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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/28/2023
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NAME OF PROVIDER OR SUPPLIER TAYLOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 43 EAST CRAWFORD STREET OLD FORT, NC 28762
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on February 28, 2023. The complaint was substantiated (NC#00197604). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p> <p>The Statement of Deficiencies was amended on 3/21/23 due to exit date correction on the previously mailed form.</p>	V 000	Received this admended version on 3/20/2023 via email.	
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid</p>	V 108	<p>V108</p> <p>CEO supplied training to all QPs on the proper documentation standards as it relates to treatment plans, supervisions, and member contact notes. This will ensure care coordination for all members that we serve. It will also allow for QPs to understand the importance of updating plans when new issues arise.</p> <p>Qualified Professional brought in the employees of the Taylor Home and ensured they were properly trained on the medical and behavioral needs of the current members.</p> <p>Compliance Specialist will do quarterly reviews of all member documentation to ensure that any changes in behavior or medical needs is updated in treatment plans and on client specific documentation.</p> <p>DHSR - Mental Health</p> <p>APR 03 2023</p> <p>Lic. & Cert. Section</p>	<p>2/15/2023</p> <p>2/9/2023</p>

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

Aimee Smith, CEO

TITLE

(X6) DATE

3/21/2023

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V 108	<p>Continued From page 1</p> <p>including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were trained to meet the mh/dd/sa needs of the client affecting 2 of 2 paraprofessional staff (AFL Providers #1 and #2). The findings are:</p> <p>Review on 1/31/23 of Former Client #3's (FC #3) record revealed: -Admission date: 4/13/22; -Discharge date: 1/21/23; -Diagnoses: Maple Syrup Urine Disease, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), and Mild Intellectual Developmental Disorder (IDD); -Age: 16-year-old male; -Further record review revealed a Member Care Plan from the Local Management Entity/Managed Care Organization (LME/MCO) dated 4/13/22 that showed FC #3 had a diagnostic history of Conduct Disorder (D/O), Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence,</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>other conduct D/O, and Unspecified lack of expected normal physiological development in childhood, psychological abuse, sexual abuse, and medical neglect.</p> <p>Review on 2/1/23 of Client Specific Competencies for FC #3 revealed :</p> <p>-"Diagnosis: Mild IDD;</p> <p>-Medical Concerns: Maple Syrup Urine disease, protein restriction, at risk for metabolic crisis and medical emergencies, history of psychological abuse, sexual abuse, medical neglect, ADHD, PTSD, and Mild IDD;</p> <p>-behavior concerns: physical aggression, kicking, biting, pushing, making threats, and property destruction;</p> <p>-Goals/Outcomes: See Plan of Care;</p> <p>-Routines of Daily Care: needs supervision at all times..."</p> <p>-Signed by AFL Provider #1 on 4/25/22 and AFL Provider #2 on 4/26/22;</p> <p>-No documented trainings provided for the following areas: children with histories of physical and sexual abuse, medical neglect, mental health and trauma informed care for children.</p> <p>Review on 2/3/23 of the AFL Provider #1's employee record revealed:</p> <p>-Hire date: 6/1/16.</p> <p>Review on 2/3/23 of the AFL Provider #2's employee record revealed:</p> <p>-Hire date: 8/8/16.</p> <p>Interview on 1/31/23 with the AFL Provider #1 revealed:</p> <p>-She was told about FC#3 when he was admitted, "he had maple syrup disease and he was violent;"</p> <p>-Only got a "tiny bit of info (information)" regarding FC#3 and "didn't find out that he had</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>been molested till he'd been here for 3-4 months;"</p> <ul style="list-style-type: none"> -Denied she had received training on working with clients who had been sexually abused; -Had received the yearly training for Nonviolent Crisis Intervention (NCI), blood borne pathogens, "no other specific training;" <p>Interview on 1/31/23 with the AFL Provider #2 revealed:</p> <ul style="list-style-type: none"> -"We've never dealt with kids...with abused kids...this was new territory...don't know how to act or react;" -Denied she had received training on working with clients who had been sexually abused; -"We have had clients in the past where they have lied to us about history." <p>Interview on 1/31/23 and 2/6/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Information regarding FC#3 came from the local state psychiatric facility, and it didn't speak of anything (sexual)...if it had, we would have not thought it was a good fit;" -The LME/MCO sent a plan (regarding FC#3); -"The biggest thing with FC#3 was his maple syrup disease and making sure it was taken care of..." -AFL Provider #1 went and got trained through FC#3's doctors about his medications; -Was responsible for specific client training with AFLs; -Did not have a conversation with AFL Provider #1 and #2 about supervision of FC #3 online and video games, "leaving that up to [AFL Provider #1];" <p>Interview on 2/8/23 with the Chief Executive Officer (CEO) revealed:</p> <ul style="list-style-type: none"> -The QP was responsible for client specific training; 	V 108		

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V 108	Continued From page 4 -She did the yearly AFL refresher training. Interview on 2/9/23 with the Owner/Licensee revealed: -"We are trained to death...we can't create something on a piece of paper for 140+ client diagnoses." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
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 responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	V112 QP looked over the treatment plans for the current members in the home and updated with any needed medical or behavior issues. Treatment plans will better reflect the behavioral and emotional issues that the members have. Affected member is no longer with CCHC. CEO supplied training to all QPs on the proper documentation standards as it relates to treatment plans, supervisions, and member contact notes. This will ensure care coordination for all members that we serve. It will also allow for QPs to understand the importance of updating plans when new issues arise. Specialist received an updated copy of treatment plans to ensure completion. Compliance specialist completed an audit of employee supervision notes, client contact notes, incident reports, and behavior reports to ensure that QP properly updated the treatment plans. Compliance Specialist will conduct quarterly audits of the same caliber.	2/15/2023

