

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-476	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/26/2022
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-ZEBULON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST LEE STREET ZEBULON, NC 27597
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 4/26/22. The complaint (intake #NC00183250) was substantiated and the complaint (intake # NC00188211) was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid</p>	V 108	<p>V 108 – Program Manager will review all staff’s training to ensure required trainings are completed. Program Manager will meet with each staff member and review all individual’s client specific training. Program Coordinator will perform random audits to ensure trainings are completed and are up to date quarterly.</p>	6/1/22

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

TITLE

(X6) DATE

 QM Director 5/19/22

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V 108	<p>Continued From page 1</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 paraprofessional staff (#1) were trained to meet the mh/dd/sa needs of the clients. The findings are:</p> <p>Review on 4/21/22 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - hire date of 4/28/20. - no client specific training. <p>Interview on 4/22/22 staff #1 stated:</p> <ul style="list-style-type: none"> - he had not completed a course on client specific training. - the facility had the "client books" that they read about each client. <p>Interview between 4/22/22 and 4/26/22 the House Manager/Qualified Professional stated:</p> <ul style="list-style-type: none"> - staff #1's training records were in his personnel file or in their on line training system - staff were responsible for completing their on line trainings on their own. - on line training consisted of the facility's standard trainings which included seizure management, ethics and clients rights and client 	V 108		

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V 108	Continued From page 2 specific training	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

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V 110	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 5 of 5 paraprofessional staff (#1-#5) demonstrated knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 4/21/22 of staff #1's personnel record revealed: - hire date of 4/28/20</p> <p>Review on 4/21/22 of staff #2's personnel record revealed: - hire date of 5/10/17</p> <p>Review on 4/21/22 of staff #3's personnel record revealed: - hire date of 12/20/20</p> <p>Review on 4/21/22 of staff #4's personnel record revealed: - hire date of 1/30/19</p> <p>Review on 4/21/22 of staff 5's personnel record revealed: - hire date of 11/1/21</p> <p>Review on 4/21/22 of client #1's record revealed: - admission date of 1/5/88 - diagnoses of Cerebral Palsy, Intellectual Developmental Disability (IDD) (moderate), Diabetes type 2 and Hypertension - treatment plan dated 5/20/21 noted client ambulated with a motorized wheelchair</p> <p>Review on 4/21/22 of the North Carolina Incident Response Improvement System Incident report submitted 3/17/22 revealed: - "Negligence on behalf of Day Program staff</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>which resulted in fractured Shin Bone of Individual."</p> <p>I. Interview on 4/22/22 staff #1 reported:</p> <ul style="list-style-type: none"> - he noticed client #1 "wincing, flinching" or "jumping" when bathed, transferred or dressed on 3/11/22. - he asked client #1 if he was ok, and client #1 denied that anything was wrong and stated that he was "ok." - he continued to notice client #1 "wincing, flinching" or "jumping" over the weekend and on 3/14/22. - he didn't notify any other staff about client #1's behavior until 3/15/22 because client #1 stated that he was "ok." - he didn't document in the staff electronic communication log any notes regarding his observations of client #1. - he didn't notice any redness and/or swelling of clients leg or foot until 3/15/22. - client #1 had diabetes and had a history of his feet swelling. - he thought his foot was swollen due to his diabetes. - on the morning of 3/15/22 he noticed client #1's foot was swollen and client #1 jumped when he transferred him. - he told staff #2 about the swelling in client #1's foot and asked her to look at client #1's foot. - he did not document his observations or concerns regarding client #1 in the electronic communication log during his shift from 3/11/22-3/15/22. <p>Interview on 4/22/22 staff #2 reported:</p> <ul style="list-style-type: none"> - worked first shift during the week: 7 am to 4 pm and did not work the weekend following client #1's injury - was asked by staff #1 to check client #1's 	V 110	<p>V110 –</p> <ol style="list-style-type: none"> 1. Lack of communicating resident's status: Staff are to document status of every resident prior to leaving their shift in the Shift Notes. Each Shift note will indicate the staff member the prior shift spoke to. Program Manager will complete a training for all staff to attend on this process on. Program Coordinator will perform random audits to ensure trainings are completed and are up to date quarterly. 2. Missing notes and staff signatures trainings by the Program Manager was not dated. All documentation will be reviewed by the program manager daily to ensure signatures and required documentation is completed. Program Manager will complete a training for all staff to attend on this process on. Program Coordinator will perform random audits to ensure trainings are completed and are up to date quarterly. 	6/1/22

