

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  A complaint and follow up survey was completed on 6/16/22. The complaint was substantiated (intake # NC00188130). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility has a current census of 3. The survey sample consisted of the audit of 1 former client.	V 000		
V 368	G.S. 122C-63 Assurance for continuity of care  § 122C-63 ASSURANCE FOR CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION (a) Any individual with mental retardation admitted for residential care or treatment for other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by state-appropriated funds has the right to residential placement in an alternative facility if the client is in need of placement and if the original facility can no longer provide the necessary care or treatment. (b) The operator of a residential facility providing residential care or treatment, for other than respite or emergency care, for individuals with mental retardation shall notify the area authority serving the client's county of residence of his intent to close a facility or to discharge a client who may be in need of continuing care at least 60 days prior to the closing or discharge. The operator's notification to the area authority of intent to close a facility or to discharge a client who may be in need of continuing care constitutes the operator's acknowledgement of the obligation to continue to serve the client until:	V 368		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(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 368	Continued From page 1  (1) The area authority determines that the client is not in need of continuing care; (2) The client is moved to an alternative residential placement; or (3) Sixty days have elapsed; whichever occurs first. In cases in which the safety of the client who may be in need of continuing care, of other clients, of the staff of the residential facility, or of the general public, is concerned, this 60- day notification period may be waived by securing an emergency placement in a more secure and safe facility. The operator of the residential facility shall notify the area authority that an emergency placement has been arranged within 24 hours of the placement. The area authority and the Secretary shall retain their respective responsibilities upon receipt of this notice. (c) An individual who may be in need of continuing care may be discharged from a residential facility without further claim for continuing care against the area authority or the State if: (1) After the parent or guardian, if the client is a minor or an adjudicated incompetent adult, or the client, if an adult not adjudicated incompetent, has entered into a contract with the operator upon the client's admission to the original residential facility the parent, guardian, or client who entered into the contract refuses to carry out the contract, or (2) After an alternative placement for a client in need of continuing care is located, the parent or guardian who admitted the client to the residential facility, if the client is a minor or an adjudicated incompetent adult, or the client if an adult not adjudicated incompetent, refuses the alternative placement. (d) Decisions made by the area authority	V 368		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(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 368	Continued From page 2  regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded pending the outcome of the appeal. (e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative placement is not available beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally retarded. The area authority shall retain responsibility for coordination of placement during a temporary placement in a State facility. (f) The Secretary is responsible for coordinative and financial assistance to the area authority in the performing of its duties to coordinate placement so as to assure continuity of care and for assuring a continuity of care placement beyond the operator's 60-day obligation period. (g) The area authority's financial responsibility, through local and allocated State resources, is limited to: (1) Costs relating to the identification and coordination of alternative placements; (2) If the original facility is an area facility, maintenance of the client in the original facility for	V 368		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(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 368	<p>Continued From page 3</p> <p>up to 60 days; and</p> <p>(3) Release of allocated categorical State funds used to support the care or treatment of the specific client at the time of alternative placement if the Secretary requires the release.</p> <p>(h) In accordance with G.S. 143B-147(a)(1) the Commission shall develop programmatic rules to implement this section, and, in accordance with G.S. 122C-112(a)(6), the Secretary shall adopt budgetary rules to implement this section. (1981, c. 1012; 1985, c. 589, s. 2.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the area authority serving the client of the intent to discharge a client with an intellectual developmental disability at least 60 days in advance prior to discharge affecting 1 of 1 Former Client (FC #1). The findings are:</p> <p>Review on 6/15/22 and on 6/16/22 of FC #1's record revealed:</p> <ul style="list-style-type: none"> <li>- An admission date of 10/4/21</li> <li>- A discharge date of 4/4/22</li> <li>- Diagnoses of Intermittent Explosive Disorder (D/O); Oppositional Defiant D/O; Borderline Personality D/O; Disruptive Mood Dysregulation D/O; Attention Deficit Hyperactivity D/O; Obesity; Sleep Apnea and Nicotine Dependence</li> <li>- An assessment dated 10/4/21 completed by the Owner revealed:</li> </ul>	V 368		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(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 368	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- FC #1 had a history of being hospitalized due to aggression and damage to property</li> <li>- She had a history of homicidal and suicidal ideations; however, on the day of admission she denied having these feeling on that day</li> <li>- She was "engaging and will speak her mind."