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V 112	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement treatment strategies based on client needs affecting 1 of 1 Former Client (FC#3). The findings are:</p> <p>Review on 1/31/23 and 2/7/23 of FC #3's record revealed: -Admission date: 4/13/22; -Discharge date: 1/21/23; -Diagnoses: Maple Syrup Urine Disease, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), and Mild Intellectual Developmental Disabilities; -16-year-old male; -Admission Assessment completed by Qualified Professional (QP) on 4/5/22: "Does the participant have any unusual behaviors (sexual, behavioral, psychological?) Yes...If yes, please explain: Intense Behaviors;" -Further record review revealed a Member Care Plan from the Local Management Entity/Managed Care Organization (LME/MCO) dated 4/13/22 that showed FC #3 had a diagnostic history of Conduct Disorder(D/O), Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence, other conduct D/O, and Unspecified lack of expected normal physiological development in childhood, psychological abuse, sexual abuse,</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>and medical neglect;</p> <p>-Treatment Plan dated 4/13/22: "[FC #3] will have residential supports. He requires 24-hour supervision and will receive assistance with his personal care needs, enhance/improve his self-care, independent living, and socialization skills at home and in the community...</p> <p>-short term goals:</p> <p>-Talking to staff when he gets upset;</p> <p>-Utilizing coping skills when he gets agitated;"</p> <p>-There were no goals or strategies to address new needs that had emerged such as sexualized behaviors and inappropriate interactions with young children;</p> <p>-The treatment plan had not been updated since admission;</p> <p>-Treatment plan dated 4/13/22 was signed on 9/19/22 by the guardian.</p> <p>Review on 2/1/23 of facility behavioral notes from 10/1/22 to 1/21/23 for FC #3 revealed:</p> <p>-10/11/22, FC #3 bullying a female student at school and friends had to protect her to keep FC #3 from hitting her;</p> <p>-10/25/22 FC #3 kicked the dog across the room at the facility;</p> <p>-10/27/22, FC #3 bullying 8-year-old grandson at the facility;</p> <p>-11/3/22, FC #3 being verbally aggressive at school to female student;</p> <p>-12/7/22, FC #3 physically and verbally aggressive at school, chasing a female student into the bathroom trying to harm her;</p> <p>-12/13/22, FC #3 became verbally aggressive to teacher and became upset the therapist was not at school. FC #3 was suspended.</p> <p>Review on 2/7/23 of the QP Home Visit notes from 4/1/22 to 1/1/23 revealed:</p> <p>-No documentation of behaviors or concerns</p>	V 112		

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V 112	<p>Continued From page 7</p> <p>except for 12/5/22 home visit related to FC #3; -12/5/22, "member is having behavior problem both at school and home. [Therapist] with [local mental health provider #1] is working on behavioral guidelines...he's been inappropriate with others when playing games and has been aggressive to younger kids...he has no control over impulse or emotions."</p> <p>Attempted review on 2/7/23 of FC #3's Treatment Team Notes was unsuccessful as there were no notes available for review.</p> <p>Interview on 2/7/23 with the Office Administrator revealed: -Confirmed there were not treatment team notes, only facility behavioral notes for FC #3.</p> <p>Interview on 2/3/23 with the AFL Provider #1 revealed: -Saw a treatment plan for FC #3 and had monthly treatment teams; -"Tried to help get [FC #3] in to therapy...had been expelled twice...(he) kept wanting to beat up a female;" -"[FC #3]'s guardian wouldn't sign the papers...nothing was done;" -FC #3 had a cell phone, had access to the internet, "nobody said anything different...nobody ever had a conversation with us about supervision on cell phones/video games." -FC #3 was having problems at school and there was supposed to be a behavior plan for FC#3..."but it never happened." -"I was going to take him to the hospital and have him assessed...but [Licensee] came out and assessed him back in November (2022)."</p> <p>Interview on 1/31/23 with AFL Provider #2 revealed:</p>	V 112		

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V 112	<p>Continued From page 8</p> <p>-"Didn't know a lot about [FC#3]'s past...he was standoffish to women...didn't have anything to do with me;"</p> <p>-"[FC #3]'s plan didn't have anything about 24-hour awake supervision."</p> <p>Interview on 1/31/23 and 2/7/23 with the QP revealed:</p> <p>-Completed treatment plans;</p> <p>-"The biggest thing with [FC#3] was his maple syrup disease and making sure it was taken care of..."</p> <p>-Crisis call for FC #3, someone from the crisis team went and spoke to him "...he just needed help processing...he was being defiant and verbally aggressive;"</p> <p>-"He got into a lot of trouble at school...he got expelled so much where they couldn't expel him anymore because of his inappropriateness with other kids;"</p> <p>-Regarding the 12/5/22 home visit, FC #3 was being "smart alecky at the home...don't recall him having issues with other kids at the house;"</p> <p>-Regarding the "24-hour supervision" listed on FC #3's treatment plan, "It's not that he needs awake staff and supervision every second of the day;"</p> <p>-Clarified that "24-hour supervision", meant supervision like living in a home with a family..."If you get up in the middle of the night and are sick...you still have to take care of the client;"</p> <p>-Therapist for the Licensee only saw FC #3 after the incident on 1/20/23 and did an updated assessment.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		

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V 118 V 118	Continued From page 9 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 (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:	V 118 V 118	V118 Employees of the facility have attended another Medication Administration training. Conducted by our on staff nurse. Compliance Specialist along with QP will do periodic walk throughs of the home to ensure that they are properly documenting medication administration. A plan of improvement was conducted on the employees of the Taylor Home.	2/15/2023