			<p>Program Manager will use the attached template to document all trainings to ensure dates of trainings are captured, staff signatures to ensure participation of required trainings, and a description of the training.</p> <p>POP Implementation: Met with staff individually. GH Training: Client Specific information How to Spot a Crisis What is a CIT Officer Abuse Neglect (Training Template Attached "Zebulon Group Home Training")</p> <p>Welligent/Documentation Training: How to Log in How to document a Shift Note How to Document for Grids How to Print out Grids How to Record Level I Incident Reports (Training Template Attached, "Welligent Training")</p> <p>Body Checklist To be completed daily and kept in 5/19 – 3rd kept in the 3rd shift log/sleep log. (Checklist Template Attached, "Body Check List")</p> <p>Program Manager will complete a training for all staff to attend on this process.</p> <p>Program Coordinator will perform random audits to ensure trainings are completed and are up to date quarterly.</p>	
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V 110	<p>Continued From page 5</p> <p>foot on 3/15/22 and noticed the foot was swollen more than normal</p> <ul style="list-style-type: none"> - observed a tear running down client #1's cheek and he said his foot hurt - she asked client #1 what was wrong, and he said his foot hurt. - she video called the House Manager/Qualified Professional (QP) and informed him of client #1's symptoms - she and staff #1 took client #1 to the urgent care for assessment on 3/15/22 - urgent care x-rayed client #1's foot and determined it was fractured in 2 places. - urgent care referred them to an orthopedic urgent care. - she and staff #1 took client #1 to the orthopedic urgent care who referred them to the local hospital for a surgical consult <p>Interview on 4/22/22 staff #5 reported:</p> <ul style="list-style-type: none"> - worked the weekend of 3/12/22 and 3/13/22. - worked with staff #3 but she didn't work with client #1 directly. - duties included meal preparation, and medication administration. - was not aware of any issues with client #1 as she did not transfer, bathe or dress client #1. <p>Interview on 4/25/22 staff #3 reported:</p> <ul style="list-style-type: none"> - worked 3/12/22 and 3/13/22 8 am-8pm - didn't notice anything unusual about client #1 during her shift. - duties that weekend included medication administration, meals, and laundry. - staff #1 was the staff who assisted client #1 with his bathing/toileting and dressing. - staff #1 told her that when he picked up client #1, that he saw a tear running down his cheek - did not remember if staff #1 told her that information the weekend of 3/12/22 and 3/13/22 	V 110		

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V 110	<p>Continued From page 6 or the next weekend she worked.</p> <p>Interview on 4/25/22 staff #4 reported:</p> <ul style="list-style-type: none"> - she worked the weekend after client #1's injury occurred 3/12/22 and 3/13/22. - she worked 3rd shift: 10 pm-8 am. - duties included: monitored the clients, took them to the restroom, bathing/dressing. - was not aware of client #1's injury during her shift. - client #1 did not cry out in pain during the night or inform her he was in pain. - client #1 used a disposable undergarment at night, she did not normally have to take him to the restroom at night. - normally did not get client #1 up in the morning. Staff #1 and #2 typically got client #1 up and ready. - staff #1 and staff #2 worked on 3/14/22 and staff #1 got client #1 ready. - the staff documented notes in the computer about anything that happened on their shift. - she did not remember any notes about client #1 flinching or jumping when he was transferred, or dressed during that weekend. - the staff also verbally talk to each other around shift change, but no one communicated any concerns about client #1 that she remembered. <p>Interview between 4/22/22 and 4/26/22 the House Manager/QP stated:</p> <ul style="list-style-type: none"> - staff #1 was the primary staff assigned to client #1 from 3/11/22-3/15/22. - was not made aware of client #1's injury/symptoms until 3/15/22 when staff #2 video called him - he instructed staff to take client #1 to urgent care after he observed his foot over the video call - the foot did not appear red, but was swollen 	V 110		

