STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-127	A. BUILDING: _____ B. WING _____	R 10/11/2022

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SCI-MAR MAC	509 RIDGE DRIVE GOLDSBORO, NC 27530

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V 000	INITIAL COMMENTS An annual, follow up, and complaint survey was completed on October 11, 2022. The complaint was substantiated (intake #NC00192236). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	Continued From page 1 (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 3 current clients audited (clients #1 and #4). The findings are: Finding #1: Review on 10/4/22 of client #4's record revealed: -39 year old male admitted 7/6/22. -Diagnoses included moderate intellectual developmental disabilities, autism, obsessive compulsive disorder, and seasonal allergies. -Order dated 2/7/22 for Iron 325 mg (milligrams) daily. (supplement for iron deficiency) -Order dated 3/17/22 for Sodium Fluoride Paste 1/1%, apply to teeth once daily. (prevent tooth decay) -Order dated 2/14/22 for Debrox ear drops 6.5%, instill 5 drops in right ear twice daily. (prevent wax buildup) -Order dated 7/25/22 for Clobetasol Cream 0.05% apply pea size amt to lesions on arms, trunks and extremities bid for 2 days.. then stop for 2 days, then repeat. (skin conditions such as psoriasis, dermatitis, rash) -Order dated 3/17/22 for Clonazepam 1 mg	V 118		

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V 118	Continued From page 2	V 118		

(Klonopin) ½ tablet at 4 pm. (anxiety, depression)
-Order dated 3/17/22 for Diphenhydramine 50 mg daily as needed (PRN) for agitation/aggression

Review on 10/4/22 of client #4's MARs from 7/6/22 to 10/4/22 at 8 am revealed:
-Documentation dated 7/9/22 - 7/11/22, 7/16/22, 7/17/23, 7/24/22, 7/30/22, and 7/31/22 that Iron 325 mg had not been administered because the medication was not available, "no bubble pack."
-Documentation dated 7/16/22 and 7/17/22 read, "Eardrop and toothpaste not given - none."
-Clobetasol Cream 0.05% was not on the August 2022 MAR.
-MAR blank for the scheduled 4 pm dose of clonazepam on 9/10/22.
-Diphenhydramine 50 mg documented as administered on 9/4/22 and 9/5/22, but the time of administration had not been documented.

Unable to interview client #4 on 10/4/22 at 3:35 pm due to his communication skills and inability to answer questions.

Finding #2:
Review on 10/5/22 of client #1's record revealed:
-51 year old male admitted 8/1/98.
-Diagnoses included traumatic brain injury, hypercholesterolemia, seizure disorder, social phobia, severe intellectual developmental disorder, exhibitionism, generalized anxiety disorder, reflux, hypertension, depressive tendencies.
-Orders dated 4/29/22 for the following:
-Trazadone 25 mg at bedtime (sleep disturbance)
-Clonazepam 1 mg at bedtime
-Colace 100 mg twice daily (constipation)
-Levetiracetam 750 mg twice daily (seizure disorder)

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V 118	Continued From page 3 Review on 10/4/22 of client #1's MARs from 7/6/22 to 10/4/22 at 8 am revealed: -The following medications, scheduled to be administered at 8 pm daily, had not been documented as given at 8pm on 9/30/22 or 10/3/22. -Trazadone 25 mg -Clonazepam 1 mg -Colace 100 mg -Levetiracetam 750 mg Interview on 10/4/22 the Qualified Professional stated: -The staff should have documented the time a PRN was given on the back of MAR along with the reason it had been given. -The omitted documentation of the 8 pm medications for client #1 were most likely a documentation error. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services	V 132		

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V 132	Continued From page 4 as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Health Care Personnel Registry (HCPR) of all allegations of abuse	V 132		

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V 132	Continued From page 5 against health care personnel. The findings are: Review on 10/5/22 of FS#11's personnel file revealed: -Hire date: 12/15/04 -Terminated: 8/17/22 -Position: Direct Support Associate (DSA) Review on 10/5/22 of FS#12's personnel file revealed: -Hire date: 11/13/18 -Terminated: 8/17/22 -Position: Direct Support Associate (DSA) Review on 10/4/22 of client #4's record revealed: -39 year old male admitted 7/6/22. -Diagnoses included moderate intellectual developmental disabilities, autism, obsessive compulsive disorder, and seasonal allergies. Interview on 10/5/22 the Executive Director (ED) stated: -She received an email on 8/16/22 from the parents of client #4 about a conversation recorded on their phone between their son and 2 facility staff earlier that evening. -The ED was able to listen to the recorded voice mail and recognized the staff to be FS#11 and FS#12. -The "tone and attitude" of the comments by the staff were not appropriate. -At the beginning of the phone recording one staff "snapped" at client #4 and told him to "get out of her face." -The ED went to the group home at 8:45 pm on 8/16/22, confronted the staff, and suspended them pending an investigation. -The following day, on 8/17/22, the ED consulted with her direct supervisor and the Human Resources (HR) Director.	V 132		

