aggression or violence including physical threats or verbal threats
- Use of Seclusion or Restraint
- Communicable disease
- Death, Fire
- Vehicular accidents
- Abuse and/or Neglect
- Sexual assault
- Other sentinel events
- Overdose

PROCEDURE

1. If services are being actively provided while any of the situations above occur, or an unlisted incident that you believe needs to be reported, secure the safety of the client. Administer needed first aid. Arrange for 911 call if needed.
2. Prepare a written Incident Report using the designated form for Level I, Level II, or Level III.
 - Level I incidents should be prepared on the Summerland Homes form, "Incident-Accident Report Form Level I", and reported to Summerland Homes within 24 hours. Summerland Homes' QP and/or a member of management should report the incident to the appropriate care coordinator verbally. Level I incidents will be made available to the care coordinator by fax or encrypted email within 24 hours of receiving the incident report.
 - Level II and Level III incidents should be prepared on a Level II and Level III Incident Accident Report Form. Contact your supervising QP and/or the management of Summerland Homes immediately to report a Level II or Level III incident. Employee /Contractor will turn in a detailed, written description of exactly what happened within 24 hours. A Level II or Level III incident must be entered into the Incident Response Improvement System (IRIS) by the QP or management of Summerland Homes within 72 hours. Summerland Homes QP should report the incident to the appropriate Case Manager verbally within 24 hours.
3. Upon receipt, Summerland Homes will review Incident Reports to determine if patterns exist, safety concerns are present, or if there is a need for further intervention or systemic change. The Incident Report(s) should then be forwarded to the Quality Assurance, Clients Rights, Health & Safety Advisory Committee for their review.

If you have any doubt about a situation, document it!

I have read and understand the Incident / Accident Report Policy for Summerland Homes, Inc.

Shellette Campbell
Name

2/19/22
Date

Arlene Summersgill
Supervisor QP

2/19/22
Date

Annette Kuller
Summerland Homes Representative

2-19-22
Date

POLICY: It is the policy of Summerland Homes that each client shall be free from unwarranted invasion of privacy and that neither search of an area nor seizure of personal articles will occur without reasonable cause. Employees/Contractors are normally prohibited from searching a client's person or living environment or from seizing any possession that belongs to a consumer. If there is suspicion that a client or their living area is in possession of any material that could be dangerous to the client or others, or illegally obtained by the client, you should adhere to the following procedure prior to searching the client or client's living area and seizing the client's property. (Conditions that might warrant a search could be illegal drugs, weapons of any kind that would be injurious to client or others, stolen items.)

The client or client's legally responsible signs a form containing this policy verifying that the client and/or client's legally responsible person has been informed of Summerland Homes Search and Seizure Policy. The form is filed in the client record.

- A. Every search or seizure shall be documented on the Search and/or Seizure of Consumer Possessions form. Information required on the form includes:
1. Scope of search
 2. Reason for search
 3. Procedures followed in the search
 4. Description of any property seized
 5. Account of the disposition of seized property

PROECEDURE:

1. You must notify and get permission from your supervisor PRIOR to searching the client, the client's living area or seizing the client's property. You should inform your supervisor of what you suspect the dangerous material(s) to be and why it constitutes a danger to the client or others. Your supervisor will, based upon your report, authorize or deny the search and/or seizure. You must notify the client's guardian before the search begins.
2. If you are working in the client's home, you should inform the appropriate family member (if present) of your suspicions prior to calling your supervisor. If the family member refuses to allow the search/seizure, you should document their refusal in your progress note (if you complete progress notes) and follow up with a call to your supervisor.
3. For your and the client's protection, if at all possible, you should have a witness when the search/seizure is being conducted. All search/seizures will be conducted by same sex gender if search/seizure is warranted by above mentioned responsible parties. Ask the client to remove anything that would be in client's pockets if suspicions are that items are being held in client's personal clothing. Do not touch client in anyway as to remove items from client's personal clothing. Solicit client's participation and/or interaction with client to empty all pockets in clothing.
4. After the search/seizure is completed, staff is responsible for completing the Documentation of Search and/or Seizure of Consumer or Possessions form describing in detail if item was located. An incident report is to be filled out also. If item is located, return stolen items to proper owner of said item, or Guardian is to be called and items returned to Guardian, or if appropriate authorities if illegal weapons or drugs are found.

NOTE: If the client is in IMMEDIATE danger of harming self or others, the possession can be removed from the client. You should then immediately inform your supervisor by telephone.

I have read and understand the Search & Seizure Policy for Summerland Homes, Inc.

Kellie Campbell
Name

2/19/22
Date

Alene Summers
Supervisor QP
M. ES, QP

2/19/22
Date

Annita Kuhl
Summerland Homes Representative

2-19-22
Date

Protection of Clothing & Possessions Policy and Procedures: Summerland Homes will make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss and misplacement. This includes, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or client's legally responsible person desires. The client will have their own bedroom to store clothing and personal possessions. The client can store personal possessions in a locked container in their bedroom. The client has the right to be free from financial exploitation.

Personal Funds Policy and Procedures:

