

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/20/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WOLFE &amp; JACKSON GROUP HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>744 EAST SPRAGUE STREET WINSTON-SALEM, NC 27107</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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on December 30, 2022. The complaint was unsubstantiated intake # NC 00196008. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 1. The survey sample consisted of audits of 1 former client.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p><b>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</b></p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> </ol>	V 110	<p><b>RECEIVED</b></p> <p><b>MAR 28 2023</b></p> <p>DHSR-MH Licensure Sect</p>	

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



(X6) DATE  
*Debra J. Director* 3/14/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/20/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WOLFE &amp; JACKSON GROUP HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>744 EAST SPRAGUE STREET WINSTON-SALEM, NC 27107</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 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 audited paraprofessional staff (the Executive Director (ED)) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 12/28/22 of the ED's record revealed a hire date of 2/25/97 and a high school education/diploma.</p> <p>Review on 12/28/22 of former client (FC #1's) record revealed: Date of Admission: 11/14/19 Diagnoses: "Encephalopathy, cerebral palsy, psychosis, Intellectual disability mild, epilepsy, rhabdomyolysis, dysphagia, anxiety disorder, Insomnia, major Depressive Disorder, history of alcoholism;" -Six pictures of FC #1, three pictures were of him nude, and three partially nude.</p> <p>Interview on 12/29/22 with the ED revealed: -10/12/22, the ED knocked on the door, entered the room, and found that [FC #1] was on the floor. She panicked, called the ambulance, and he was taken to the local hospital; -A nurse called her (hospital) and asked about FC</p>	V 110	<p><i>Had Training:</i></p> <p><i>1 Clients Rights and Confidentiality</i></p> <p><i>2 Cultural Competency</i></p> <p><i>3 A B C's Confidentiality - HIPAA</i></p>	1.31.23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/20/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WOLFE &amp; JACKSON GROUP HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>744 EAST SPRAGUE STREET WINSTON-SALEM, NC 27107</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 110	<p>Continued From page 2</p> <p>#1 receiving physical therapy because she could not get him to sit up or to get up out the bed; -"I took the pictures because [FC #1] lies, he lies so bad;" -She explained that he can walk and he uses his walker after he showers to get from the bathroom to his bedroom. He often leaves the bathroom naked or with only a depend. She took the pictures of him nude and partially nude because that's when she could get a picture of him using his walker; -He was already receiving physical therapy and walks during his therapy with a walker; -She visited FC #1 in the hospital and showed the nurse the pictures of him walking; -"I sent the pictures to [local management entity/managed care organization] because of the high turnover with [FC #1's] clinical team and they were unaware of some of [FC #1]'s behaviors; -FC #1 told his clinical team he could not walk and he needed the wheelchair.</p> <p>Interview with FC #1 on 12/29/22 revealed that he was unaware of any pictures taken of him.</p> <p>Interview on 12/29/22 with the supervisor of FC #1's guardianship company revealed: -The supervisor could not recall who showed her the nude and partially nude pictures of FC #1; -Someone sent the nude and partially nude pictures to her coworker; -"You should not have nude pictures on your phone and you should not have pictures like that at all."</p> <p>Interview on 12/30/22 with the Qualified Professional revealed: -She has been employed with the facility since 2016 or 2017; -"I found out about the pictures (nude and</p>	V 110	<p>Supervision Plan QP monitor. Once a month and when needed</p>	1.31.23
-------	--	-------	--	---------

Division of Health Service Regulation


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/20/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WOLFE &amp; JACKSON GROUP HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>744 EAST SPRAGUE STREET WINSTON-SALEM, NC 27107</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 110	Continued From page 3  partially nude pictures of FC #1) in November (don't know the exact date). The [ED] is the person that told me about it;" -She and the ED had a conversation about the ED showing and sending the nude/partially nude pictures but no direction was given to the ED.	V 110	<p><i>Along with my dailying notes. I was taking pictures to have prove (proof) that he done this and that.</i></p> <p><i>Sorry About taking Pictures</i></p> <p><i>Hope and Pray That he gets in the Right Setting</i></p> <p><i>"ICT"</i></p>	