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V 118	<p>Continued From page 10</p> <p>Based on record review, observation, and interview, the facility failed to ensure medications were administered as ordered by a physician and failed to keep MARS current affecting 2 of 2 current clients, (Client #1, #2). The findings are:</p> <p>Review on 1/31/23 and 2/1/23 of Client #1's record revealed: -Admission date: 7/3/15; -Diagnoses: Severe Intellectual Developmental Disabilities (IDD), Post Traumatic Stress Disorder (PTSD), Autistic Disorder (D/O), Cerebral Unspecified, Anemia Unspecified, other Encephalopathy, allergic rhinitis, and Constipation; -Physician orders for the following medications: B12 super strength (vitamin), give 0.2 milliliters (mls) orally, every day, written on 10/26/22 and discontinued on 1/29/23.</p> <p>Review on 2/3/23 of Client #1's MARs from February 1, 2023, to February 3, 2023 revealed: -B12 super strength was initialed as being administered daily in February 2023;</p> <p>Observation on 2/3/23 at 3:30pm of Client #1's medications revealed: -B12 super strength not present.</p> <p>Review on 1/31/23 and 2/1/23 of Client #2's record revealed: -Admission date: 11/15/21; -Diagnoses: Moderate Intellectual Developmental Disabilities (IDD), Obsessive Compulsive Disorder (D/O), Anxiety D/O, Osteoporosis, Hyperlipidemia, Scoliosis, MRSA, Hypothyroidism, and Type 2 Diabetes without complications; -Physicians orders for the following medications: Cyproheptadine HCL (allergies), 4mg tablet (tab),</p>	V 118		

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V 118	Continued From page 11 1 tab by mouth, three times a day, written 9/27/22 and discontinued on 1/18/23; -20 Doxycycline Hyclate (antibiotic) 100mg capsule (cap), 1 cap twice a day for 10 days written 1/26/23. Observation on 2/3/23 at 3:45PM of Client #2's medications revealed: -Cyproheptadine HCL present in bubble pack; -a bottle of 20 Doxycycline Hyclate 100mg, dispensed 1/26/23. Review on 2/1/23 and 2/3/23 of Client #2's MARs from December 1, 2022 to February 3, 2023 revealed: -Cyproheptadine HCL, was being administered in February 2023 daily. -Doxycycline Hyclate was not listed on MAR for January 2023 or February 2023 as administered. Interview on 2/3/23 with AFL Provider #1 revealed: -Initialed the vitamin as administered for Client #1, "out of habit;" -Client #2 was going to the doctor tomorrow for a follow up appointment and would talk to the doctor; -Forgot to write in the antibiotic on the MAR but had been giving the medication to Client #2; -The MARS are turned in by the 5th of each month and the nurse reviewed them. 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 289	27G .5601 Supervised Living - Scope	V 289		

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V 289	<p>Continued From page 12</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(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 supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than</p>	V 289	<p>V289</p> <p>Affected member was removed from the Taylor home on 1/21/2023 and taken to another licensed facility as the only member. All other members in the home were safe. QP will look over the treatment plans for the current members in the home and update with any needed medical or behavioral issues.</p> <p>Affected member's treatment plan did not need updated as he moved.</p> <p>Qualified Professional brought in employees of the Taylor Home to ensure they were properly trained on the medical and behavioral needs of the current members.</p> <p>CEO supplied a training to all QPs on the proper documentation standards as they relate to treatment plans, supervision notes, and member contact notes. CEO supplied the compliance specialist with a copy of completed training.</p> <p>QP sent the compliance specialist a copy of updated treatment plans. QP supplied compliance specialist with a copy of completed employee training on their member's medical and behavioral needs.</p> <p>CCHC updated the admissions policy to reflect that all new admissions will have to be approved by referral QP and CEO to ensure that all necessary documentation is in place. Any juveniles admitted to a licensed facility will have an approved waiver in place with the waiver updated by the 1st of each calendar year. CEO has added a certification to our electronic system with an expiration date on juvenile waivers. This will ensure that waivers are updated by the 1st of every calendar year.</p> <p>CCHC did not have guardian permission for therapy until after member's incident.</p>	<p>2/10/2023</p> <p>2/15/2023</p> <p>2/9/2023</p> <p>2/10/2023</p> <p>2/15/2023</p>

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V 289	<p>Continued From page 13</p> <p>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 .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).</p> <p>This Rule is not met as evidenced by: Based on record review, observations, and interviews, the facility failed to provide services within the scope of their license affecting 1 of 1 Former Client (FC#3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interview, the facility failed to ensure staff were trained to meet the mh/dd/sa needs of the client affecting 2 of 2 paraprofessional staff (AFL Providers #1 and #2).</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112).</p>	V 289		

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V 289	<p>Continued From page 14</p> <p>Based on record review and interviews, the facility failed to develop and implement treatment strategies based on client needs affecting 1 of 1 Former Client (FC#3).</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on record review and interviews the facility failed to provide service coordination for 1 of 1 Former Client (FC#3).</p> <p>Review on 1/31/23 of the Division of Health Service Regulation (DHSR) records revealed: -Facility was licensed as a 5600F, Supervised Living for Alternative Family Living in a Private Residence (for adults); -Licensed capacity was 3; -3/25/22, waiver from DHSR approved a minor, FC #3, to reside in the facility with two adult clients for the licensure year 2022, expired December 31, 2022.</p> <p>Review on 1/31/23 and 2/1/23 of Client #1's record revealed: -Admission date: 7/3/15; -Diagnoses: Severe Intellectual Developmental Disabilities (IDD), Post Traumatic Stress Disorder (PTSD), Autistic Disorder (D/O), Cerebral Palsy Unspecified, Anemia Unspecified, other Encephalopathy, allergic rhinitis, and Constipation; -37-year-old female .</p> <p>Review on 1/31/23 and 2/1/23 of Client #2's record revealed: -Admission date: 11/15/21; -Diagnoses: Moderate IDD, Obsessive Compulsive D/O Anxiety D/O, Schizoaffective D/O, Osteoporosis, Hyperlipidemia, Scoliosis, MRSA, Hypothyroidism, and Type 2 Diabetes without complications;</p>	V 289		