- A. Summerland Homes is not the payee representative for any clients. Clients living in a Summerland Homes AFL home who are not capable of managing their own money will be assisted with managing their personal funds by the AFL Provider.
- B. All clients that live in a Summerland Homes AFL home will be assisted and encouraged to maintain or invest their money in a personal fund account. This will include, but need not be limited to, investment of funds in interest-bearing accounts. If the client chooses to invest their money in an interest bearing account, the interest earned will be documented by the AFL Provider and/or Summerland Homes on the Personal Funds Monthly Report. When an interest bearing account is used, interest will be documented as a deposit to the account as interest earned.
- C. If funds are managed for a client by Summerland Homes or AFL, Provider management of the funds shall include the following: Assure to the client the right to deposit and withdraw money; Regulate the receipt and distribution of funds in a personal fund account; Provide for the receipt of deposits made by friends, relative or others; Provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; Assure that a client's personal funds will be kept separate from any operating funds; Provide for the deduction from a personal fund account, payment for treatment or habilitation services when authorized by the client or client's legally responsible person upon or subsequent to admission of the client; Provide for the issuance of receipts to persons depositing or withdrawing funds; Provide for the client with a monthly accounting of his/her personal fund account by giving the client and/or legally responsible person a copy of the Personal Funds Monthly Expense Report.
- D. Authorization by the client or client's legally responsible person will be required before a deduction can be made from a personal fund account for any amount owed or alleged to be owed for damages done or alleged to have been done by the client to an Summerland Homes facility, to a staff/contractor of Summerland Homes, to a visitor of an Summerland Homes facility, or to another client of Summerland Homes.
- E. At the beginning of each month, clients that reside in an AFL home that Summerland Homes is the representative payee, Summerland Homes will deposit \$66.00 into the client's personal funds account in the AFL home.
- F. Clients that live in an AFL placement will receive \$66.00 in personal funds from the AFL provider when the AFL provider is the Representative Payee. To safeguard Personal Funds, the Personal Funds will be kept in a locked cabinet in the AFL home and will be stored as a financial record which will be stored separate from the client record.
- G. The Personal Funds Monthly Expense Report form will be used to document an accurate accounting record of deposits, withdrawals, fund status, interest earned, specific expenditures, type and amount of disbursements, and date of disbursements.
- H. When money is spent from Personal Funds it must be documented and a receipt kept showing what the money was spent for. If the AFL Provider does not receive a receipt, such as spending a \$1.00 at day program or school for a snack, money spent at yard sales, flea markets, festivals, fairs etc. then they will still document the expenditure on the Person Funds Monthly Expense Report form.
- I. The AFL provider will turn in the Personal Funds Monthly Expense Reports and any receipts to Summerland Homes at the end of each Quarter. Summerland Homes will file the Personal Funds Monthly Expense Reports and any receipts in the client's personal funds folder which is stored separately from the client record at the office of Summerland Homes in a locked cabinet.
- J. As a safeguard to ensure that funds are used for the designated and appropriate purchases, the AFL Provider will give the client and/or legally responsible person a copy of the Personal Funds Monthly Expense Report at the end of each month. If the client and/or legally responsible person suspects a discrepancy such as the client not receiving their personal funds or personal funds are not being appropriately documented, an investigation will be done by the QP to determine the reason for the discrepancy. QP will follow up with the client and/or legally responsible person and provide results of the investigation.
- K. If a client receives their own Supplemental Security Income or Social Security check and manages their own money Summerland Homes will not be responsible for this client's personal funds.
- L. Client and/or Guardian can give verbal consent for the expenditure of funds. The client has the right to access their Personal Funds Account and make purchases of his/her choice.
- M. Clients and their guardians have unrestricted access to their records. Any client wishing to review his/her record may do so by making a request to review the record to his/her QP or Program Director of Summerland Homes. The QP will arrange a mutually agreeable time for the review, or if the individual insists upon the review immediately, the QP will make arrangements for the immediate review. As with the records of staff members, the review will be conducted in the presence of another individual, preferably the QP. The individual reviewing the record is not allowed to remove any materials from the records; however, upon written request, may receive a copy of requested materials. No records will be released to third parties without proper signed release from an individual or their guardian.

The Protection of Clothing and Possessions and Personal Funds Policy has been explained to me and/or my Guardian and I and/or my Guardian was given the opportunity to ask questions and have them answered. I and/or my Guardian give Informed Consent for the AFL Provider and/or Summerland Homes to assist me with managing my Personal Funds Account and assisting me with making purchases of items that I need and/or want such as movie tickets, going out to eat, clothes, shoes, make-up, games, toys, books, craft/hobby projects, I pod, or DVD.

I have read and understand the Storage and Protection of Clothing and Possessions Policy and Personal Funds Policy for Summerland Homes.

Shellette Campbell
Name

2/19/22
Date

Alene Summerland
Summerland Homes, Inc., Representative
m. ed., QP

2/19/22
Date

Summerland Homes, Inc.
73 Kennedy Road Annex
Post Office Box 160
Weaverville, NC 28787
Phone (828) 645-7272 / Fax (828) 658-3434

Client Rights and Confidentiality Training

- Assurance of Client Rights
- Elements for Client's Rights
- Assurance of Client Confidentiality
- Client Confidentiality Rules
- HIPAA
- Client Discharge Policy
- Alleged or Suspected Abuse or Neglect Policy
- Search and Seizure Policy
- Protection of Clothing and Possessions and Personal Funds Policy

I have received Client Rights and Confidentiality Training as provided by Summerland Homes. I am aware that Summerland Homes' Policy and Procedure Manual is located in the office of Summerland Homes and that I may review it and/or ask my supervisor if I have any questions concerning policies and procedures of Summerland Homes. I have also received training material to take with me for my review of Summerland Homes' Client Rights and Confidentiality Training. The signatures below verify that training in the Client Rights and Confidentiality indicated above has been completed and the staff understands his/her responsibilities relating to Client Rights and Confidentiality requirements and the Policies and Procedures listed above.

Lellette Campbell
Contractor/Employee Signature

2/19/22
Date

Alex Summerhill
Signature of Trainer
m. es, jr

2/19/22
Date

**CAP-MR/DD
Staff Training/Competencies**

CAP-MR/DD Elements for Interaction and Communication Competencies

The competent professional and paraprofessional demonstrates the ability to interact positively and communicate effectively with participants, families and other service providers.

A. Communication

Demonstrate communicating with dignity and respect.

B. Building Therapeutic/Supportive Relationships

Recognize differences between social relationships and therapeutic/supportive relationships with people with disabilities.

C. Early Crisis Intervention

Demonstrate knowledge of alternative to restrictive intervention

The signatures below verify that training in the elements indicated above has been completed and the waiver staff understands his/her responsibilities relating to the Elements for Interaction and Communication Competencies.

Shellette Campbell
Signature of waiver staff

2/19/22
Date

Alene Sumner-Jill
Signature of trainer
M. Ed, QP

2/19/22
Date

I/DD
Staff Training/Competencies

Elements for Participant Rights

The competent paraprofessional and professional demonstrates a working knowledge of Participant Rights. The competent paraprofessional and professional assures the Participant Rights by safeguarding the rights, assisting the participant in exercising their rights, and advocating for the rights of the participant.

A. Foundations of Client Rights

- Has a working knowledge of Participant Rights as described in NCGS 122C Rules for MH/DD/SA Facilities & Services – APSM 30-1 and Client Rights Rules in Community Mental Health, Developmental Disabilities, and Substance Abuse Services APSM 95-2.
- Demonstrates an understanding of the role of client rights committees as a safeguard to protect participant rights.

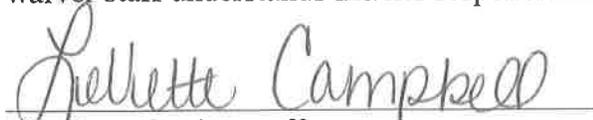
B. Confidentiality Rules and HIPAA Guidelines

- Has a working knowledge of confidentiality rules as described in NCGS 122-52.
- Demonstrates an understanding of the agency policy on confidentiality rules and HIPAA and their responsibility.
- Consequences for not maintaining confidentiality.