# Wolfe & Jackson Group Home, Inc.

## Training Certificate

 has successfully completed  
Name of Participant

CLIENTS RIGHTS AND CONFIDENTIALITY TRAINING  
Title of Training 2 HOURS 744 SPRAGUE ST

 mHA, QP  
Signature of Trainer/Instructor

1/31/23  
Date


# Wolfe & Jackson Group Home, Inc.

## Training Certificate

 has successfully completed  
Name of Participant

CULTURAL COMPETENCY TRAINING


Title of Training 3 HOURS 744 SPRAGUE ST

 mHA QP  
Signature of Trainer/Instructor

1/31/23  
Date


# Wolfe & Jackson Group Home, Inc.

## Training Certificate

 has successfully completed  
Name of Participant

A B C's CONFIDENTIALTY/HIPAA Training

Title of Training      4 Hours 744 Sprague St

 MHA, QP  
Signature of Trainer/Instructor

1/31/23  
Date



Case Identifier: 239500884  
County Phone: (336-) 703-3800  
Worker: Forsyth SDX User  
Worker Phone: (336-) 703-3800  
Date Generated: 3-1-2023

[Redacted]  
*is not Deceased*

Forsyth County DSS



WOLFE & JACKSON  
PO BOX 12002  
WINSTON SALEM NC 27117-2002

**Your Medical Assistance Benefits Are Terminating**

Aid Program Category: Medical Assistance

Adequate

**Please read all the information carefully because it is very important to you.**

**THE CHANGE WHICH WILL TAKE PLACE:**

Effective 03-31-2023, All Medicaid benefits will stop for the following individual(s): MICHAEL PINDELL.

**WHY THE CHANGE WILL BE MADE:**

The individual(s) is deceased. State rules supporting this action are found in Section 2352 of the Aged, Blind, and Disabled Manual or Section 3410 of the Family and Children's Manual.

**THINK WE ARE WRONG? YOU HAVE THE RIGHT TO A HEARING.**

You have sixty (60) calendar days, that is until 4-30-2023, to ask for a hearing. You have ninety (90) days or until 5-30-2023 if you have good cause for not requesting the hearing within 60 days. If you do not ask for a hearing by then, you cannot have a hearing. You also may reapply for benefits at any time. To protect your rights, you may both reapply and ask for a hearing.

Your benefits will be changed without further notice.

**FREE LEGAL HELP:**

Free legal services may be available to you. Contact your nearest Legal Aid or Legal Services office or call (866-) 219-5262 toll free. You may have someone else speak for you at your hearing, such as a relative, friend, or a paralegal or attorney obtained at your expense.

**Calling your worker may fix the problem.**

**Did you fail to return a form or other information we asked for?**

1. Call your local Medicaid Office to find out what information we still need. The number to call is (336-) 703-3800.
2. Provide the information we asked for as soon as you can. Provide proof of income and assets if that was requested.
3. If your case has already been closed, we may be able to reopen it if you provide the information we need.

**Did your caseworker make a mistake or has your situation changed?**

Call your local Medicaid Office right away. If your worker will not reopen your case, you can ask for the hearing.



### **NC Medicaid Hearing Information**

A hearing is a meeting where an impartial person will review your case and give you the correct benefits if you are eligible. The hearing is informal and is your chance to explain why you think we are wrong. You can also bring new information or paperwork to the hearing.

Call, write, or contact via ePass your caseworker or local Medicaid Office to ask for a hearing. A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The local hearing can be postponed, for good reasons, for as much as 10 more calendar days. Then, if you think the decision in the local hearing is wrong, call or write your local Medicaid Office **WITHIN 15 DAYS** to ask for a second hearing. The second hearing is before a state hearing officer. If you choose to have your Medicaid continued and the hearing shows that the changes were correct, you may have to repay benefits you received while waiting for the hearing decision. If you choose not to have benefits continued and the hearing decision is in your favor, you will receive retroactive benefits to cover the benefits you missed.

### **STATE HEARING**

After your local hearing, you have the right to a state hearing if you ask for it within 15 days from the mailing of the local hearing decision. A state hearing is held by a state official who does not work for your local Medicaid Office. You will be able to submit new information or paperwork you did not give to the Medicaid Office before the hearing.

If you are requesting a hearing about a medical disability determination, there is no local hearing. A state hearing officer holds the medical disability hearing.