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V 289	<p>Continued From page 15</p> <p>-51-year-old female.</p> <p>Review on 1/31/23 of FC #3's record revealed: -Admission date: 4/13/22; -Discharge date: 1/21/23; -Diagnoses: Maple Syrup Urine Disease, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), and Mild IDD; -16-year-old male .</p> <p>Interview on 1/31/23 with the AFL Provider #1 revealed: -The Local Management Entity/Managed Care Organization (LME/MCO) contacted her about taking FC #3; -"Had a pretty good relationship with [LME/MCO]...they like to put people in the home."</p> <p>Interview on 1/31/23 with the AFL Provider #2 revealed: -"(LME/MCO) called and asked if we had a bed...we had one...it was a child and we needed to get special permission."</p> <p>Interview on 1/31/23 and 2/6/23 with the Qualified Professional (QP) revealed: -"Paperwork was done to get him out of [local state psychiatric facility] and into a community environment;" -"[LME/MCO] called and asked if they (AFL Provider #1 and #2) would be willing to take a child...and agreed;" -Was responsible for waivers.</p> <p>Interview on 2/8/23 with the Chief Executive Officer (CEO) revealed: -Regarding whom they wouldn't admit, "typically we stay clear of children...don't take a lot of mental health folks;"</p>	V 289		

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V 289	<p>Continued From page 16</p> <p>-AFL Provider #1, "talked them (Licensee) into taking [FC#3]";</p> <p>-Believed that the waiver for FC #3 to reside in the same facility as adults extended to 2023.</p> <p>Interview on 2/6/23 with the Owner/Licensee revealed:</p> <p>-The QP was responsible for admitting clients for the company;</p> <p>-"Was not overly involved in [FC #3]'s admission."</p> <p>Review on 2/8/23 of the plan of protection dated 2/8/23 written by Owner/Licensee revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>Affected member was removed from the Taylor Home on 1/21/2023 and taken to another licensed facility as the only member. All other members in the home are safe. QP will look over the treatment plans for the current members in the home and update with any needed medical or behavioral issues by the end of business on 2/10/2023. Affected member's treatment plan will be updated by the end of business on 2/10/2023. Treatment plan will better reflect the behavioral and emotional issues that the member has. The treatment plan will also be updated to reflect his medical issue that requires a specific diet and to better clarify the amount of supervision that is required of the member. Qualified Professional will bring in employees of the Taylor Home to ensure they are properly trained on the medical and behavior needs of the current members by 2/15/2023. Qualified Professional will bring in the affected member's new AFL to ensure they are properly trained on his medical and behavior needs by 2/15/2023. CEO will supply a training to all QP's on the proper documentation standards as it relates to treatment plans, supervision notes,</p>	V 289		

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V 289	<p>Continued From page 17</p> <p>and member contact notes by the end of business on 2/9/2023.</p> <p>Describe your plans to make sure the above happens.</p> <p>Qualified Professional will send CCHC's Compliance Specialist a copy of any updated treatment plans by the close of business on 2/10/2023. Compliance Specialist will complete an audit of employee supervision notes, client contact notes, incident reports, and behavior reports to ensure that Qualified Professional is completing proper documentation and updating treatment plans as needed. QP will supply Compliance Specialist with a copy of completed employee training on their member's medical and behavior needs by the end of business on 2/15/2023. CEO will supply Compliance Specialist with a copy of completed QP training by the end of business on 2/9/2023."</p> <p>Review on 2/9/23 of the amended Plan of Protection dated 2/8/23 written by the Owner/Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>Information from original plan of protection remains unchanged with the addition of... This will ensure care coordination for all members that we serve. This will also allow for QPs to understand the importance of updating plans when new issues arise.</p> <p>All new admissions will have to be approved by referral QP and CEO in accordance with our admissions policy to ensure that all necessary documentation is in place.</p> <p>Any juveniles being admitted to a licensed facility with adults will have an approved waiver in place</p>	V 289		

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V 289	<p>Continued From page 18</p> <p>with the waiver being updated by the 1st of each calendar year.</p> <p>Describe your plans to make sure the above happens.</p> <p>Qualified Professional will send CCHC's Compliance Specialist a copy of any updated treatment plans by the close of business on 2/10/2023 to ensure that they have been updated appropriately. Compliance Specialist will complete an audit of employee supervision notes, client contact notes, incident reports, and behavior reports to ensure that Qualified Professional is completing proper documentation and updating treatment plans as needed. QP will supply Compliance Specialist with a copy of completed employee training on their member's medical and behavior needs by the end of business on 2/15/2023. CEO will supply Compliance Specialist with a copy of completed QP training by the end of business on 2/9/2023. This will ensure that training on care coordination and proper documentation has taken place. All new admissions will require a signature of approval by the referring QP and the CEO to ensure that all documentation is in place prior to admission. Referring QP and CEO will sign off that a juvenile waiver has been completed when a juvenile is pending movement into a home with adults. CEO will add a certification to our electronic system with an expiration date on juvenile waivers. To ensure that waivers are updated by the 1st of every calendar year."</p> <p>This facility is licensed in a private residence that currently serves individuals with developmental and intellectual disabilities. Two adult clients have</p>	V 289		