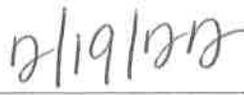
C. Abuse and Neglect

- Demonstrates understanding of the definitions of abuse, neglect, and exploitation as described in NCGS 122C-66, NCAC 26B and Rules for MH/DD/SA Facilities & Services APSM 45-1.
- Demonstrates an understanding of their responsibility for reporting suspected abuse or neglect to the local Department of Social Services.
- Demonstrates an understanding of their personal responsibility to prevent and intervene if possible if observing abuse, neglect or exploitation.

The signatures below verify that training in the elements indicated above has been completed and the waiver staff understands his/her responsibilities relating to the Elements for Participant Rights.



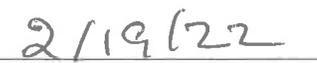
Signature of waiver staff



Date



Signature of trainer



Date

POLICY: Summerland Homes will take appropriate disciplinary action against employees who have committed violations of company policies and procedures; have been insubordinate; have not satisfactorily fulfilled job expectations; or have exhibited willful misconduct. Disciplinary action may involve progressive disciplinary measures or may result in immediate termination/loss of contract.

PROCEDURES: The following is only a guideline for the progressive disciplinary process. Management has the authority to administer disciplinary action at any level of the disciplinary process to most effectively correct the performance deficiency.

Initial Counseling

This action advises the employee/contractor that a specific situation needs to be changed or corrected. The initial counseling will be:

- Documented with the details of the discussion
- Filed in the personnel file for future reference.
- Copy given to employee/contractor

Written disciplinary Action

- A disciplinary action form is completed
- A meeting is arranged to discuss the performance issue with the employee/contractor. During this meeting, management will communicate to the employee/contractor the behavior change that needs to take place. Management is required to have a witness present during this meeting. Employee/contractor has the right to make his/her written statement on the disciplinary form. The employee/contractor is given a copy of this documentation at the conclusion of the meeting.
- A report is sent to the Human Resources Department to be placed in the employee's/contractor's personnel file.

Disciplinary Suspension

- Prior to suspending an employee/contractor, the issuing supervisor must obtain approval for suspension from President and Program Director.
- Once the suspension has been approved, a disciplinary action form is completed.
- The employee/contractor will be informed of the suspension by the immediate Supervisor.
- The employee/contractor will have the opportunity to document his/her comments on the form.
- Disciplinary Suspension cannot exceed three (3) scheduled work days.
- If the employee/contractor disagrees with the suspension, he/she may access the grievance procedure.

Termination

- Prior to termination, the issuing supervisor must obtain approval for termination from the President and Program Director.
- Termination will take place with the employee/contractor, the supervisor, and the Program Director.
- Employee/contractor will be given a copy of the disciplinary action form which states reason for termination.

Investigatory Suspension

The company has the right to suspend an employee/contractor in order to investigate allegations including but not limited to the following infractions.

- Abuse
- Neglect
- Exploitation
- Retaliation
- Humiliation

Investigatory Suspension cannot exceed 30 days. If allegation is found to be substantiated, the employee/contractor may be terminated.

Disciplinary Actions Relating to Medication Errors and Variances

If the medication error or variance resulting in harm or death of a client, the staff/contractor shall be suspended immediately, pending investigation and decision of the President and Program Director.

Medication Variance includes but is not limited to the following:

- Failure to document what medications(s) was given on shift worked
- Failure to document that a medication was missed
- Failure to report a Medication Error or Variance at time it was discovered
- Failure to document when the client refused to take a medication
- Failure to document the disposal of a medication pursuant to policy and procedure of Summerland Homes, Inc.
- Failure to correctly transcribe the doctor's changes onto the MAR
- Failure to ensure the accuracy of the MAR and PRN
- Failure to document the doctor's written orders, following a client doctor's appointment
- Failure to have a medication filled by the pharmacy
- Failure to dispose of medication, consistent with the policy and procedures of Summerland Homes, Inc.

Disciplinary process for Medication Variances and Medication Errors which do not cause harm or death is as follows:

- 1st Medication Variance or Error will result in an *initial counseling* from his/her supervisor and documented.
- 2nd Medication Variance or Error will result in a *written disciplinary* action and re-training in Medication Administration. Re-training will be the responsibility of the employee/contractor.
- 3rd Medication Variance or Error will result in a three (3) day suspension without pay.
- 4th Medication Variance or Error will result in decertified from administering medication and not allowed to work in a setting where medications are administered

I have read and understand the Disciplinary Policy for Summerland Homes, Inc.

Kellotte Campbell
Name

2/19/22
Date

Alexa Summerhill
Supervisor QP

2/19/22
Date

Amber Fullard
Summerland Homes Representative

2-19-22
Date

Summerland Homes

Date of Training: 2.19.22

Employee/Contractor Name: DANA CAMPBELL

CERTIFICATE OF COMPLETION

My signature below and initials beside each training indicates that I have received training on each topic listed and initialed.

I have received the following training from Summerland Homes and understand the training materials presented to me. I understand that at any time during my employment with Summerland Homes I should contact my supervisor immediately if I have any questions on any of these topics. I have received a copy of these training materials to use as a reference.

Please initial each topic that you have received training:

- DC Incident Accident Report Policy and Incident Accident Report Form
- DC Incident Accident & Death Reporting Procedures
- DC Search & Seizure Policy
- DC Protection of Clothing & Possessions and Personal Funds
- DC Client Rights & Confidentiality Training
- DC Elements for Client Rights
- DC Assurance of Client Confidentiality
- DC Client Confidentiality Rules
- DC HIPAA
- DC Client Discharge Policy
- DC Alleged or Suspected Abuse or Neglect Policy
- DC Disciplinary Policy

By signing below, you state that you have received the training on all topics you have initialed and understand the information give to you.

Dana Campbell
Habilitation Technician

2.19.22
Date

Alex Sumner
Trainer Signature and Title
M.Ed., QP

2/19/22
Date

Summerland Homes, Inc.

