STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-211	A. BUILDING: _____ B. WING _____	05/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEVAL GROUP HOME	8380 CHEVAL STREET CLEMMONS, NC 27012

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 5/31/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.	V 109		

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V 109	Continued From page 1 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on interviews and record reviews, 1 of 3 qualified professionals (Licensee) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are: Review on 5/27/22 of the Licensee's record revealed: - Hire Date: 4/1/03 - A Master's degree and work history that qualifies her as a QP. Interview on 5/25/22 with the Licensee revealed: - She made the decision to have client #3 and client #4 become roommates and the legal guardians (LG) were notified. - "We are not breaking any rules (by having client #3 and client #4 as roommates)." - It was a clinical team decision to transition the group home from an all-male group home to a co-ed group home. She was part of the clinical team. - "We did let the legal guardians know before the ladies came in that they were coming in."	V 109		

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V 109	Continued From page 2 Interview on 5/25/22 with the QP #1 revealed: - He was the QP for client #1, client #3 and client #4. - The Licensee made the decision to transition the group home from an all-male group home to a co-ed group home. Interview on 5/23/22 with the QP #2 revealed: - She was the QP for client #2. - The Licensee made the decision to place client #2 (female) in the group home. Interview on 5/23/22 with client #3's LG revealed: - She never agreed to client #3 having a roommate in the group home. - "The entire team did not feel that [client #3] should share a house with females. I felt it could be an issue for [client #3] sharing a bedroom." - "In treatment team I told them I did not agree with females being in the group home. When the females moved in [client #3's] sexualized behaviors got worse (2 years ago). [The Licensee] made the changes in the group home. Now that he has the behaviors, I can't find a different group home." - The Licensee does not attend the treatment team meetings for client #3 "but she makes the overall decisions." Interviews on 5/25/22 with client #3 revealed: - His roommate client #4 masturbates "every day" while he is in the bedroom. - When this occurred staff #1 comes into the bedroom and prompts him to leave the bedroom. There are times when staff #1 does not know client #4 was masturbating in front of him and he goes into the den. - He (client #3) recently watched porn in his bedroom with the door open and staff #1 took his	V 109		

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V 109	Continued From page 3 tablet. - "I don't have privacy at all. I would like to have my privacy." Interviews on 5/20/22 and 5/25/22 with staff #1 revealed: - The female clients should not be in the group home with client #3. - "I don't make those decisions. If I was making the decision, I would keep it as either all male or all female clients." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) Type A1 rule violation and must be corrected within 23 days.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or	V 112		

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V 112	Continued From page 4 responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to develop and implement strategies in the treatment/habilitation plan to address the clients' needs affecting 1 of 4 (client #3) audited clients. The findings are: Review on 5/25/22 of client #3's record revealed: - Admission date: 3/1/08 - Diagnoses: Schizophrenia and Mild Intellectual Disability - Review of client #3's mental health assessment dated 5/9/19 revealed: "The team reports ...inappropriate sexual behavior (harming himself sexually by sticking a plunger in his rectum, doing the same thing with shaving cans and masturbating in front of his window with the blinds open so he can be seen)." - There was not a current psychological in his record. - Review of client #3's Person Centered Profile dated 2/9/22 revealed: There were no strategies or goals to address client #3's inappropriate sexualized behaviors (ISB). Please refer to tag 290 for further information about client #3's incidents of ISB.	V 112		

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V 112	Continued From page 5	V 112		

Interview on 5/20/22 with staff #1 revealed:
- "I have not seen any goals or strategies" to address client #3's ISB.

Interview on 5/24/22 with client #3's legal guardian (LG) revealed:
- Since 1/2021 she had documented in her treatment team meeting notes that client #3's ISB had been discussed on 1/26/22, 2/9/22, and 4/1/22.
- "It (ISB) has been discussed multiple times during treatment team meetings this past year."
- "We talked about additional wake staff was needed."

Interview on 5/24/22 with client #3's Care Coordinator revealed:
- She has worked with client #3 for the past 7 years.
- Client #3 has a history of ISB. In the past 1 ½ -2 years client #3's exhibited ISB have been increasing. Client #3 has been masturbating in front of other housemates, other individuals and has had inappropriate boundaries with males/females. He also has a history of touching others.
- The inappropriate sexualized behaviors have been discussed with the QP #1, DSS (Department of Social Services) and staff #1 for at least a year.