### **DO YOU NEED YOUR STATE HEARING RIGHT AWAY**

If you believe a standard hearing could seriously jeopardize your life or health or could threaten your ability to attain, maintain or regain maximum function, you may request an expedited hearing. An expedited hearing will be held within 7 days unless you ask for it to be postponed. You will be required to provide documentation from a person who has knowledge of your situation (such as a doctor, nurse, or social worker) to support your request. If you do not provide documentation, your appeal will be held on a standard schedule.

**If you have additional questions or concerns**, contact your caseworker or local Medicaid Office for information, or call the DHHS Customer Service Center toll free at (800-) 662-7030 . TDD/Voice for the hearing impaired is also available through the number. The hours are 8:00am-5:00pm, Monday-Friday, excluding State holidays.

### **Did you know you have the right to see your record?**

If you ask, your caseworker will show you (or the person speaking for you) your Medical Assistance record before the date of your hearing, including any notices sent to you about your case and any medical records or other information we considered. You may also see any new information we will use at the hearing. You can get free copies of this information. You may see this information again at your hearing.

### **Do you understand your rights?**

Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.

### **Health Insurance under the Affordable Care Act**

Individuals who are ineligible for full Medicaid coverage may be eligible for health insurance and help paying for it through the Health Insurance Marketplace. We sent your information to them. You can wait for a letter from the Marketplace or you can contact them directly. To contact the Marketplace, go online to Healthcare.gov or call 1-800-318-2596. After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial help. In North Carolina, several non-profit organizations offer free in person assistance with health insurance applications. To schedule an appointment, call 1-855-733-3711 or go online to ncnavigator.net.

### **Beware of Fraud!**

Don't forget to report all changes to your county department of social services within 10 calendar days. If you don't know whether a change is important, ask your caseworker. If you do not truthfully report information and changes, you could have to repay the overpayment and could be charged with a misdemeanor or felony.

Social Security Administration  
**Supplemental Security Income**  
Important Information

SOCIAL SECURITY  
1370 LOCKLAND AVE  
WINSTON SALEM NC 27103

Date: February 28, 2023  
BNC#: [REDACTED]



0007954 00008189 1 MB 0.531 SN6LNA T26 P1



SSI MA2 02/21 324 23S1738K96003  
WOLFE & JACKSON GROUP HOME

[REDACTED]  
PO BOX 12002  
WINSTON SALEM NC 27117-2002

[REDACTED]  
is not Dead



We are sorry to learn that [REDACTED] the person for whom you were receiving Supplemental Security Income (SSI) payments, died [REDACTED]. Please accept our sincere sympathy. In this letter we want to let you know what to do if you have any SSI money that belongs to [REDACTED].

**You Can Review The Information In [REDACTED] Case**

The decisions in this letter are based on the law and information in our records. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations, and policy statements used in deciding his case. To do so, please contact us. Our telephone number and address are shown under the heading "Need more help?"

**Things You Should Know**

We are also sending this information to [REDACTED] legal guardian of [REDACTED].

**If You Still Have Some Of [REDACTED]'s SSI**

All unused payments for this recipient plus accrued interest belong to his estate and should be turned over to the legal representative. If there is no legal representative, the fund should be disposed of in accordance with State law.

See Next Page

## Uncashed Checks Should Be Returned

Uncashed checks should be returned to the Treasury Department, Bureau of Accounts, Division of Disbursement, as shown on the check envelope. If the check is for the month of death or earlier, get in touch with any Social Security office to see if the check may be reissued. If a check for any month after the month of death has been cashed, please make repayment in the amount of the check. Payments made to a financial institution after the month of death must also be returned.

## If You Disagree

If you disagree with this decision, you have the right to appeal. A person who did not make the first decision will decide the appeal. We call this appeal a reconsideration. When you appeal, we review his entire case, even the parts with which you agree. We consider any new facts we have and then make a new decision. The new decision could be more favorable, less favorable, or the same as the one you already have.

## Time To File An Appeal

- You have 60 days to file an appeal.
- The 60 days start the day after you get this letter. We will assume you got this letter 5 days after the date on the letter, unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to file an appeal.