Certificate of Completion

DANA Campbell

**Review of Documentation of Clinical Monitoring
Review of QP Monthly Monitoring Documentation**

2/19/22

Date

Alex Summersgill
Summerland Homes Instructor
M.Ed., QP

Summerland Homes, Inc.
73 Kennedy Road Annex
Post Office Box 160
Weaverly, NC 28787
Phone (828) 645-7272 / Fax (828) 658-3434

INCIDENT / ACCIDENT REPORT POLICY

If the person you are supporting has an incident during the time you are working with him/her, you will need to complete an Incident Report. Such incidents may include but not limited to:

- Medication Errors/Refusal
- Incidents Involving injury
- Infection control
- Wandering and/or Elopement
- Biohazardous accidents
- Suicide and attempted suicide
- Use and unauthorized possession of weapons
- Unauthorized use and possession of legal or illegal substances
- Emergencies that involve outside agencies (i.e. police, fire, other providers) client
- Aggression or violence including physical threats or verbal threats
- Use of Seclusion or Restraint
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- Death, Fire
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- Sexual assault
- Other sentinel events
- Overdose

PROCEDURE

1. If services are being actively provided while any of the situations above occur, or an unlisted incident that you believe needs to be reported, secure the safety of the client. Administer needed first aid. Arrange for 911 call if needed.
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3. Upon receipt, Summerland Homes will review Incident Reports to determine if patterns exist, safety concerns are present, or if there is a need for further intervention or systemic change. The Incident Report(s) should then be forwarded to the Quality Assurance, Clients Rights, Health & Safety Advisory Committee for their review.

If you have any doubt about a situation, document it!

I have read and understand the Incident / Accident Report Policy for Summerland Homes, Inc.

Dana Campbell
Name

2.19.22
Date

Alene Summersell
Supervisor QP m. ES, QP

2/19/22
Date

Amelia [Signature]
Summerland Homes Representative

2-19-22
Date

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3. For your and the client's protection, if at all possible, you should have a witness when the search/seizure is being conducted. All search/seizures will be conducted by same sex gender if search/seizure is warranted by above mentioned responsible parties. Ask the client to remove anything that would be in client's pockets if suspicions are that items are being held in client's personal clothing. Do not touch client in anyway as to remove items from client's personal clothing. Solicit client's participation and/or interaction with client to empty all pockets in clothing.
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NOTE: If the client is in IMMEDIATE danger of harming self or others, the possession can be removed from the client. You should then immediately inform your supervisor by telephone.

I have read and understand the Search & Seizure Policy for Summerland Homes, Inc.

Dana Campbell
Name

2.19.22
Date

Aleane Summerland
Supervisor QP m. Ed. VQP

2/19/22
Date

Cherelle Trull
Summerland Homes Representative

2-19-22
Date

Protection of Clothing & Possessions Policy and Procedures: Summerland Homes will make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss and misplacement. This includes, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or client's legally responsible person desires. The client will have their own bedroom to store clothing and personal possessions. The client can store personal possessions in a locked container in their bedroom. The client has the right to be free from financial exploitation.

Personal Funds Policy and Procedures:

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- B. All clients that live in a Summerland Homes AFL home will be assisted and encouraged to maintain or invest their money in a personal fund account. This will include, but need not be limited to, investment of funds in interest-bearing accounts. If the client chooses to invest their money in an interest bearing account, the interest earned will be documented by the AFL Provider and/or Summerland Homes on the Personal Funds Monthly Report. When an interest bearing account is used, interest will be documented as a deposit to the account as interest earned.
- C. If funds are managed for a client by Summerland Homes or AFL, Provider management of the funds shall include the following: Assure to the client the right to deposit and withdraw money; Regulate the receipt and distribution of funds in a personal fund account; Provide for the receipt of deposits made by friends, relative or others; Provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; Assure that a client's personal funds will be kept separate from any operating funds; Provide for the deduction from a personal fund account, payment for treatment or habilitation services when authorized by the client or client's legally responsible person upon or subsequent to admission of the client; Provide for the issuance of receipts to persons depositing or withdrawing funds; Provide for the client with a monthly accounting of his/her personal fund account by giving the client and/or legally responsible person a copy of the Personal Funds Monthly Expense Report.
- D. Authorization by the client or client's legally responsible person will be required before a deduction can be made from a personal fund account for any amount owed or alleged to be owed for damages done or alleged to have been done by the client to an Summerland Homes facility, to a staff/contractor of Summerland Homes, to a visitor of an Summerland Homes facility, or to another client of Summerland Homes.
- E. At the beginning of each month, clients that reside in an AFL home that Summerland Homes is the representative payee, Summerland Homes will deposit \$66.00 into the client's personal funds account in the AFL home.
- F. Clients that live in an AFL placement will receive \$66.00 in personal funds from the AFL provider when the AFL provider is the Representative Payee. To safeguard Personal Funds, the Personal Funds will be kept in a locked cabinet in the AFL home and will be stored as a financial record which will be stored separate from the client record.
- G. The Personal Funds Monthly Expense Report form will be used to document an accurate accounting record of deposits, withdrawals, fund status, interest earned, specific expenditures, type and amount of disbursements, and date of disbursements.
- H. When money is spent from Personal Funds it must be documented and a receipt kept showing what the money was spent for. If the AFL Provider does not receive a receipt, such as spending a \$1.00 at day program or school for a snack, money spent at yard sales, flea markets, festivals, fairs etc. then they will still document the expenditure on the Person Funds Monthly Expense Report form.
- I. The AFL provider will turn in the Personal Funds Monthly Expense Reports and any receipts to Summerland Homes at the end of each Quarter. Summerland Homes will file the Personal Funds Monthly Expense Reports and any receipts in the client's personal funds folder which is stored separately from the client record at the office of Summerland Homes in a locked cabinet.
- J. As a safeguard to ensure that funds are used for the designated and appropriate purchases, the AFL Provider will give the client and/or legally responsible person a copy of the Personal Funds Monthly Expense Report at the end of each month. If the client and/or legally responsible person suspects a discrepancy such as the client not receiving their personal funds or personal funds are not being appropriately documented, an investigation will be done by the QP to determine the reason for the discrepancy. QP will follow up with the client and/or legally responsible person and provide results of the investigation.
- K. If a client receives their own Supplemental Security Income or Social Security check and manages their own money Summerland Homes will not be responsible for this client's personal funds.
- L. Client and/or Guardian can give verbal consent for the expenditure of funds. The client has the right to access their Personal Funds Account and make purchases of his/her choice.
- M. Clients and their guardians have unrestricted access to their records. Any client wishing to review his/her record may do so by making a request to review the record to his/her QP or Program Director of Summerland Homes. The QP will arrange a mutually agreeable time for the review, or if the individual insists upon the review immediately, the QP will make arrangements for the immediate review. As with the records of staff members, the review will be conducted in the presence of another individual, preferably the QP. The individual reviewing the record is not allowed to remove any materials from the records; however, upon written request, may receive a copy of requested materials. No records will be released to third parties without proper signed release from an individual or their guardian.

The Protection of Clothing and Possessions and Personal Funds Policy has been explained to me and/or my Guardian and I and/or my Guardian was given the opportunity to ask questions and have them answered. I and/or my Guardian give Informed Consent for the AFL Provider and/or Summerland Homes to assist me with managing my Personal Funds Account and assisting me with making purchases of items that I need and/or want such as movie tickets, going out to eat, clothes, shoes, make-up, games, toys, books, craft/hobby projects, I pod, or DVD.