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V 110	<p>Continued From page 7</p> <p>more than normal</p> <ul style="list-style-type: none"> - the facility had an electronic communication log accessed on the facility's lap top - staff were expected to document notes on the log at shift change to inform oncoming staff of any issues or observations - was not sure why staff #1 had not documented his concerns/observations regarding client #1's behavior 3/11/22-3/15/22 in the electronic communication log - he normally communicated with staff any information via group text or a phone call <p>II. Review on 4/26/22 of the facility's electronic communication log between 3/9/22-3/21/22 revealed:</p> <ul style="list-style-type: none"> - no shift notes from the 10th-14th, 16th, 18th-20th - no staff initials or signatures for notes on the 9th, 15th, 17th and 21st - note on 3/15/22 at 8:59 am revealed "...the past weekend and Monday were good. [client #6] went home and returned Sunday. [client #1] brother came to visit him. [client #4] sister came as well. The house was cleaned and clothes were washed. No incidents to report..." - note on 3/15/22 at 9:03 am revealed "....the weekend was good. Last night was the same as well. Floors were mopped and the guys recieved the bottle (urinal). " <p>Review on 4/26/22 of the House Manager/QP's monthly training minutes (not dated) with facility staff revealed:</p> <ul style="list-style-type: none"> - no training dates - "it is expected for staff to be doing [electronic communication log] so I will be making sure that you have it done by 3 o clock. All staff need to be doing [electronic communication log] and not just me." 	V 110		

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V 110	<p>Continued From page 8</p> <p>Interview between 4/22/22 and 4/26/22 the House Manager/QP stated:</p> <ul style="list-style-type: none"> - between 3/9/22 and 3/12/22 staff #1, #2, #3 #4, and #5 worked at the facility on various shifts - the facility had an electronic communication log accessed on the facility's lap top. - staff were not "computer literate"and were not comfortable using the computer. - staff were expected to document notes on the log at shift change to inform oncoming staff of any issues or observations. - staff #1, #4, and #5 had access to the electronic communication system. - staff #3 needed her password changed before she could access the communication system. - he trained staff individually on the electronic communication system. - he had not done a group training on the system. - he was working on getting all the staff to use it regularly. - he normally communicated with staff any information via group text or a phone call. <p>Review on 4/26/22 of the facility's Plan of Protection submitted and written by the House Manager on 4/26/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? In the event that the safety of the consumer has been compromised, Staff will immediately contact Supervisor and inform him of the situation. Supervisor will inform Staff of the what the next step needs to be taken which may require Emergency Services such as 911 or having to take them to the Emergency Room. It is the responsibility of the staff to make sure they inform the Supervisor if they suspect abuse or neglect.</p>	V 110		

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V 110	<p>Continued From page 9</p> <p>Supervisor or Staff will report the issue to the entities (DSS, APS, etc.) to address the issue."</p> <p>"Describe your plans to make sure the above happens. Supervisor will meet with Staff to address the importance of knowing the Individuals that we serve and monitor them for anything out of the norm, whether they are not acting normal or seems to be having distressed about a situation that they would consider a crisis. Supervisor will meet with Staff to review plans of the Individuals to review the history of their mental and physical health. Supervisor will also train Staff on how to document information that is pertinent to other Staff as well as learning how to de-escalate situations when it seems Individuals are agitated or stressed. Staff will also document what happens daily on their shift and walkthrough with each other to make sure the Individuals' needs are being met."</p> <p>Client #1 had a diagnoses of Cerebral Palsy and Moderate Intellectual Development Disabilities. Client #1 sustained an injury to his leg and foot while at the day program on 3/10/22. Client #1 required staff assistance to transfer, to bathe and dress and utilized a motorized wheelchair to ambulate. After the injury, client #1 was observed by staff #1 to flinch, wince and jump over the next 5 days when he assisted client #1 with his bathing, dressing and transferring. Staff #1 asked client #1 if he was ok, and if he was in pain, and client #1 denied that anything was wrong. Staff #1 observed client #1's foot as swollen and failed to document and report the observation to other staff on shift, or to management until 3/15/22. As a result of staff #1's failure to report his observations and concerns regarding client #1, client #1 did not receive medical attention for 5</p>	V 110		