Interview on 5/20/22 with the Qualified Professional (QP) #1 revealed:
- There were no goals or strategies in place to address client #3's ISB.
- "It sounds like we need to have him in some type of therapy (for client #3)."

Interview on 5/25/22 with the Licensee revealed:
- There were no goals or strategies in place to

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V 112	Continued From page 6 address client #3's ISB. - "If you didn't see them (goals or strategies), then there aren't any and it needs to be in the plan." This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) Type A1 rule violation and must be corrected within 23 days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. The findings are: Review on 5/19/22 of the Fire Drills revealed: - There was one 3rd shift (11 pm-7 am) fire drill	V 114		

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	MHL034-211	A. BUILDING: _____ B. WING _____	05/31/2022

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V 114	Continued From page 7 completed for the past year (6/2/21 at 6:47 am). Interview on 5/19/22 with staff #1 revealed: - The shifts and times for fire drills: 1st shift: 7am-3 pm; 2nd shift: 3pm- 11 pm; and 3rd shift: 11 pm-7 am. - He had not completed fire drills on 3rd shift because "it is way too dark outside; they (clients) will get hurt. I have not done any 3rd shift fire drills." Interview on 5/19/22 with client #3 revealed: - He practiced fire drills "during different times of the year." - The meeting place during the fire drill was the mailbox. Attempted interview on 5/20/22 with client #1 revealed: - She did not respond to any question regarding fire drills. Interview on 5/24/22 with client #2 revealed: - She had lived in the group home since 3/26/22 and had not practiced a fire drill. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require	V 289		

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V 289	Continued From page 8	V 289		

supervision when in the residence.
(b) A supervised living facility shall be licensed if the facility serves either:
(1) one or more minor clients; or
(2) two or more adult clients.
Minor and adult clients shall not reside in the same facility.
(c) Each supervised living facility shall be licensed to serve a specific population as designated below:
(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;
(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;
(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;
(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;
(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or
(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G

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V 289	Continued From page 9 .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on interviews, record reviews, and observations the facility failed to provide supervised living in a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence affecting 4 of 4 clients (#1 - #4). The findings are: Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on interviews and record reviews, 1 of 3 qualified professionals (Licensee) failed to demonstrate the knowledge, skills, and abilities required by the population served. Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on records review and	V 289		

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V 289	Continued From page 10 interviews, the facility failed to develop and implement strategies in the treatment/habilitation plan to address the clients' needs affecting 1 of 4 (client #3) audited clients. Cross Reference:10A NCAC 27G .5602 Staff (V290 Based on record reviews, interviews, and observations the facility failed to ensure staff client ratios enabled staff to respond to individualized client needs affecting 4 of 4 clients (#1, #2, #3 and #4). Cross Reference:10A NCAC 27G .5603 Operations (V291) Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the clients' treatment, affecting 1 of 4 (#1). Review on 5/26/22 of the Plan of Protection dated 5/25/22 written by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G .0203 (V109), (crossed into 289) The facility will ensure the Qualified Professional (QP) has reviewed the ISP (Individual Support Plan) for members and ensure that an appropriate plan and/or goals are in place to address specific behaviors 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), (crossed into 289) The facility will ensure members ISP include the member's presenting problem and member's strengths and needs prior to the delivery of services. 10A NCAC 27G .5602 Staff (V290), (crossed into 289) The facility will ensure a minimum of one staff member shall be present at all times when any adult member is on the premises, except when the member's treatment or habilitation plan	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-211	A. BUILDING: _____ B. WING _____	05/31/2022

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V 289	Continued From page 11	V 289		

documents that the client is capable of remaining in the home or community without supervision.
10A NCAC 27G .5603 Operations (V291), (crossed into 289) The facility will ensure each member's Legally Responsible Person is informed of Incidents and Incident Reports regarding the member.
10A NCAC 27G .0603 Incident Response Requirements (V366) (crossed into 289)
The QP will ensure that the Agency's written policies governing their response to level I, II or III incidents are fully implemented to ensure compliance.
10A NCAC 27G .5601 Scope (V289),
The facility will ensure that the operation of the 5600C. provides adequate supervision for members who require supervision when in the residence.
Describe your plans to make sure the above happens.
10A NCAC 27G.0203 (V109), (crossed into 289)
The QP has added 2 goals to member [client #3's] Person Centered Plan to address his self-stimulation and self-gratification habits. The implementation of these goals are to ensure [client #3], when self-stimulating is in an appropriate setting for the occurrence.
QP's will be supervised by [the Agency's Consulting Clinical Director]
10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), (crossed into 289) The QP will revise member [client #3's] Person Centered Plan to include an update of member needs.
10A NCAC 27G .5602 Staff (V290), (crossed into 289)
The QP will ensure a minimum of one wake staff member shall be present at all times when any adult member is on the premises, except when the member's treatment or habilitation plan