I have read and understand the Storage and Protection of Clothing and Possessions Policy and Personal Funds Policy for Summerland Homes.

Dana Campbell
Name

Alene Summerzell
Summerland Homes, Inc., Representative
m. ES., QP

2.19.22
Date

2/19/22
Date

Summerland Homes, Inc.
73 Kennedy Road Annex
Post Office Box 160
Weaverville, NC 28787
Phone (828) 645-7272 / Fax (828) 658-3434

Client Rights and Confidentiality Training

- Assurance of Client Rights
- Elements for Client's Rights
- Assurance of Client Confidentiality
- Client Confidentiality Rules
- HIPAA
- Client Discharge Policy
- Alleged or Suspected Abuse or Neglect Policy
- Search and Seizure Policy
- Protection of Clothing and Possessions and Personal Funds Policy

I have received Client Rights and Confidentiality Training as provided by Summerland Homes. I am aware that Summerland Homes' Policy and Procedure Manual is located in the office of Summerland Homes and that I may review it and/or ask my supervisor if I have any questions concerning policies and procedures of Summerland Homes. I have also received training material to take with me for my review of Summerland Homes' Client Rights and Confidentiality Training. The signatures below verify that training in the Client Rights and Confidentiality indicated above has been completed and the staff understands his/her responsibilities relating to Client Rights and Confidentiality requirements and the Policies and Procedures listed above.

Dana Campbell
Contractor/Employee Signature

2.19.22
Date

Alene Summersgill
Signature of Trainer
M. Ed. JP

2/19/22
Date

CAP-MR/DD
Staff Training/Competencies

CAP-MR/DD Elements for Interaction and Communication Competencies

The competent professional and paraprofessional demonstrates the ability to interact positively and communicate effectively with participants, families and other service providers.

A. Communication

Demonstrate communicating with dignity and respect.

B. Building Therapeutic/Supportive Relationships

Recognize differences between social relationships and therapeutic/supportive relationships with people with disabilities.

C. Early Crisis Intervention

Demonstrate knowledge of alternative to restrictive intervention

The signatures below verify that training in the elements indicated above has been completed and the waiver staff understands his/her responsibilities relating to the Elements for Interaction and Communication Competencies.

Dana Campbell
Signature of waiver staff

2.19.22
Date

Alex Summerville
Signature of trainer
m. ES., QP

2/19/22
Date

I/DD
Staff Training/Competencies

Elements for Participant Rights

The competent paraprofessional and professional demonstrates a working knowledge of Participant Rights. The competent paraprofessional and professional assures the Participant Rights by safeguarding the rights, assisting the participant in exercising their rights, and advocating for the rights of the participant.

A. Foundations of Client Rights

- Has a working knowledge of Participant Rights as described in NCGS 122C Rules for MH/DD/SA Facilities & Services – APSM 30-1 and Client Rights Rules in Community Mental Health, Developmental Disabilities, and Substance Abuse Services APSM 95-2.
- Demonstrates an understanding of the role of client rights committees as a safeguard to protect participant rights.

B. Confidentiality Rules and HIPAA Guidelines

- Has a working knowledge of confidentiality rules as described in NCGS 122-52.
- Demonstrates an understanding of the agency policy on confidentiality rules and HIPAA and their responsibility.
- Consequences for not maintaining confidentiality.

C. Abuse and Neglect

- Demonstrates understanding of the definitions of abuse, neglect, and exploitation as described in NCGS 122C-66, NCAC 26B and Rules for MH/DD/SA Facilities & Services APSM 45-1.
- Demonstrates an understanding of their responsibility for reporting suspected abuse or neglect to the local Department of Social Services.
- Demonstrates an understanding of their personal responsibility to prevent and intervene if possible if observing abuse, neglect or exploitation.

The signatures below verify that training in the elements indicated above has been completed and the waiver staff understands his/her responsibilities relating to the Elements for Participant Rights.

Dana Campbell
Signature of waiver staff

2.19.22
Date

Alene Summerhill
Signature of trainer
M. ES, CP

2/19/22
Date

POLICY: Summerland Homes will take appropriate disciplinary action against employees who have committed violations of company policies and procedures; have been insubordinate; have not satisfactorily fulfilled job expectations; or have exhibited willful misconduct. Disciplinary action may involve progressive disciplinary measures or may result in immediate termination/loss of contract.

PROCEDURES: The following is only a guideline for the progressive disciplinary process. Management has the authority to administer disciplinary action at any level of the disciplinary process to most effectively correct the performance deficiency.

Initial Counseling

This action advises the employee/contractor that a specific situation needs to be changed or corrected. The initial counseling will be:

- Documented with the details of the discussion
- Filed in the personnel file for future reference.
- Copy given to employee/contractor

Written disciplinary Action

- A disciplinary action form is completed
- A meeting is arranged to discuss the performance issue with the employee/contractor. During this meeting, management will communicate to the employee/contractor the behavior change that needs to take place. Management is required to have a witness present during this meeting. Employee/contractor has the right to make his/her written statement on the disciplinary form. The employee/contractor is given a copy of this documentation at the conclusion of the meeting.
- A report is sent to the Human Resources Department to be placed in the employee's/contractor's personnel file.

Disciplinary Suspension

- Prior to suspending an employee/contractor, the issuing supervisor must obtain approval for suspension from President and Program Director.
- Once the suspension has been approved, a disciplinary action form is completed.
- The employee/contractor will be informed of the suspension by the immediate Supervisor.
- The employee/contractor will have the opportunity to document his/her comments on the form.
- Disciplinary Suspension cannot exceed three (3) scheduled work days.
- If the employee/contractor disagrees with the suspension, he/she may access the grievance procedure.

Termination

- Prior to termination, the issuing supervisor must obtain approval for termination from the President and Program Director.
- Termination will take place with the employee/contractor, the supervisor, and the Program Director.
- Employee/contractor will be given a copy of the disciplinary action form which states reason for termination.

Investigatory Suspension

The company has the right to suspend an employee/contractor in order to investigate allegations including but not limited to the following infractions.

- Abuse
- Neglect
- Exploitation
- Retaliation
- Humiliation

Investigatory Suspension cannot exceed 30 days. If allegation is found to be substantiated, the employee/contractor may be terminated.

Disciplinary Actions Relating to Medication Errors and Variances

If the medication error or variance resulting in harm or death of a client, the staff/contractor shall be suspended immediately, pending investigation and decision of the President and Program Director.