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V 289	<p>Continued From page 19</p> <p>resided in the facility that were non-ambulatory requiring full-time care with one of those clients being non-verbal. The Licensee, QP, and AFL Providers agreed to admit FC #3, a minor, from a local state psychiatric facility with diagnoses of Maple Syrup Disease, Mild IDD, ADHD, and Conduct D/O with a history of psychological and sexual abuse. The facility failed to follow their own admission policy to ensure adequate referral information was gathered and processed prior to admittance which showed a need for structure and supervision, specifically online with video games, aggressive and sexualized behaviors. Treatment plans and facility paperwork did not identify client needs, behaviors, or efforts to address them. There were two incidents of sexually inappropriate behavior prior to January 20, 2023; an incident with FC #3 that occurred in the summer 2022 and in October 2022, with another child, yet supervision, care, and oversight remained the same. Counseling services were not put in place to support FC #3's mental health until after 1/9/23. Supervision from the QP was lacking on documentation. On the night on 1/20/23, FC #3 sexually abused AFL Providers #1 and #2's 8-year-old grandson while unsupervised upstairs in the facility. Both staff were under the influence of medication at the time and failed to contact law enforcement, social services, and the licensee until the following day on 1/21/23. 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.</p>	V 289		

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V 291	Continued From page 20	V 291		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be 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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to provide service coordination for 1 of 1 Former Client (FC#3). The findings are:</p>	V 291	<p>V291</p> <p>CCHC was never made aware of member's sexual abuse towards others. CCHC would never put a member with these issues in a home around other members or children.</p> <p>QP supplied Facility with training on current members to ensure they are properly trained on the member's medical and mental needs.</p> <p>CEO supplied QPs with training in regards to proper documentation standards as it relates to treatment plans, contact notes, supervision notes, and care coordination. CEO has updated care coordinaton polices and admission policies.</p> <p>Compliance specialist will conduct periodic reviews of treatment plans, supervision, notes, medical notes etc. to ensure that QPs are updating treatment plans and goals as needed.</p>	2/15/2023

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V 291	<p>Continued From page 21</p> <p>Review on 1/31/23 and 2/6/23 of FC #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 4/13/22; -Discharge date of 1/21/23; -Diagnoses: Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Maple Syrup Urine Disease, History of psychological, sexual abuse and medical neglect; -Age: 16-year-old male; -Further record review revealed a of Psychiatric Evaluation from local state psychiatric facility dated 9/10/21 revealed: -"...history of traumatic life experiences..." -"...Refrains from alcohol, drugs, and sexual activity: however, there is a notation in the [hospital] records that came with him that says he needs to be carefully monitored when he is online with gaming opportunities as he was noted to be in contact with a man having some inappropriate conversation with him apparently of some sexual nature;" -"...Characterological traits of concern which may be leading him to report pseudo-psychotic symptoms. He does not present as psychotic in my view, but he may ascribing some of his misbehaviors as being due to 'voices' rather than actually experiencing hallucinations;" -"...there is some suggestion in paperwork that came with him that he may have been traumatized sexually and targeted by an adult male online;" -a Member Care Plan from the Local Management Entity (LME/Managed Care Organization) dated 4/13/22 that showed FC #3 had a diagnostic history of Conduct Disorder (D/O), Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence, other conduct D/O, and Unspecified lack of expected normal 	V 291		

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V 291	<p>Continued From page 22</p> <p>physiological development in childhood, psychological abuse, sexual abuse, and medical neglect;</p> <p>-"...behaviors have increased over the last year...displayed verbal/physical aggression;"</p> <p>-"[FC #3] loves video games but should be monitored if paying online (reportedly there was an incident involving conversations of a sexual nature with an adult male at one time);"</p> <p>-"[FC #3] would do well in an environment with high structure, clear/consistent limits/consequences frequent breaks and incentives for progress;"</p> <p>-No evidence of discharge paperwork from prior placement (local state psychiatric facility) with recommendations as required by the facility policy;</p> <p>-No evidence/documentation of referrals for therapy prior to 1-9-23.</p> <p>Review on 2/3/23 of the AFL Provider #1's employee record revealed: -Hire date: 6/1/16.</p> <p>Review on 2/3/23 of the AFL Provider #2's employee record revealed: -Hire date: 8/8/16.</p> <p>Review on 2/8/23 of the AFL Provider #1 and AFL Provider #2 job descriptions dated 5/5/16 and 8/8/16 revealed: -"Direct Care Worker will provide...services to a client...per client's (Individual Service Plan) ISP and as directed by each client's care coordinator and direct supervisor/QP; -Duties and Responsibilities: -Provide a safe environment at all times for the client you are serving; -Keep direct supervisor/QP and case manager aware of any changes, updates in the client's</p>	V 291		

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V 291	<p>Continued From page 23</p> <p>physical or mental condition; -Inform direct supervisor/County Social Services of any abuse, neglect, or exploitation that you may see affecting the client; -Inform direct supervisor if any accidents occur... To be safe: report all accidents/incidents..." -Chain of Supervision: Qualified Professional, Chief Executive Officer (CEO)."</p> <p>Review on 2/9/23 of the Alternative Family Living Services Agreement, signed by AFL Provider #1 and AFL Provider #2 dated 9/23/20 and refresher training dated 11/29/22 revealed: "AFL Responsibilities: -AFL provider will maintain home to ensure compliance with all DHSR (Division of Health Service Regulation) and LME (Local Management Entity) requirements; -AFL provider will provide supervision as required by the client's plan of care; -AFL will consult with [Licensee] in the event of any emergency regarding specific behavioral, emotional, or medical issues;"</p> <p>Review on 2/8/23 of the QP's employee record revealed: -Hire date: 3/10/15.</p> <p>Review on 2/9/23 of the QP's job description dated 7/14/20 revealed: -"Job Description: coordinating and monitoring all aspects of innovations/state funded consumer case; -Be aware of all consumer support plans and interventions; -Train advise direct care waiver staff of all consumer support plans/goals and interventions; -Monitor progress of person-centered plans; -Supervise direct care staff;</p>	V 291		