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V 110	Continued From page 10 days following his injury. Staff #1 was the primary staff assigned to client #1 over the 5 day period of time post injury, but he was not the only staff on site at the facility. Staff #2, #3, #4, and #5 all worked during the 5 days post injury and none of the staff documented any notes in the facility's electronic communication log to report or share their observations and/or concerns regarding client #1. These deficient practices by staff #1 to include failure to document and notify management of client #1's flinching and wincing were detrimental to the health, safety and welfare of the clients. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 110		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the home was maintained in a safe, clean, attractive and orderly manner. The findings are: Observation and tour of the facility on 4/21/21 between 1:37 pm and 2:00 pm revealed the	V 736	V736 QM Develop a template identifying all deficiencies. Program Manger will complete with status Program Director will review to ensure completion and sign off. Maintenance reviews will be completed monthly. Program Coordinators will complete random audits monthly	5/26/22

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V 736	<p>Continued From page 11</p> <p>following:</p> <ul style="list-style-type: none"> - refrigerator door was missing a door handle - air duct return cover was rusted. - shower room #1 missing tiles in the shower - shower room #1 shower head leaking water - shower room #2 missing ceiling light fixture cover - carpet ripped, an estimated length of 2 inches down to the sub-floor, in client rooms: #4, #5, #6 - gap in the paneling in the hall near the dining room window an estimated length of 2 inches - rust on bathroom grab bars in both client bathrooms - no door latch on client #1's bedroom door - dim lighting in family room <p>Review on 4/21/22 of the County Health Department Inspection Report dated 10/21/21 revealed:</p> <ul style="list-style-type: none"> - "...Several grab bars in bathrooms has surface rust or were rusted through..." - "...Tile by one shower were missing/damaged..." - "...In bedrooms, several pillows, mattress cover and bedspreads were soiled/stained..." - "...Some bedroom carpets under beds and corners were soiled. A few carpets were torn and had frayed areas..." - "...Wall vent filters and metal grate covers were dusty and grates were rusty..." <p>Interview between 4/22/22 and 4/26/22 the House Manager/Qualified Professional stated:</p> <ul style="list-style-type: none"> - had requested a replacement door handle for the refrigerator door - believed a new refrigerator would have to be purchased - was aware of the lighting in the family room being dim and had requested an electrician assess the light to ensure it was working properly 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-476	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/26/2022
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-ZEBULON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST LEE STREET ZEBULON, NC 27597
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 12</p> <p>before he replaced the bulbs.</p> <ul style="list-style-type: none"> - had repaired the broken and missing shower tiles but the tiles did not seal correctly and deteriorated - had replaced the mattress cover for client #4 - was working on replacing pillows for 3 of 6 clients - was working on replacing the air filters with new ones as he had the wrong size air filter - had instructed staff to wipe down the grab bars to remove the rust <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

BODY CHECK LIST

HOME: _____

Person Served: _____

Ω A **marking** is defined as any notable bruise, scratch, rash, blotch, or other such mark that is not a permanent characteristic of the person served.

This form must be completed **daily**. Please provide as much detail as possible in the description. Ensure privacy is provided to the person served when conducting a body check. Furthermore, review previous documentation and reflect under description if the mark was an "old" mark, please refer to date of first observation.