Medication Variance includes but is not limited to the following:

- Failure to document what medications(s) was given on shift worked
- Failure to document that a medication was missed
- Failure to report a Medication Error or Variance at time it was discovered
- Failure to document when the client refused to take a medication
- Failure to document the disposal of a medication pursuant to policy and procedure of Summerland Homes, Inc.
- Failure to correctly transcribe the doctor's changes onto the MAR
- Failure to ensure the accuracy of the MAR and PRN
- Failure to document the doctor's written orders, following a client doctor's appointment
- Failure to have a medication filled by the pharmacy
- Failure to dispose of medication, consistent with the policy and procedures of Summerland Homes, Inc.

Disciplinary process for Medication Variances and Medication Errors which do not cause harm or death is as follows:

- 1st Medication Variance or Error will result in an *initial counseling* from his/her supervisor and documented.
- 2nd Medication Variance or Error will result in a *written disciplinary* action and re-training in Medication Administration. Re-training will be the responsibility of the employee/contractor.
- 3rd Medication Variance or Error will result in a three (3) day suspension without pay.
- 4th Medication Variance or Error will result in decertified from administering medication and not allowed to work in a setting where medications are administered

I have read and understand the Disciplinary Policy for Summerland Homes, Inc.

Dana Campbell
Name

2-19-22
Date

Alyne Summerfield
Supervisor QP

2/19/22
Date

Annexa Fulkard
Summerland Homes Representative

2-19-22
Date

Summerland Homes

Date of Training: 2/19/22

Employee/Contractor Name: Sylvia L. Clement

CERTIFICATE OF COMPLETION

My signature below and initials beside each training indicates that I have received training on each topic listed and initialed.

I have received the following training from Summerland Homes and understand the training materials presented to me. I understand that at any time during my employment with Summerland Homes I should contact my supervisor immediately if I have any questions on any of these topics. I have received a copy of these training materials to use as a reference.

Please initial each topic that you have received training:

- SLC Incident Accident Report Policy and Incident Accident Report Form
- SLC Incident Accident & Death Reporting Procedures
- SLC Search & Seizure Policy
- SLC Protection of Clothing & Possessions and Personal Funds
- SLC Client Rights & Confidentiality Training
- SLC Elements for Client Rights
- SLC Assurance of Client Confidentiality
- SLC Client Confidentiality Rules
- SLC HIPAA
- SLC Client Discharge Policy
- SLC Alleged or Suspected Abuse or Neglect Policy
- SLC Disciplinary Policy

By signing below, you state that you have received the training on all topics you have initialed and understand the information give to you.

Sylvia L. Clement
Habilitation Technician

2/19/22
Date

Alene Summerfield
Trainer Signature and Title
M.Ed., QP

2/19/22
Date

Summerland Homes, Inc.

Certificate of Completion

Sylvia Clement

Review of Documentation of Clinical Monitoring
Review of QP Monthly Monitoring Documentation

2/19/22

Date

Alene Summersgill

Summerland Homes Instructor

m.Ed., QP

INCIDENT / ACCIDENT REPORT POLICY

If the person you are supporting has an incident during the time you are working with him/her, you will need to complete an Incident Report. Such incidents may include but not limited to:

- Medication Errors/Refusal
- Incidents Involving injury
- Infection control
- Wandering and/or Elopement
- Biohazardous accidents
- Suicide and attempted suicide
- Use and unauthorized possession of weapons
- Unauthorized use and possession of legal or illegal substances
- Emergencies that involve outside agencies (i.e. police, fire, other providers) client
- Aggression or violence including physical threats or verbal threats
- Use of Seclusion or Restraint
- Communicable disease
- Death, Fire
- Vehicular accidents
- Abuse and/or Neglect
- Sexual assault
- Other sentinel events
- Overdose

PROCEDURE

1. If services are being actively provided while any of the situations above occur, or an unlisted incident that you believe needs to be reported, secure the safety of the client. Administer needed first aid. Arrange for 911 call if needed.
2. Prepare a written Incident Report using the designated form for Level I, Level II, or Level III.
 - Level 1 incidents should be prepared on the Summerland Homes form, "Incident-Accident Report Form Level I", and reported to Summerland Homes within 24 hours. Summerland Homes' QP and/or a member of management should report the incident to the appropriate care coordinator verbally. Level 1 incidents will be made available to the care coordinator by fax or encrypted email within 24 hours of receiving the incident report.
 - Level II and Level III incidents should be prepared on a Level II and Level III Incident Accident Report Form. Contact your supervising QP and/or the management of Summerland Homes immediately to report a Level II or Level III incident. Employee /Contractor will turn in a detailed, written description of exactly what happened within 24 hours. A Level II or Level III incident must be entered into the Incident Response Improvement System (IRIS) by the QP or management of Summerland Homes within 72 hours. Summerland Homes QP should report the incident to the appropriate Case Manager verbally within 24 hours.
3. Upon receipt, Summerland Homes will review Incident Reports to determine if patterns exist, safety concerns are present, or if there is a need for further intervention or systemic change. The Incident Report(s) should then be forwarded to the Quality Assurance, Clients Rights, Health & Safety Advisory Committee for their review.

If you have any doubt about a situation, document it!

I have read and understand the Incident / Accident Report Policy for Summerland Homes, Inc.

Sylvia L. Clement
Name

2/19/22
Date

Alice Summergill
Supervisor QP
M. E. QP

2/19/22
Date

Annelle Parkland
Summerland Homes Representative

2-19-22
Date

POLICY: It is the policy of Summerland Homes that each client shall be free from unwarranted invasion of privacy and that neither search of an area nor seizure of personal articles will occur without reasonable cause. Employees/Contractors are normally prohibited from searching a client's person or living environment or from seizing any possession that belongs to a consumer. If there is suspicion that a client or their living area is in possession of any material that could be dangerous to the client or others, or illegally obtained by the client, you should adhere to the following procedure prior to searching the client or client's living area and seizing the client's property. (Conditions that might warrant a search could be illegal drugs, weapons of any kind that would be injurious to client or others, stolen items.)

The client or client's legally responsible signs a form containing this policy verifying that the client and/or client's legally responsible person has been informed of Summerland Homes Search and Seizure Policy. The form is filed in the client record.