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 289	Continued From page 12 documents that the client is capable of remaining in the home or community without supervision. 10A NCAC 27G .5603 Operations (V291), (crossed into 289) The QP, upon review and/or completion of an Incident Report, shall notify the member's Legally Responsible Person, and other Clinical Team Members of the of the incident and of plans and/or procedures taken, or to be implemented regarding the matter. The QP shall document on the Incident Report the date, time, and names of all persons contacted. 10A NCAC 27G .0603 Incident Response Requirements (V366) (crossed into 289) The QP will ensure that the Agency's written policies governing their response to level I, II or III incidents are fully implemented to ensure compliance. 10A NCAC 27G .5601 Scope (V289), The QP will ensure the 5600C. has wake staff at all times to provide adequate supervision for members who require supervision when in the residence." The facility serves four clients with diagnoses of: Schizophrenia, Autism, Schizoaffective Disorder, Attention Deficit Hyperactivity Disorder, Intellectual Disability and Microdeletion Syndrome. Client #3 had a history of exposing himself to others and doing inappropriate sexualized behaviors (ISB) and his treatment team had multiple discussions about this behavior, but never added any goals and strategies to the treatment plan. The Licensee transitioned the home from a male group home where client #3 and client #4 had been living to a coed group home when client #1 (female) had been admitted on 6/9/20. The Licensee further decided that the two male clients would be roommates and the two female clients would be	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-211	A. BUILDING: _____ B. WING _____	05/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 289	Continued From page 13 roommates. During the past year client #4, who had no privacy, had been found by staff #1 masturbating in front of his roommate (client #3), but this was not reported to the Qualified Professional #1 and no incident report was completed. Client #3 and client #1 were found by staff #1 masturbating each other and this incident was not reported to client #1's legal guardian. Since 2/25/22 there has been only one staff who worked, and the Licensee admitted a 4th client (female) in the home on 3/26/22. Staff #1 started nodding off during an interview and was found asleep two other times by a legal guardian when the clients were in the group home under his supervision. The legal guardian for client #3 never agreed that client #3 would be able to share the group home with females and stated the treatment recommended more staff for the group home. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the	V 290		

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	MHL034-211	A. BUILDING: _____ B. WING _____	05/31/2022

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V 290	Continued From page 14 premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290		

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V 290	Continued From page 15 This Rule is not met as evidenced by: Based on record reviews, interviews, and observations the facility failed to ensure staff client ratios enabled staff to respond to individualized client needs affecting 4 of 4 clients (#1, #2, #3 and #4). The findings are: Review on 5/27/22 of client #1's record revealed: - Admission date: 6/9/20 - Diagnoses: Mild Intellectual Disability, Schizoaffective Disorder (D/O); and Blind left Eye - Review of client #1's Comprehensive Psychological Evaluation dated 1/20/2020 revealed: "Full Scale IQ (Intelligence Quotient) 40." Review on 5/20/22 of client #2's record revealed: - Admission date: 3/26/22 - Diagnoses: ADHD (Attention Deficit Hyperactivity D/O), Predominantly Inattentive Type; Mild Intellectual Disability; Microdeletion Syndrome; and Vision Impairment. - Review of client #2's Admission Assessment dated 3/26/22 revealed: "[Client #2] requires 24-hour supervision to ensure safety. [client #2] requires close supervision due to risk of wandering away. She requires monitoring when in the community. She requires support to prevent victimization in the community." Reviews on 5/19/22 and 5/25/22 of client #3's record revealed: - Admission date: 3/1/08 - Diagnoses: Schizophrenia and Mild Intellectual Disability - Review of client #3's mental health assessment dated 5/9/19 revealed: "The team reports ...inappropriate sexual behavior (harming himself sexually by sticking a plunger in his rectum, doing	V 290		

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V 290	Continued From page 16	V 290		

the same thing with shaving cans and masturbating in front of his window with the blinds open so he can be seen)."
- There most recent psychological evaluation was completed on 5/9/19.
- Review of client #3's Person Centered Profile dated 2/9/22 revealed: "[Client #3] continues to need additional supports to assist with his recently increased behaviors while at home and in the community. [Client #3] continues to require 24/7 supervision due to inappropriateness and eloping."