## How To Appeal

You must request the appeal in writing. You can go to [www.ssa.gov/non-medical/appeal](http://www.ssa.gov/non-medical/appeal) to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at [www.ssa.gov/forms](http://www.ssa.gov/forms) to locate the form. If you need help with the form, please call us.

There are 2 types of appeals. In most cases, you can choose the one you want.

- **Case Review:** You will not meet with the person who decides his case. You have a right to review the facts in his file. You can give us more facts to add to his file. Then we will decide his case again. This is the only kind of appeal you can have for a medical decision.
- **Informal Conference:** You will talk with the person who decides his case either in person or over the phone. You can tell that person why you disagree with our decision. If you meet with us in person, it may help his case. You have a right to review the facts in his file. You can give us more facts to add to his file. You can have other people help explain his case. Then we will decide his case again.

### **If You Want Help With Your Appeal**

You may choose to have a representative help you with your case. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you win your case. Others may represent you for free. Generally, your representative cannot charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You can go to [www.ssa.gov/representation/](http://www.ssa.gov/representation/) to complete the form with your representative online, download the Form SSA-1696 "Claimant's Appointment of Representative" at [www.ssa.gov/forms](http://www.ssa.gov/forms), or call **1-800-772-1213** (TTY **1-800-325-0778**) to request a form.



You can also log into your my Social Security account for information and online service options regarding your representative.

### **Suspect Social Security Fraud?**

If you suspect Social Security fraud, please visit <https://oig.ssa.gov/report> or call the Inspector General's Fraud Hotline at **1-800-269-0271** (TTY **1-866-501-2101**).

### **Need more help?**

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 877-402-0828.

SOCIAL SECURITY  
1370 LOCKLAND AVE  
WINSTON SALEM NC 27103

**How are we doing?** Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

*Social Security Administration*

WOLFE & JACKSON GROUP HOME, INC

Clinical Supervision Contract

Date of this Contract: 11/1/23

Employee's Name: [Redacted]

Position Classification: DIRECT SUPPORT, PP

[X] Paraprofessional [ ] Professional [ ] AP [ ] QP

Format of Supervision [X] Individual [X] Group

Frequency of Supervision per month 1 x per Month/PRN

General Areas for Review during Supervision:

- A. Foundation of Client Rights / Confidentiality
B. Abuse and Neglect
C. Decision Making, Making Choices, and Effective Communication
D. Building Therapeutic/supportive relationships
E. Understanding and Interpreting Human Behavior
F. Early Crisis intervention
G. Elements for Incident/Accident Reporting
H. Elements for Service and Documentation
I. Elements for Role/Purpose/Philosophy of Service
J. Elements for Person Centered Planning, Service Planning, Habilitation Planning
K. 7 areas-Technical Knowledge, Analytical skills, Decision making, Interpersonal skills, Communication skills, Cultural awareness, Clinical Skills

Specific Areas for Review during Supervision:

- A. Client-Specific Treatment Plans - Outcomes/Strategies, Implementation Date, and location
B. Client-Specific Documentation - Accuracy/Assessment
C.
D.
E.

I agree to provide the supervision specified above with staff-specific areas added as needed.

[Redacted Signature] mta, QP 12/30/22 Date

I agree to attend and fully participate in the supervision specified above:

[Redacted Signature] 12/30/22 for 01.01.2023 Date

# WOLFE & JACKSON GROUP HOME

## AP- PP Supervision Plan

North Carolina 10A NCAC 27G.0203 establishes the requirements that Associate Professionals and Para Professionals (AP/PP) providing mental health services are required to work under the supervision of a Qualified Professional. Supervision will be outlined in an Individual Supervision Plan. Supervision as outlined in this plan will include a review of the individual's knowledge, skills and abilities related to the population served as well as their performance on the job functions of the position as outlined in the job description. The Individual Supervision Plan will be filed in the employees Personnel File.

Supervision will take place a minimum of one hour per month/PRN. The supervision process may include attendance at monthly Staff Meetings, QP site monitoring of interventions and service delivery, individual or group face to face meetings, telephone contact, review of documentation and written communication. Supervision will be documented in the employee's Personnel File.