- A. Every search or seizure shall be documented on the Search and/or Seizure of Consumer Possessions form. Information required on the form includes:
1. Scope of search
 2. Reason for search
 3. Procedures followed in the search
 4. Description of any property seized
 5. Account of the disposition of seized property

PROECEDURE:

1. You must notify and get permission from your supervisor PRIOR to searching the client, the client's living area or seizing the client's property. You should inform your supervisor of what you suspect the dangerous material(s) to be and why it constitutes a danger to the client or others. Your supervisor will, based upon your report, authorize or deny the search and/or seizure. You must notify the client's guardian before the search begins.
2. If you are working in the client's home, you should inform the appropriate family member (if present) of your suspicions prior to calling your supervisor. If the family member refuses to allow the search/seizure, you should document their refusal in your progress note (if you complete progress notes) and follow up with a call to your supervisor.
3. For your and the client's protection, if at all possible, you should have a witness when the search/seizure is being conducted. All search/seizures will be conducted by same sex gender if search/seizure is warranted by above mentioned responsible parties. Ask the client to remove anything that would be in client's pockets if suspicions are that items are being held in client's personal clothing. Do not touch client in anyway as to remove items from client's personal clothing. Solicit client's participation and/or interaction with client to empty all pockets in clothing.
4. After the search/seizure is completed, staff is responsible for completing the Documentation of Search and/or Seizure of Consumer or Possessions form describing in detail if item was located. An incident report is to be filled out also. If item is located, return stolen items to proper owner of said item, or Guardian is to be called and items returned to Guardian, or if appropriate authorities if illegal weapons or drugs are found.

NOTE: If the client is in IMMEDIATE danger of harming self or others, the possession can be removed from the client. You should then immediately inform your supervisor by telephone.

I have read and understand the Search & Seizure Policy for Summerland Homes, Inc.

Sylvia L. Clement
Name

2-19-22
Date

Alene Summers-Jill
Supervisor QP m. Ed., QP

2/19/22
Date

Christie Finkbeiner
Summerland Homes Representative

2-19-22
Date

Protection of Clothing & Possessions Policy and Procedures: Summerland Homes will make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss and misplacement. This includes, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or client's legally responsible person desires. The client will have their own bedroom to store clothing and personal possessions. The client can store personal possessions in a locked container in their bedroom. The client has the right to be free from financial exploitation.

Personal Funds Policy and Procedures:

- A. Summerland Homes is not the payee representative for any clients. Clients living in a Summerland Homes AFL home who are not capable of managing their own money will be assisted with managing their personal funds by the AFL Provider.
- B. All clients that live in a Summerland Homes AFL home will be assisted and encouraged to maintain or invest their money in a personal fund account. This will include, but need not be limited to, investment of funds in interest-bearing accounts. If the client chooses to invest their money in an interest bearing account, the interest earned will be documented by the AFL Provider and/or Summerland Homes on the Personal Funds Monthly Report. When an interest bearing account is used, interest will be documented as a deposit to the account as interest earned.
- C. If funds are managed for a client by Summerland Homes or AFL, Provider management of the funds shall include the following: Assure to the client the right to deposit and withdraw money; Regulate the receipt and distribution of funds in a personal fund account; Provide for the receipt of deposits made by friends, relative or others; Provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; Assure that a client's personal funds will be kept separate from any operating funds; Provide for the deduction from a personal fund account, payment for treatment or habilitation services when authorized by the client or client's legally responsible person upon or subsequent to admission of the client; Provide for the issuance of receipts to persons depositing or withdrawing funds; Provide for the client with a monthly accounting of his/her personal fund account by giving the client and/or legally responsible person a copy of the Personal Funds Monthly Expense Report.
- D. Authorization by the client or client's legally responsible person will be required before a deduction can be made from a personal fund account for any amount owed or alleged to be owed for damages done or alleged to have been done by the client to an Summerland Homes facility, to a staff/contractor of Summerland Homes, to a visitor of an Summerland Homes facility, or to another client of Summerland Homes.
- E. At the beginning of each month, clients that reside in an AFL home that Summerland Homes is the representative payee, Summerland Homes will deposit \$66.00 into the client's personal funds account in the AFL home.
- F. Clients that live in an AFL placement will receive \$66.00 in personal funds from the AFL provider when the AFL provider is the Representative Payee. To safeguard Personal Funds, the Personal Funds will be kept in a locked cabinet in the AFL home and will be stored as a financial record which will be stored separate from the client record.
- G. The Personal Funds Monthly Expense Report form will be used to document an accurate accounting record of deposits, withdrawals, fund status, interest earned, specific expenditures, type and amount of disbursements, and date of disbursements.
- H. When money is spent from Personal Funds it must be documented and a receipt kept showing what the money was spent for. If the AFL Provider does not receive a receipt, such as spending a \$1.00 at day program or school for a snack, money spent at yard sales, flea markets, festivals, fairs etc. then they will still document the expenditure on the Person Funds Monthly Expense Report form.
- I. The AFL provider will turn in the Personal Funds Monthly Expense Reports and any receipts to Summerland Homes at the end of each Quarter. Summerland Homes will file the Personal Funds Monthly Expense Reports and any receipts in the client's personal funds folder which is stored separately from the client record at the office of Summerland Homes in a locked cabinet.
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- K. If a client receives their own Supplemental Security Income or Social Security check and manages their own money Summerland Homes will not be responsible for this client's personal funds.
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The Protection of Clothing and Possessions and Personal Funds Policy has been explained to me and/or my Guardian and I and/or my Guardian was given the opportunity to ask questions and have them answered. I and/or my Guardian give Informed Consent for the AFL Provider and/or Summerland Homes to assist me with managing my Personal Funds Account and assisting me with making purchases of items that I need and/or want such as movie tickets, going out to eat, clothes, shoes, make-up, games, toys, books, craft/hobby projects, I pod, or DVD.

I have read and understand the Storage and Protection of Clothing and Possessions Policy and Personal Funds Policy for Summerland Homes.

Sylwia L. Clement
Name

2-19-22
Date

Alex Summerhill
Summerland Homes, Inc., Representative
m. Ed., QP

2/19/22
Date

CAP-MR/DD
Staff Training/Competencies

CAP-MR/DD Elements for Interaction and Communication Competencies

The competent professional and paraprofessional demonstrates the ability to interact positively and communicate effectively with participants, families and other service providers.

A. Communication

Demonstrate communicating with dignity and respect.

B. Building Therapeutic/Supportive Relationships

Recognize differences between social relationships and therapeutic/supportive relationships with people with disabilities.

C. Early Crisis Intervention

Demonstrate knowledge of alternative to restrictive intervention

The signatures below verify that training in the elements indicated above has been completed and the waiver staff understands his/her responsibilities relating to the Elements for Interaction and Communication Competencies.