</li> <li>- She was cooperative and provided good eye contact during the assessment</li> <li>- Her family could contribute to her behaviors and per the Owner, FC #1's mother was a "trigger" and could cause FC #1 to become upset</li> <li>- There was a history of drug use among her family members</li> <li>- A clinical assessment dated 10/15/21 and completed by a clinician with a behavioral health organization (BHO) revealed: FC #1 was seen at this BHO to "...get [FC #1] connected to medication management and therapy services..."</li> <li>- Based on her assessment, her diagnoses were listed as follows: Disruptive Mood Dysregulation Disorder (D/O); Major Depressive D/O, Recurrent, Moderate; Post Traumatic Stress D/O, Unspecified; Cannabis Dependence with Intoxication, Unspecified; Cocaine Abuse, Uncomplicated; Intermittent Explosive D/O; Attention Deficit Hyperactivity D/O, Combined Type; Alcohol Abuse in Remission; Cocaine Dependence, in Remission, Sedative, Hypnotic or Anxiolytic Abuse in Remission and Opioid Dependence in Remission</li> <li>- A psychological evaluation completed by a Licensed Psychological Associate on 4/6/19 revealed:</li> <li>- FC #1's IQ (Intellectual Quotient) was 66</li> </ul> <p>Review on 6/15/22 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- Three incident reports had been submitted to IRIS regarding FC #1</li> <li>- On 4/1/22, FC #1 alleged another client had</li> </ul>	V 368		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(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 368	<p>Continued From page 5</p> <p>poured a soft drink on her; however, when this report proved false, FC #1..."went into a rage..." and began yelling at the other clients in the home. FC #1 attempted fight and spit at the other clients in the facility and attempted to set herself on fire. Law enforcement was called and had to be called additional times when FC #1 walked away while they were enroute and upon her return to the facility. When FC #1 returned to the facility, she spoke to officers and ultimately had to be involuntarily committed</p> <p>- On 4/3/22, FC #1 became upset during a church service when she could not talk to the pastor while the pastor was speaking to those in attendance from the speaker's podium. After FC #1 returned to the facility, she requested to call the Owner of the facility who was on vacation. When staff told her, she could not call the Owner, she walked out of the facility and used profanity towards the staff</p> <p>- On 4/4/22, "...Today was the deciding factor on whether I could continue to offer services to consumer or not. If there are any question as to why, along with the brief synopsis of todays actions consumer acted out in the following way: rocks thrown at staff vechicles, water bottle thrown hitting another consumer in the face, attempts to hit staff w(with)/mop, shovel, gulf club, spitting at staff, profanity, incident exposure to staff, consumers and community going to the end of the driveway pulling shirt up, running off premises across street to [name of store], standing in the middle of the street stopping traffic, running from law enforcement..."</p> <p>Review on 6/15/22 of a letter of discharge completed and signed by the Owner revealed:</p> <p>- "Today after the last incidents Friday (April 1, 2022), Sunday (April 3, 2022), Monday (April 4, 2022) we have decided that our facility can no</p>	V 368		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(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 368	<p>Continued From page 6</p> <p>longer meet the needs of [FC #1]. We have given [FC #1] all the support and guidance we feel he needs at this level of care. At this level she has not learned to be more social or independent. Therefore, a higher level of care is recommended. We have tried to teach [FC #1] that she cannot continue to act inappropriately and expect that there are no consequences for her behaviors. To all our efforts, [FC #1] continues to violate rules of conduct by fighting staff and other residents, indecent exposure, elope and try to fight staff while staff is driving the company vehicle. This last incident could have resulted in serious harm to staff and other residents resulted in serious injury. With that being said, here are some examples of the things mentioned above. (1) [FC #1] still has exhibiting behaviors that are said to have been old behaviors, anger, some aggression that is passive aggressive. (2) [FC #1] was seen fighting and threatening other residents that are bullying in nature. (3) Walking out into traffic while out on outing and grabbing staff hair while she was driving, and several incidents to follow as all have been duly documented/IRIS (Incident Response Improvement System) Reports. We have overlooked the numerous times she has done this is past but we feel that she will continue these behaviors. Along with the previous mentioned behaviors, [FC #1] is becoming more of a danger to herself and others. This is an immediate notice of discharge for [FC #1] effective this 1 day April 2022..."