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V 291	<p>Continued From page 24</p> <ul style="list-style-type: none"> -Provide opportunity for training to direct care waiver staff; Performance Measurements: <ul style="list-style-type: none"> -Ensures AFL Homes are safe and meet standards; -Supervises waiver staff according to policy; -Keeps waiver staff up to date in regard to all changes regarding their clients; -Completes supervision notes on target in a timely manner; -Trains all waiver staff under their supervision regarding Client Specific Issues; -Inputs plans and goals in...to meet consumers plan of care;" -Chain of Supervision: Vice President (VP) of Operations." <p>Review on 1/31/23 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> -Level II incident on 1/20/23 "Late last night AFL (AFL Provider #2) was watching television (TV), heard a big thud. Grandson was crying so AFL investigated as to what was wrong. As he was going upstairs the member ran out of the game room where he was playing video games. AFL asked what was wrong. Member stated nothing was wrong and ran to his room. AFL saw grandson crying and he was struggling to get his underwear back on. AFL asked grandson what happened. Grandson stated that the member removed his underwear and was fondling him; -Incident Prevention: Incident may have been prevented with constant supervision of the member. Staff will be retrained to ensure moving forward the supervision remains constant through the waking hours." <p>Review on 2/2/23 of the Local Law Enforcement Report revealed:</p> <ul style="list-style-type: none"> -Call to the local police department was made 	V 291		

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V 291	<p>Continued From page 25</p> <p>from the facility on 1/21/23 at 9:54AM to report sexual assault on a child.</p> <p>Review on 2/7/23 of the QP Home Visit notes from April 2022-January 2023 revealed:</p> <ul style="list-style-type: none"> -Home visit dated 7/6/22 "...Document any changes to member including but not limited to medication changes, changes in health, need for goals updated, etc;" -...Keeping same goals add counseling into also;" -Form dated 7/6/22 and signed by AFL Provider #1 and QP; -No documentation of behaviors or concerns regarding FC #3 except for 12/5/22 home visit. <p>Interview on 2/8/23 with the Care Manager from Local Management Entity/Managed Care Organization (LME/MCO) revealed:</p> <ul style="list-style-type: none"> -Referral for therapy "...didn't really happen. There was some difficulty in locating a provider due to [guardian]...difficulty in getting her to sign paperwork;" -The first agency "...had an issue with billing and it didn't happen;" -The second agency was a resource in a nearby city and "...believed this was put in place in July of last year;" -Reported to have "...emailed everything to Community Companion Home Care, LLC.; discharge paperwork, plan and evals (evaluations)...;" -AFL Provider #1 was present at the hospital/previous placement for discharge and received discharge paperwork which included psychiatric evaluation; -The discharge planning meeting happened at the hospital prior to discharge and AFL Provider #1 was present. <p>Review on 2/6/23 of the local mental health</p>	V 291		

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V 291	<p>Continued From page 26</p> <p>agency #2 referral revealed: -Purpose of referral was to "...access recommendations to support [FC #3]'s co-occurring mental health and IDD Diagnosis using a trauma informed perspective..." -Signed by the therapist on 1/9/23.</p> <p>Interview on 1/31/23 and 2/3/23 with the AFL Provider #1 revealed: -All she was told about FC #3 from the LME/MCO was "He had maple syrup disease and he was violent;" -"I didn't find out he (FC #3) had been molested until he had been here 3 or 4 months;" -Tried to get FC #3 into therapy "...it never happened;" -Community Companion Home Care, LLC (Licensee) was aware of the request for therapy. -No trainings received in the last 3 months; -Behavior plan with the school "...never came to fruition;" -Took Trazadone to sleep on night of 1/20/23 and went to bed at 10:00PM; -FC #3 and 8-year-old grandson were upstairs playing an online video game; -AFL Provider #2 had been sick and had taken some Robitussin (later clarified as Nyquil); -AFL Provider #2 went to bed around 11:30PM and he heard 8-year-old grandson scream; -AFL Provider #2 went upstairs and saw 8-year-old grandson pulling up his pants and that "[FC #3] wouldn't let him...kept trying to touch him everywhere;" -AFL Provider #2 brought 8-year-old grandson downstairs to sleep...normally when they (grandkids) spend the night they sleep in the living room next to their bedroom; -9:00 am the next day and "that's when I started making phone calls...made [FC #3] call his grandmother, called the police;"</p>	V 291		

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V 291	<p>Continued From page 27</p> <p>-"[8-year-old grandson] reported to his mother that [FC #3] went down on him and bit him ...on the penis;"</p> <p>-This incident occurred in the exercise room (upstairs) that had been made into an extra bedroom;</p> <p>-"When I went to bed...they (8-year-old grandson and FC#3) were in there playing;"</p> <p>-"Remember him (AFL Provider #2) saying something to me that evening...was vaguely out of it...didn't realize the severity of it;"</p> <p>-On 1/21/23 FC #3 left the residence;</p> <p>-8-year-old grandson spent the night every other Friday and the opposite Fridays, his 4-year-old sister did, "but she slept with me...she wasn't allowed upstairs;"</p> <p>-When asked if anything had happened prior, "No. I had no clue. The only thing that did come up. My husband's brother and they have 3 kids. There was a situation with one of his kids...They were playing games at school and [FC #3]'s name came up on the [online video game]. [FC #3] was talking dirty...I brought it up to the team (Licensee) about that...maybe in October;"</p> <p>- AFL Provider #1 found this information out through that child's mother and reported the information to the Licensee;</p> <p>-"Brought it up to my team in October (2022)...and filled out a report at the office;"</p> <p>-FC #3 had a cell phone, had access to the internet, "nobody said anything different...nobody ever had a conversation with us about supervision on cell phones/video games;"</p> <p>-Regarding the other clients, FC #3 didn't have much to do with the other two clients in the home, "thought that he was better than them;"</p> <p>-"Tried to get [FC #3] into counseling, the paperwork never got signed by the guardian... [Licensee] knew he needed counseling...had treatment team meetings and nothing got done;"</p>	V 291		