Sylvia L. Clement
Signature of waiver staff

2.19.22
Date

Alex Summersell
Signature of trainer
M.Ed., QP

2/19/22
Date

**I/DD
Staff Training/Competencies**

Elements for Participant Rights

The competent paraprofessional and professional demonstrates a working knowledge of Participant Rights. The competent paraprofessional and professional assures the Participant Rights by safeguarding the rights, assisting the participant in exercising their rights, and advocating for the rights of the participant.

A. Foundations of Client Rights

- Has a working knowledge of Participant Rights as described in NCGS 122C Rules for MH/DD/SA Facilities & Services – APSM 30-1 and Client Rights Rules in Community Mental Health, Developmental Disabilities, and Substance Abuse Services APSM 95-2.
- Demonstrates an understanding of the role of client rights committees as a safeguard to protect participant rights.

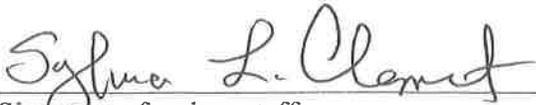
B. Confidentiality Rules and HIPAA Guidelines

- Has a working knowledge of confidentiality rules as described in NCGS 122-52.
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- Consequences for not maintaining confidentiality.

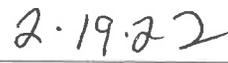
C. Abuse and Neglect

- Demonstrates understanding of the definitions of abuse, neglect, and exploitation as described in NCGS 122C-66, NCAC 26B and Rules for MH/DD/SA Facilities & Services APSM 45-1.
- Demonstrates an understanding of their responsibility for reporting suspected abuse or neglect to the local Department of Social Services.
- Demonstrates an understanding of their personal responsibility to prevent and intervene if possible if observing abuse, neglect or exploitation.

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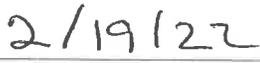
Signature of waiver staff



Date



Signature of trainer
m. Ed., QP



Date

Summerland Homes, Inc.
73 Kennedy Road Annex
Post Office Box 160
Weaverville, NC 28787
Phone (828) 645-7272 / Fax (828) 658-3434

Client Rights and Confidentiality Training

- Assurance of Client Rights
- Elements for Client's Rights
- Assurance of Client Confidentiality
- Client Confidentiality Rules
- HIPAA
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- Alleged or Suspected Abuse or Neglect Policy
- Search and Seizure Policy
- Protection of Clothing and Possessions and Personal Funds Policy

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Sylvia L. Clark
Contractor/Employee Signature

2.19.22
Date

Alene Summersell
Signature of Trainer
M.Ed., QP

2/19/22
Date

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- Filed in the personnel file for future reference.
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Written disciplinary Action

- A disciplinary action form is completed
- A meeting is arranged to discuss the performance issue with the employee/contractor. During this meeting, management will communicate to the employee/contractor the behavior change that needs to take place. Management is required to have a witness present during this meeting. Employee/contractor has the right to make his/her written statement on the disciplinary form. The employee/contractor is given a copy of this documentation at the conclusion of the meeting.
- A report is sent to the Human Resources Department to be placed in the employee's/contractor's personnel file.

Disciplinary Suspension

- Prior to suspending an employee/contractor, the issuing supervisor must obtain approval for suspension from President and Program Director.
- Once the suspension has been approved, a disciplinary action form is completed.
- The employee/contractor will be informed of the suspension by the immediate Supervisor.
- The employee/contractor will have the opportunity to document his/her comments on the form.
- Disciplinary Suspension cannot exceed three (3) scheduled work days.
- If the employee/contractor disagrees with the suspension, he/she may access the grievance procedure.

Termination

- Prior to termination, the issuing supervisor must obtain approval for termination from the President and Program Director.
- Termination will take place with the employee/contractor, the supervisor, and the Program Director.
- Employee/contractor will be given a copy of the disciplinary action form which states reason for termination.

Investigatory Suspension

The company has the right to suspend an employee/contractor in order to investigate allegations including but not limited to the following infractions.

- Abuse
- Neglect
- Exploitation
- Retaliation
- Humiliation

Investigatory Suspension cannot exceed 30 days. If allegation is found to be substantiated, the employee/contractor may be terminated.

Disciplinary Actions Relating to Medication Errors and Variances

If the medication error or variance resulting in harm or death of a client, the staff/contractor shall be suspended immediately, pending investigation and decision of the President and Program Director.

Medication Variance includes but is not limited to the following:

- Failure to document what medications(s) was given on shift worked
- Failure to document that a medication was missed
- Failure to report a Medication Error or Variance at time it was discovered
- Failure to document when the client refused to take a medication
- Failure to document the disposal of a medication pursuant to policy and procedure of Summerland Homes, Inc.
- Failure to correctly transcribe the doctor's changes onto the MAR
- Failure to ensure the accuracy of the MAR and PRN
- Failure to document the doctor's written orders, following a client doctor's appointment
- Failure to have a medication filled by the pharmacy
- Failure to dispose of medication, consistent with the policy and procedures of Summerland Homes, Inc.

Disciplinary process for Medication Variances and Medication Errors which do not cause harm or death is as follows:

- 1st Medication Variance or Error will result in an *initial counseling* from his/her supervisor and documented.
- 2nd Medication Variance or Error will result in a *written disciplinary* action and re-training in Medication Administration. Re-training will be the responsibility of the employee/contractor.
- 3rd Medication Variance or Error will result in a three (3) day suspension without pay.
- 4th Medication Variance or Error will result in decertified from administering medication and not allowed to work in a setting where medications are administered

I have read and understand the Disciplinary Policy for Summerland Homes, Inc.

Sylvia L. Clonard
Name

2-19-22
Date

Alene Summershill
Supervisor QP
m. ed., QP

2/19/22
Date

Annetta Kildard
Summerland Homes Representative

2-19-22
Date



Vaya Health
200 Ridgefield Court, Suite 206
Asheville, NC 28806
1-800-893-6246
www.vayahealth.com

Implementation Approval Notification

April 1, 2022

Summerland Homes, Inc.
Alene Summersgil and Annette Kirkland
73 Kennedy Road Annex
Weaverville, NC 28787-9395

RE: **NPU-15665**

Dear Ms. Summersgil and Ms. Kirkland:

I am pleased to inform you that you have passed the implementation of your Plan of Correction on April 1, 2022. This letter serves as official notice that this investigation is now considered closed.

Please note that we recommend your agency amends its policies and procedures to reflect the changes that have been implemented (if applicable) as a result of this POC. It is likely that these corrections will be reviewed in future post payment reviews or investigations.

It was a pleasure working with your agency for the benefit of the members in our communities. Please do not hesitate to contact me should you have any questions regarding this letter.

Sincerely,

Becky Beech, BS, QP, CI /s/

Becky Beech, BS, QP, CI
Network Performance Specialist
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