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V 132	Continued From page 6 -The HR Director stated she did not believe the recorded voice mail was verbal abuse. -Staff #11 and #12 were allowed to resign immediately and were designated "not re-hirable." -There were no reports made to the Health Care Personnel Registry for an allegation of verbal abuse by FS#11 or FS#12.	V 132		
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; (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.	V 366		

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V 366	Continued From page 7 (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; (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	V 366		

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V 366	Continued From page 8 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their response to level I or III incidents as required. The findings are: Review on 10/4/22 of client #4's record revealed: -39 year old male admitted 7/6/22.	V 366		

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-Diagnoses included moderate intellectual developmental disabilities, autism, obsessive compulsive disorder, and seasonal allergies.
-6/7/22 Behavior Plan and Daily routine documented:
-"Speak to him (client #4) softly and with a calm temperament. Help him not to get riled up. Deescalate before we get to behaviors."
-Daily Routine included, "[Client #4] can call home on Sunday, Monday, and Wednesday."
-Medications orders/dates included the following:
-2/7/22: Iron 325 mg (milligrams) daily. (supplement for iron deficiency)
-3/17/22: Sodium Fluoride Paste 1/1%, apply to teeth once daily. (prevent tooth decay)
-2/14/22: Debrox ear drops 6.5%, instill 5 drops in right ear twice daily. (prevent wax buildup)

Review on 10/4/22 of client #4's July 2022 medication administration records revealed:
-Documentation dated 7/9/22 - 7/11/22, 7/16/22, 7/17/23, 7/24/22, 7/30/22, and 7/31/22 that Iron 325 mg had not been administered because the medication was not available, "no bubble pack" was documented.
-Documentation dated 7/16/22 and 7/17/22 read, "Eardrop and toothpaste not given - none."

Review on 10/5/22 of a copy of the printed voice mail message from the parents of client #4 dated 8/16/22 revealed:
-"Fwd (forward): New Voice mail (4) - 1:15 minutes in your [mailbox name] from "Skill Creations" [phone number]."
-"Listen to this voice mail. I am not happy with the tone of voice of whoever that was talking to [client #4]. You may have to download the wav file to here it. [client #4's parent]."

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V 366	Continued From page 10 Request to review incident reports revealed: -There were no incident reports for client #4's missed medications in July 2022. -There was no incident report for allegations on 8/16/22 of verbal abuse of client #4 by FS#11 or FS#12. Interview on 10/5/22 the Qualified Professional stated: -There had been no level 1, 2, or 3 incident reports documented within the past 3 months. -There was a recent incident when a family member overheard a staff yell at client #4. -The Executive Director (ED) would have been the person to do the investigation of the staff yelling at client #4, and she did not know if there was any documentation of this. -The staff that yelled at client #4 had been allowed to resign. Interview on 10/5/22 the ED stated: -The ED received an email and voice mail recording on 8/16/22 from client #4's parents. The parents voiced a complaint about how staff had talked to client #4, a conversation that had been captured on a voice mail recording earlier that evening. -After listening to the voice mail recording the ED identified the staff to be FS#11 and FS#12. She went to the group home at 8:45 pm, confronted FS#11 and FS#12, and suspended them pending an investigation. -At the beginning of the phone recording one staff "snapped" at client #4 and told him to "get out of her face." -The "tone and attitude" of the comments by the staff to client #4 were not appropriate. -The following day, on 8/17/22, the ED consulted with her direct supervisor and the Human Resources (HR) Director and the HR Director	V 366		

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V 366	Continued From page 11 stated she did not believe the recorded voice mail was verbal abuse. -Staff #11 and #12 were allowed to resign immediately and were designated "not re-hirable." -There was no further investigation documented or incident report completed.	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 (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;

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V 367	Continued From page 13 (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure level III incidents were reported to the Local Management Entity (LME) within 72 hours as required. The findings are. Review on 10/4/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed no level III incident report created by the facility for allegations of verbal abuse of client #4 on 8/16/22 by FS#11 and FS#12. Interview on 10/5/22 the Executive Director (ED) stated: -The ED received an email and voice mail recording on 8/16/22 from client #4's parents. The parents voiced a complaint about how staff had talked to client #4, a conversation that had been captured on a voice mail recording earlier that evening. -At the beginning of the phone recording one staff "snapped" at client #4 and told him to "get out of	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-127	A. BUILDING: _____ B. WING _____	R 10/11/2022

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V 367	Continued From page 14 her face." -The "tone and attitude" of the comments by the staff to client #4 were not appropriate. -Staff #11 and #12 were allowed to resign immediately and were designated "not re-hirable." -There was no further investigation documented or incident report completed. Refer to V366 and V512 for more details of the allegation of verbal abuse of client #4 on 8/16/22 by FS#11 and FS#12.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances	V 500		

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V 500	Continued From page 15 under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all instances of alleged or	V 500		

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V 500	Continued From page 16	V 500		

suspected abuse to the County Department of Social Services as required. The findings are:

Review on 10/5/22 of Staff #11's personnel file revealed:
-Hire date was 12/15/04.
-Terminated on 8/17/22.
-Position was a Direct Support Associate (DSA).
-Trained on client #4's Behavior Plan 6/9/22.