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V 291	<p>Continued From page 28</p> <p>-Denied knowing that the incident in the summer of 2022 when FC #3 barricaded himself in the room with the 8-year-old grandson was sexual in nature.</p> <p>Review on 2/7/23 of FC #3's behavioral logs from August 2022 to present revealed: -No documentation regarding FC #3 being sexually inappropriate online with another child as reported by AFL Provider #1.</p> <p>Interview on 1/31/23 with AFL Provider #2 revealed: -Was not aware of FC #3's history; -That night (1/20/23) had "been sick as a dog ...told them (FC #3 and 8-year-old grandson) to go upstairs and play;" -AFL Provider #1 had taken some medicine and was asleep; -"It was close to bedtime and I was getting ready to tell them to go to bed...took some Nyquil, twice...hadn't had REM (rapid eye movement) sleep in 4 days;" -"They were playing [online video game]...we didn't want a bunch of noise;" -Heard a big thud around 11-11:30 pm and 8-year-old grandson was crying and went upstairs; -"[FC #3] was running out of the room and shut the door and is perky...goes into room and sees [8-year-old grandson] trying to pull his underwear up;" -8-year-old grandson reported to him that "[FC #3] tried to pull his (8-year-old grandson's) underwear down and rub on him;" -Took 8-year-old grandson downstairs with him and told AFL Provider #1, "...I'm getting dizzy, she (AFL Provider #1) fell out of bed. I'm tired. She (AFL Provider #1) says 'lets go to bed and figure it out when we feel better;'"</p>	V 291		

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V 291	<p>Continued From page 29</p> <ul style="list-style-type: none"> -They made phone calls the next morning and FC #3 told his grandmother he touched him (8-year-old grandson); -"Had never been in this situation before;" -Denied knowledge of FC #3's history or prior incidents of inappropriate sexualized behavior. -"Didn't know he had been abused until after the fact of the situation (of the incident on 1/20/23);" -"His (FC #3) plan didn't have anything about 24 awake supervision." <p>Interview on 2/8/23 with the guardian of the 8-year-old grandson revealed:</p> <ul style="list-style-type: none"> -End of last summer (2022) was when FC #3 barricaded himself in the room at the AFL home with the 8-year-old; -Had a conversation in summer of 2022 with AFL Provider #1 and AFL Provider #2 that the 8-year-old would not be allowed in the room with FC #3; -AFL Providers #1 and #2 failed to tell the guardian that the incident in the summer of 2022 included an allegation of sexualized behaviors from FC #3 toward the 8-year-old grandson. <p>Interview on 1/31/23 and 2/6/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Completed FC #3's admission paperwork; -Denied knowing any knowledge of sexualized history with FC #3; -Tried to get FC #3 into services, "the AFL was having a hard time getting someone to respond to her ...it had been a while since his birthday (August 2022) that we were trying to get him in;" -The therapist within Community Companion Home Care, LLC just saw him after the incident on 1/20/23; -"The biggest thing was his disease (Maple Syrup Urine Disease) and making sure that was taken care of..." 	V 291		

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V 291	<p>Continued From page 30</p> <p>-Was not aware of any restrictions or recommendations regarding being monitored/observed when playing online video games;</p> <p>-"That was not a conversation we (AFL Providers #1, #2 and QP) had about his video games. I would assume so after that event (with neighborhood boy in October 2022 where FC #3 had been chatting sexually inappropriate via an online video game) ...But I don't know. I never discussed it during my home visits;"</p> <p>-"[AFL Provider #1] may have had a conversation with him (FC #3). Generally, in an AFL setting, you redirect the person back to appropriate behavior;"</p> <p>-"The only information we got was from [State Hospital] and it didn't speak of anything. If it had, we would have not thought it was a good fit;"</p> <p>-Regarding a behavior log/report regarding incident in October 2022 with the nephew and an online video game,...I remember her telling me about that...I'd have to go look...I don't remember what she said..."</p> <p>-Denied that there were issues with FC #3 and the grandkids or other clients in the home;</p> <p>-Regarding the home visit on 12/5/22, FC #3 got into a lot of trouble at school ...he got suspended so much where they couldn't suspend him anymore because of his inappropriateness with other kids;</p> <p>Interview on 1/27/23 with the local Department of Social Services revealed:</p> <p>-The AFL Providers #1 and #2 were aware prior to 1/20/23 of an incident last summer 2022 where FC #3 had barricaded himself in a room in the AFL home with the 8-year-old and was allegedly "humping him" and AFL Provider #2 was told about it;</p> <p>-AFL Provider #2 told the 8-year-old grandson</p>	V 291		

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V 291	<p>Continued From page 31</p> <p>"...don't go in [FC #3]'s room anymore."</p> <p>Interview and record review on 2/2/23 with the local law enforcement officer revealed:</p> <ul style="list-style-type: none"> -Incident with FC #3 being inappropriate online with another child (AFL providers nephew) via online video game occurred in October 2022 and was reported in November 2022; -The AFL Providers #1 and #2 were aware of this incident; -There was a separate prior incident in the summer of 2022 with FC #3 within the last year in which he barricaded himself in a room with the AFL Provider #1's 8-year-old grandson; -Parents of the victim were not made aware by AFL Providers #1 and #2 that anything sexual had happened at that time and rules were put in place that the 8-year-old could not go up to FC #3's room upstairs; -FC #3 is going to be charged with two felonies, 1st degree statutory sex offense and second-degree forcible sex offense; -Expressed concern that the AFL Provider #2 waited until the following morning on 1/21/23 to call authorities. <p>Interview on 2/8/23 with the Chief Executive Officer (CEO) revealed:</p> <ul style="list-style-type: none"> -Supervised the QP for the home and agency; -The QP did the referrals; -Provided the yearly AFL refresher training in November 2022 and AFL Providers #1 and #2 were present; -The QP is responsible for the client specific training for AFLs and waivers; -"[QP] supervises that home (Taylor Home). She is in contact with [AFL Provider #1] multiple times a week;" -QP doesn't have to have supervision...that's not in rule and "we go above and beyond;" 	V 291		2/10/2023