Review on 5/20/22 of client #4's record revealed:
- Admission date: 1/13/07
- Diagnoses: Autism and Moderate Mental Retardation

Interviews and observations on 5/19/22, 5/20/22 and 5/24/22 with staff #1 revealed:
- He was the only staff who worked in the group home since 2/25/22.
- Since 2/25/22 the only time he had not spent the night at the group home was when an AFL (Alternative Family Living) provider who was under the same management company had filled in one weekend for him as well as 3 other shifts.
- All the clients went to a day program Monday through Friday except for client #3. Client #3 had 6 hours on Tuesdays and Thursdays with his one on one in the community. Client #2 frequently went home on the weekends with her parents. His only break was on Tuesday and Thursday for 6 hours each day when client #3 was with his one on one.
- At 12:25 pm on 5/19/22 observed staff #1 pointing to his bedroom in the home. The 2 clients' bedrooms were on the opposite side of the house. The home consisted of 2 female clients who shared a bedroom and directly across

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V 290	Continued From page 17 the hallway was the bedroom shared by 2 male clients. - He feels he needs additional staff working so that he could work with the clients one on one. - On 5/19/22 he found client #3 with his bedroom door open watching porn on his tablet with his pants down. There was one client in the group home, client #1 was at the front door waiting for her ride to her day program and did not see what occurred. - On 2/26/22 he opened the door to his bedroom. Client #3 and client #1 were sitting beside of each other on the den couch masturbating each other. - Sometime during the fall of 2021, the "mail lady" dropped off a package at the group home mailbox on the ground. He thought that was strange and he went to talk to the mail lady. The mail lady told him "I hate stuff like this." She described client #3 and stated that he "flashed himself" in the window and a second time in the doorway. The mail lady told him she did not feel safe coming up to the door to drop off packages and refused to provide her name. -Twice in the past year while doing a walk-through he had seen client #4 masturbating in front of his roommate (client #3) while in the bedroom. Client #3 was present both times. - During the interview on 5/20/22 at 10:50 am observed staff #1 nodding. "I am very tired." - "All of them (clients) can't be alone. [Client #3] needs that supervision all the time in the community or at home. He needs that supervision." Interviews on 5/19/22 and 5/25/22 with client #3 revealed: - Staff #1 was the only staff who worked in the group home. Staff #1 slept at the group home. - His roommate client #4 masturbated "every day" while he was in the bedroom.	V 290		

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V 290	Continued From page 18 - When this occurred staff #1 came into the bedroom and prompted him to leave the bedroom. There were times when staff #1 did not know client #4 was masturbating in front of him and he would go into the den. - He recently watched porn in his bedroom with the door open and staff #1 took his tablet. - "I don't have privacy at all. I would like to have my privacy." - On 2/6/22 he and client #1 were sitting on the couch in the den and client #1 "wanted to grab my watch ma call it." Then he grabbed her private parts. He had his pants down but she had her clothes on. It was client #1's idea to do this. Staff #1 had come out of his bedroom and told them they were not supposed to do anything like that in the group home. Client #4 was the only client in the group home, and he was asleep in the bedroom. - Denied that he exposed himself to anyone at the doors or windows of the group home. - He had been accused "plenty of times" of playing with himself in front of others but "I didn't do that." - "They said I put a plunger in my rectum, but I didn't do that." Interview on 5/25/22 with the Qualified Professional (QP) #1 revealed: - He is the QP for: clients #1, #3 and #4. - The last time he was in the group home was December 2021. - He talked to staff #1 "at least twice a week." - He would ensure the safety and needs of the clients "just by talking to [staff #1] and [staff #1] constantly keeping him updated." - Staff #1 was providing 24/7 supervision of client #3. If staff #1 sleeps "that could be an issue." - Staff #1 was the only person providing additional support to client #3.	V 290		