**KNOWLEDGE AND SKILLS:** Successful performance as an AP/PP requires the following knowledge and skills:

- Ability to establish and maintain effective, supportive and therapeutic relationships with adults and/or children with disabilities and their families/caregivers.
- Ability to apply negotiation, mediation and advocacy skills on behalf of clients.
- Ability to communicate effectively orally and in writing.
- Knowledge of and ability to apply the principles and techniques of person-centered thinking.
- Knowledge of and ability to implement therapeutic skill building using the methodology strategies outlined in the PCP.
- Ability to record basic data accurately and reliably.
- Ability to exercise sound judgment in analyzing needs and situations and taking the appropriate response.
- Knowledge of disability diagnoses
- Knowledge of disability resources
- Knowledge of best practices service and service definition.
- Knowledge of cultural diversity and ability to apply cultural awareness to professional relationships.
- Knowledge of Federal, State and local laws, regulations, policies and requirements regarding the provision of mental health services including a knowledge of client rights, HIPAA, client confidentiality and documentation.

**DUTIES AND RESPONSIBILITIES:** The specific duties of the AP/PP include:

- Assist with the acquisition, retention or improvement of skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary for the client to reside in a non-institutional setting.
- Provide assistance, support, supervision and monitoring to allow the client to participate in activities at home and in the community.
- Participate in the person centered treatment planning process to develop individualized plans of care/treatment that include measurable goals and implementation strategies based on assessed client needs, preferences, strengths and choices.
- Document completely and accurately intervention strategies and client progress on desired treatment outcomes using State, LME and/or WOLFE & JACKSON GROUP HOME forms.

Submit all documentation according to State, LME and/or WOLFE & JACKSON GROUP HOME timeframes.

Protect the rights of client including their rights to privacy and confidentiality in accordance with Federal HIPAA law, state confidentiality law and WOLFE & JACKSON GROUP HOME policy.

- Report and document all incidents involving the client based on State, LME and WOLFE & JACKSON GROUP HOME policy. Reporting may include the reporting of abuse, neglect and exploitation to DSS according to State law.
- Report and document all concerns/complaints related to the client's services based on State, LME and WOLFE & JACKSON GROUP HOME policy.
- Assist with the crisis response, when appropriate.
- Participate in required staff meetings and client treatment team meetings.
- Participate in ongoing staff development training to maintain professional and technical knowledge and skills.
- Submit accurate, timely and complete records of time worked and expenses incurred.

#### **WORKING CONDITIONS:**


- The Associate/Para Professionals spends all of the service delivery time working face to face with the client.
- The Associate/Para Professional responsibilities may involve transporting the client for services directly related to the PCP.
- The Associate Professional must have in his/her possession a copy of the client's PCP and Crisis Plan at all times.
- The Associate Professional may assist with the provision of Crisis services.

**INDIVIDUAL GOALS:**

1. Continue: Develop and implement skills to utilize task analysis as an intervention strategy when implementing goals with a person with a developmental disability including how to make a task analysis chart, how to assess the person's skill and how to determine appropriate intervention strategies.
2. Develop skills to collect data about client progress related to goals in ISP

**STAFF DEVELOPMENT GOALS:**

1. Access training to improve understanding of the concept of task analysis. May include on-line training, classroom training or self-study materials.
2. Increase knowledge of and intervention skills related to Disruptive Behavior Disorder.
3. Demonstrate skills and abilities by completion of annual refresher trainings as required by regulatory and accreditation entities and WOLFE & JACKSON GROUP HOME. policy

I,  agree to participate in a minimum of one hour of supervision with a Qualified Professional who serves as my supervisor. It has been explained to me that this is a State requirement and not solely a requirement of WOLFE & JACKSON GROUP HOME. The supervision process may include attendance at monthly Staff Meetings, supervisor/QP site monitoring of interventions and service delivery, individual or group face to face meetings, telephone contact, review of documentation and written communication.

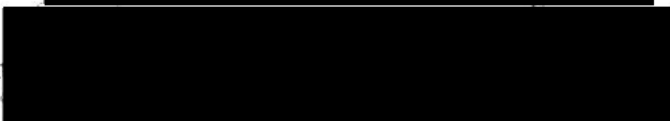
I understand that disciplinary action, up to and including termination, could result from the failure to participate in supervision as outlined in this plan.

Employee's signature



Date: 1.31.23

Supervisor's signature



Date: 1/31/23