Body Parts	Yes / No (circle)		Description
Face	Yes	No	_____
Ears	Yes	No	_____
Head / Hair area	Yes	No	_____
Back	Yes	No	_____
Right Arm	Yes	No	_____
Left Arm	Yes	No	_____
Chest	Yes	No	_____
Neck	Yes	No	_____
Right Leg	Yes	No	_____
Left Leg	Yes	No	_____
Right Hand	Yes	No	_____
Left Hand	Yes	No	_____
Right Foot	Yes	No	_____
Left Foot	Yes	No	_____

Comments:

Has an incident report been completed? (Please circle one) **Yes** **No**

Employee signature

Date

Time

Welcome to Welligent

What is Welligent?

Welligent is a leading cloud-based electronic health record (EHR) system that is both mobile and secure. Welligent provides documentation, scheduling and medication and caseload management access from your desktop, tablet or smartphone. Welligent provides the cloud EHR software tools needed to manage all programs, services and payors from one, integrated system. Our interoperable software is fully configurable and includes features and options such as clinical records, treatment plan libraries, forms management, ePrescribing, electronic billing and dashboard reporting. Welligent has successfully implemented some of the largest, multi-state organizations in the United States.

Clinical Use – Welligent is used by behavioral health clinicians, substance abuse practitioners and school nurses nationwide. Learn more about features like call tracking, appointment scheduling, alerts and reminders, documenting and more

Features & Benefits

- Practice management and supervisor tools
- Full clinical process including intake, notes, medication management and e-prescribing, discharge procedures and more
- Billing and accounts receivable through Emdeon Clearinghouse
- Hundreds of pre-built reports with option of creating custom reports at no additional cost
- Education management functionality for tracking attendance and grades
- Vocational training components
- Full residential module, including inventory tracking features
- Business intelligence dashboard integration available
- Mobile apps for both phones and tablets

EasterSeals UCP started implementing this system back in 2019 with the goal of having all information regarding our clientele implemented within the system and with the desired goal of

decreasing paperwork. With that in mind Residential Staff should be utilizing this system daily by documenting what happened on your shift, completing your goals for Residents, recording level 1 incident reports, and etc. We will focus on the first three things mentioned above.

How to Login

1. You want to go to the login screen so you can go to the google browser and type in Welligent Login or you can type <https://www.welligent.com>. Once you're on the website hover login and Welligent Login should come down.
2. Click on Welligent Login
3. Your username should be your first.last name Ex: Charles.palin and your password should have been given to you already. Just type it in if you have not received your password contact your supervisor.
4. Once you're in the system the group home that you work for should be listed on the bottom of the screen. Click on the orange pencil icon.

How to document a shift note

1. Click on House Note the Icon should look like an comment bubble
2. Beside Note Type there should a drop down arrow you can click on it to document any type of note you need to create.
3. Click on the dates that you want the note to appear
4. Click on New at the Right on top of the page
5. Under the notes section you can create your note once you are done you will click on save at the top of the screen.

How to document for your Grids

1. Click on Individual the icon should look like a person
2. Click on icon under shift notes

3. A small screen should appear and type of note should be selected already, shift note category should have a drop down box, click on it and you want to click on MH/IDD Grid Note
4. You need to provide your signature which will be your password, document when shift starts and shift ends, as well as attendance.
5. Click on Goals and you can document on the progress of the goal whether through prompts, modeling etc.
6. Once you are done click on save and you should see the note is saved and has been inserted.

How to print out Grids

1. Click on Other Notes
2. Choose what dates you want to print out
3. Click on Print Displayed

2nd Option

1. You can click icon under view when you have clicked on other notes
2. Click on Print Monthly Note
3. Click on Print

How to record Level 1 Incident Report

1. At the top of the screen click on Welligent
2. Click on Incidents
3. Look for Incident Version, It should have a red asterick and click on level 1
4. Click on New Incident
5. Complete the information needed for the Incident Report
6. Click Save
7. Click on Other Tab and click sign
8. Enter your password and click verify/sign.

Roster

I have competently demonstrated that I can login to Welligent, reviewed the knowing your residents with the Residential Supervisor, and how to effectively communicate with Special Needs Adults.