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V 290	Continued From page 19 - "[Staff #1] is pretty alert and can hear them (clients) when they are up at night. He has heard [client #3] up in the middle of the night and [staff #1] directed [client #3] to go back to sleep." Interviews on 5/23/22 and 5/26/22 with client #3's legal guardian (LG) revealed: - Staff #1 was the only staff at the group home "all the time. There is no support." - When it snowed last time at the beginning of 2022 client #3 needed to be IVCd (involuntary commitment) because he was banging his head on the wall and making suicidal threats. She had to drive in the snow and do the IVC because there was no other staff to help. - She interpreted client #3's treatment plan that stated "he needs 24/7 supervision and continues to need additional supports to assist with his recently increased behaviors while at home and in the community" to mean "that they (group home staff) are awake and watching residences at all times. I do know they are short staffed." Interview on 5/24/22 with client #3's Care Coordinator revealed: - The number one issue for client #3 is not enough staffing. - During every treatment team meeting for client #3 "we always ask about finding more staff." - "There needs to be more than one staff, and this has been said numerous times in meetings." Interviews on 5/20/22 and 5/23/22 with client #1 revealed: - Client #3 had asked her "to j**k it off" and "I did." - It happened about two weeks ago on the couch in the den, and they were "caught" by staff #1. Staff #1 told her and client #3 to go to their bedrooms. - Denied that client #3 touched her private parts.	V 290		

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V 290	Continued From page 20 - "I told [client #3] I didn't want to do it. I didn't want to do it because we were going to get caught doing it on the couches. I feel we need to get our own place and do that. I can have sex with him then." - "I am not afraid of [client #3], I love [client #3], I don't want anyone to take him away from me, I am going to marry [client #3]." - "[The Licensee] is trying to get more staff here. We need more staff here because [staff #1] needs a vacation." Interview on 5/24/22 with client #1's LG revealed: - Client #1 need eyes on supervision when she is around male clients. - Client #1 was unable to provide consent have sex. - She feels the group home needs to have more staff. The QP #1 is not involved. - "I will be honest with you I didn't even know [client #1] had a QP I was relying on [staff #1]." Interviews on 5/20/22 and 5/24/22 with client #2 revealed: - She felt safe in the group home. - Denied that anyone had touched her private parts. - Denied seeing client #3 or client #4 expose their private parts to her. - She would call her parents if anything occurred that made her uncomfortable. - Only one staff worked in the group home, staff #1. Interview on 5/27/22 with client #2's LG revealed: - She and her husband went to the group home this past Saturday (5/21/22). - The clients had to let them in because staff #1 was asleep. She and her husband were in the group home for about 1 hour before staff #1	V 290		

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V 290	Continued From page 21 realized they were there. - Since being admitted on 3/26/22 client #2 has had a telephone conversation with her father and client #2 told her father that staff #1 was taking a nap. - Her understanding of 24-hour supervision was that staff would be supervising client #2 when she is awake. Interview on 5/23/22 with QP #2 revealed: - She is the QP for client #2 - "No, she (client #2) is not receiving 24-hour supervision." Interviews on 5/20/22 and 5/26/22 with client #4 revealed: - He responded "no" to any question that was asked. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) Type A1 rule violation and must be corrected within 23 days.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be	V 291		

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V 291	Continued From page 22 provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the clients' treatment, affecting 1 of 4 (#1). The findings are: Review on 5/19/22 of the "Incident Report Form" dated 2/6/22 revealed: - Consumer: Client #1 and Client #3 - Date of Incident: 2/6/22 - Time of Incident: 9:05 am - Name of Person Completing Report: Staff #1 - Supervisor's Signature: the Qualified Professional (QP) #1 - "As of 2/6/22 around 9:05 am, staff quietly open staff (bedroom) door and found [client #3] and [client #1] engaged in mutual masturbation (playing with each other's private front parts). Staff asked both clients to go to their rooms."	V 291		

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V 291	Continued From page 23 Interview on 5/24/22 with client #1's Legal Guardian (LG) revealed: - She had not been notified by the group home staff that client #1 and another client were found mutually masturbating. - She had talked to staff #1 on 2/7/22 (the day after the incident) "and nothing was brought up about the masturbating." Interview on 5/25/22 with the QP #1 revealed: - He did not know why staff #1 did not tell client #1's legal guardian about the 2/6/22 incident. Normally staff #1 notifies the legal guardians. Interview on 5/24/22 with the Licensee revealed: - She had no idea why client #1's LG did not know about the 2/6/22 incident. - Staff #1 does not remember why the LG was not contacted. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) Type A1 rule violation and must be corrected within 23 days.	V 291		