Review on 10/5/22 of Staff #12's personnel file revealed:
-Hire date was 11/13/18.
-Terminated on 8/17/22.
-Position was a Direct Support Associate (DSA).
-Trained on client #4's Behavior Plan 6/9/22.

Review on 10/4/22 of client #4's record revealed:
-39 year old male admitted 7/6/22.
-Diagnoses included moderate intellectual developmental disabilities, autism, obsessive compulsive disorder, and seasonal allergies.

Interview on 10/5/22 the Executive Director (ED) stated:
-She received an email on 8/16/22 from the parents of client #4 about a conversation recorded on their phone between their son and 2 facility staff earlier that evening.
-The ED was able to listen to the recorded voice mail and recognized the staff to be FS#11 and FS#12.
-The "tone and attitude" of the comments by the staff were not appropriate.
-At the beginning of the phone recording one staff "snapped" at client #4 and told him to "get out of her face."
-Staff #11 and #12 were allowed to resign immediately and were designated "not re-hirable."
-There was no reports made to the County

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V 500	Continued From page 17 Department of Social Services for an allegation of verbal abuse by FS#11 or FS#12.	V 500		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record review and interview 2 of 2 former staff (FS) audited (FS #11 and FS#12) subjected 1 of 3 clients audited (client #4) to verbal abuse. The findings are: Review on 10/5/22 of FS#11's personnel file	V 512		

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V 512	Continued From page 18	V 512		

revealed:
-Hire date: 12/15/04
-Terminated: 8/17/22
-Position: Direct Support Associate (DSA)
-Training on client #4's Behavior Plan documented 6/9/22.
-Training, "Abuse and Neglect of Individuals with I/DD (intellectual developmental disabilities)" documented on 4/12/22.
-4/14/22 trainings documented: "Understanding Client's Behavior," "Building Positive Relationships," "Decision Making and Problem Solving," "Assessing Risk for Escalating Behavior," "Early Crisis Interventions"

Review on 10/5/22 of FS#12's personnel file revealed:
-Hire date: 11/13/18.
-Terminated: 8/17/22.
-Position: Direct Support Associate (DSA).
-Training on client #4's Behavior Plan documented 6/9/22.
-11/17/21 trainings documented: "Understanding Client's Behavior," "Building Positive Relationships," "Decision Making and Problem Solving," "Assessing Risk for Escalating Behavior"
-"Early Crisis Interventions" training documented on 11/19/21.

Review on 10/4/22 of client #4's record revealed:
-39 year old male admitted 7/6/22.
-Diagnoses included moderate intellectual developmental disabilities, autism, obsessive compulsive disorder, and seasonal allergies.
-6/7/22 Behavior Plan and Daily routine documented:
-"Speak to him (client #4) softly and with a calm temperament. Help him not to get riled up. Deescalate before we get to behaviors."

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V 512	Continued From page 19 -Daily Routine included, "[Client #4] can call home on Sunday, Monday, and Wednesday." Review on 10/5/22 of a copy of the printed voice mail message dated 8/16/22 revealed: -"Fwd (forward): New Voice mail (4) - 1:15 minutes in your [mailbox name] from "Skill Creations" [phone number]." -"Listen to this voice mail. I am not happy with the tone of voice of whoever that was talking to [client #4]. You may have to download the wav file to here it. [client #4's parent]." Interview on 10/5/22 the Executive Director (ED) stated: -She received an email on 8/16/22 from the parents of client #4 about a conversation recorded on their phone between their son and 2 facility staff earlier that evening. -The ED was able to listen to the recorded voice mail and recognized the staff to be FS#11 and FS#12. -The "tone and attitude" of the comments by the staff were not appropriate. -At the beginning of the phone recording one staff "snapped" at client #4 and told him to "get out of her face." -Client #4 was on a schedule to call his parents on specific days. The night of this incident, a Tuesday, was not one of client #4's scheduled nights. -The staff had allowed client #4 to call his parents using a number the parents did not typically answer, their house phone, and "it was evident" from the phone recording that client #4 was "escalating... he was raising his voice." -This conversation between the staff and client #4 went on "for a good 30 second voice mail." -After listening to the voice mail recording, the ED went to the group home at 8:45 pm on 8/16/22,	V 512		

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V 512	Continued From page 20 confronted the staff, and suspended them pending an investigation. -The following day, on 8/17/22, the ED consulted with her direct supervisor and the Human Resources (HR) Director. -The HR Director stated she did not believe the recorded voice mail was verbal abuse. -Staff #11 and #12 were allowed to resign immediately and were designated "not re-hirable." -FS#11 and FS#12 had been trained on client #4's behavior plan. -Facility trainings to include the following would have been relevant training to educate staff on appropriate care and communication skills to care for client #4: "Protective Intervention-Understanding Client's Behavior;" "Building Positive Relationships;" "Decision Making and Problem Solving;" "Assessing Risk for Escalating Behavior;" and "Early Crisis Interventions." -There was no incident report or reports made to the Health Care Personnel Registry or Department of Social Services for verbal abuse by FS#11 or FS#12.	V 512		