</p> <p>Review on 6/15/22 of the facility's "discharge requirements for residential care" revealed:</p> <ul style="list-style-type: none"> <li>- "It is the policy of Happy Hearts Group Home, LLC; to follow General Statue 122C-63 which will ensure that all consumers who have been admitted into the facility, is granted and smooth</li> </ul>	V 368		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(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 368	<p>Continued From page 7</p> <p>transitional discharge from the facility. Each consumer and or legal guardian will be given a notification of discharge if the facility is planning on closing or if the facility is no longer capable of handling the needs of the consumer, based on emergency placement or the need for a higher level of care. The consumer and or guardian will be given a 60-day notice prior to the closing or the discharge of the consumer..."</p> <p>Interview on 6/14/22 with FC #1's legal guardian representative revealed:</p> <ul style="list-style-type: none"> <li>- FC #1 was involuntarily committed on 4/3/22 due to her exhibiting "unsafe behaviors" which included destroying property, throwing stones at the licensee's vehicles, fighting, and exposing herself in the front yard of the facility. FC #1 also threw a water bottle at another client in the facility</li> <li>- She understood that typically a 60-day notice is what was required; however, due to the safety concerns for other in the home, the Owner decided FC #1 could not return to the facility</li> <li>- The hospital where FC #1 involuntarily committed to on 4/3/22 was "gracious enough to allow [FC #1] to remain at the hospital" while she attempted to locate a new placement on her behalf</li> <li>- Initially the hospital was upset because the Owner would not come pick up FC #1</li> <li>- She had a good relationship with the Owner, and she appreciated a lot of things about the facility (it was clean, the clients were well fed)</li> <li>- The Owner was "open and honest" with her regarding the need to discharge FC #1 and had helped her with the paperwork needed to transition her to a new facility</li> <li>- She was able to locate a new placement for FC #1 once she was released from the hospital; however, FC #1 disrupted the placement within 24 hours due to her behavior and had to be</li> </ul>	V 368		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(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 368	<p>Continued From page 8</p> <p>moved</p> <ul style="list-style-type: none"> <li>- She's since found her a new placement and is hopeful that this placement is successful; however, "it's on thin ice" at the present time</li> </ul> <p>Interview on 6/14/22 with the staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- FC #1's behaviors (physical aggression, threats to staff and other clients, property damage/destruction, etc.) were reasons FC #1 was not allowed to return to the facility after she was ready for discharge from the hospital on 4/3/22</li> <li>- On 4/3/22, she had engaged in all these behaviors, including hitting another client (client #3) in the head with a water bottle</li> <li>- He and the Owner felt they had done all they could for FC #1</li> <li>- "[FC #1] was not manageable."</li> <li>- He had worked in facilities for years and had never seen a client like FC #1</li> <li>- He felt the facility "did all they could and exhausted all avenues" to assist FC #1</li> <li>- "This one person (FC #1) changed the quality of life at Happy Hearts Home."</li> </ul> <p>Interview on 6/14/22 with the Owner revealed:</p> <ul style="list-style-type: none"> <li>- FC #1 was involuntarily committed on 4/3/22 due to her behavior (physical aggression, property destruction and exposing herself to those in the facility and in the public)</li> <li>- After she was involuntarily committed to a hospital, within three to four hours, she received a telephone call from a hospital social worker (SW) with a request for someone to pick up FC #1 from the hospital</li> <li>- The hospital SW reported FC #1 had been evaluated and she ready to be discharged</li> <li>- She informed the SW that she believed FC #1 remained a threat to herself and others in the facility and asked to speak with the SW's</li> </ul>	V 368		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEARTS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6255 BURLINGTON ROAD GIBSONVILLE, NC 27249</b>		
(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 368	Continued From page 9  supervisor - She asked if at least, FC #1's medications could be evaluated prior to her being discharged - FC #1's medications had recently changed (the addition of Invega) and she believed this medication might be contributing to her behavior - The SW's supervisor stated FC #1 could not remain at the hospital and directed the Owner to come to the hospital to pick up FC #1 - When she reported to the SW supervisor that she would not be picking up FC #1, the supervisor stated she planned to file a complaint against the Owner - The Owner informed the supervisor that she planned to "self-report." - Her decision to allow FC #1 to remain at the hospital was based on her belief FC #1 was still a threat to herself and others and that she had to keep the others in the facility safe - FC #1's behavior had placed everyone at the facility at risk - Whenever FC #1's behavior impacted the other clients in the facility, she contacted their guardians - The guardians of the other clients had begun to threaten to remove their clients from the facility and she felt responsible for keeping them safe - "They entrust us to take care" of their clients - She understood her discharge policy reflected the need for a 60-day notice; however, she could not allow FC #1 to return to the facility - She felt it was important to keep the clients at the facility safe as well as FC #1 and would accept the consequences of not allowing FC #1 to return to the facility - As a new provider, FC #1 had "taught her a lot."	V 368		