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V 291	<p>Continued From page 32</p> <p>-No one followed up behind the QP, "she had been in the field for so long and knew so much ...she is always telling me and updating me;"</p> <p>"I make sure they are going on visits and submitting paperwork...I don't review every client;"</p> <p>-Regarding FC #3, "I knew he was a child...had a special diet...but other than that didn't know the ins and outs of him."</p> <p>Interview on 2/6/23 with the Owner/Licensee revealed:</p> <p>-The QP was a part of the admission process;</p> <p>"We do not take people because of sexual behaviors;"</p> <p>"If I had known [FC #3]'s behaviors, I wouldn't have put him in a home with clients that can't verbalize."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 291		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and</p>	V 512		

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V 512	<p>Continued From page 33</p> <p>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.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, 2 of 2 Alternative Family Living (AFL) Providers (AFL Provider #1 and #2) and the Qualified Professional (QP) neglected 1 of 1 Former Client (FC #3). The findings are:</p> <p>Review on 2/3/23 of the AFL Provider #1's personnel record revealed: -Hire date of 6/1/16; -Job description of AFL; -Client Specific Training of FC #3 dated 4/25/22.</p> <p>Review on 2/3/23 of the AFL Provider #2's personnel record revealed: -Hire date of 8/8/16; -Job description of AFL; -Client Specific Training of FC #3 dated 4/26/22.</p> <p>Review on 2/8/23 of the AFL Provider #1 and AFL Provider #2 job descriptions dated 5/5/16 and 8/8/16 revealed: -"Direct Care Worker will provide...services to a client...per client's (Individual Service Plan) ISP and as directed by each client's care coordinator and direct supervisor/QP;</p>	V 512	<p>V512</p> <p>Affected member was removed from the Taylor home on 1/21/2023 and taken to another licensed facility as the only member. All other members in the home were safe. QP will look over the treatment plans for the current members in the home and update with any needed medical or behavioral issues.</p> <p>Affected member's treatment plan did not need updated as he moved.</p> <p>Qualified Professional brought in employees of the Taylor Home to ensure they were properly trained on the medical and behavioral needs of the current members.</p> <p>CEO supplied a training to all QPs on the proper documentation standards as they relate to treatment plans, supervision notes, and member contact notes. CEO supplied the compliance specialist with a copy of completed training.</p> <p>QP sent the compliance specialist a copy of updated treatment plans. QP supplied compliance specialist with a copy of completed employee training on their member's medical and behavioral needs.</p> <p>CCHC updated the admissions policy to reflect that all new admissions will have to be approved by referral QP and CEO to ensure that all necessary documentation is in place. Any juveniles admitted to a licensed facility will have an approved waiver in place with the waiver updated by the 1st of each calendar year. CEO has added a certification to our electronic system with an expiration date on juvenile waivers. This will ensure that waivers are updated by the 1st of every calendar year.</p> <p>A plan for improvement was conducted on the employees of the Taylor Home regarding their decision making and lack of supervision. A plan of improvement was conducted on the QP regarding oversight of the AFL. These plans of improvement have documented areas of supervision and timelines for improvement.</p>	<p>2/10/2023</p> <p>2/15/2023</p> <p>2/9/2023</p> <p>2/10/2023</p> <p>2/15/2023</p> <p>2/15/2023</p>

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V 512	<p>Continued From page 34</p> <ul style="list-style-type: none"> -Duties and Responsibilities: -Provide a safe environment at all times for the client you are serving; -Keep direct supervisor/QP and case manager aware of any changes, updates in the client's physical or mental condition; -Inform direct supervisor/County Social Services of any abuse, neglect, or exploitation that you may see affecting the client; -Inform direct supervisor if any accidents occur... To be safe: report all accidents/incidents..." -Chain of Supervision: Qualified Professional, Chief Executive Officer (CEO)." <p>Review on 2/9/23 of the Alternative Family Living Services Agreement, signed by AFL Provider #1 and AFL Provider #2 dated 9/23/20 and refresher training dated 11/29/22 revealed: "AFL Responsibilities: -AFL provider will maintain home to ensure compliance with all DHSR (Division of Health Service Regulation) and LME (Local Management Entity) requirements; -AFL provider will provide supervision as required by the client's plan of care; -AFL will consult with [Licensee]in the event of any emergency regarding specific behavioral, emotional, or medical issues."</p> <p>Review on 2/8/23 of the QP's personnel record revealed: -Hire date of 3/10/15; -Per job description, "Chain of supervision: VP (Vice President) of Operations;" -Job description signed by QP and CEO on 7-14-20.</p> <p>Review on 2/9/23 of the QP's job description dated 7/14/20 revealed:</p>	V 512		

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V 512	<p>Continued From page 35</p> <p>-Job Description: coordinating and monitoring all aspects of innovations/state funded consumer case;</p> <p>-Be aware of all consumer support plans and interventions;</p> <p>-Train advise direct care waiver staff of all consumer support plans/goals and interventions;</p> <p>-Monitor progress of person-centered plans;</p> <p>-Supervise direct care staff;</p> <p>-Provide opportunity for training to direct care waiver staff;</p> <p>Performance Measurements:</p> <p>-Ensures AFL Homes are safe and meet standards;</p> <p>-Supervises waiver staff according to policy ;</p> <p>-Keeps waiver staff up to date in regard to all changes regarding their clients;</p> <p>-Completes supervision notes on target in a timely manner;</p> <p>-Trains all waiver staff under their supervision regarding Client Specific Issues;</p> <p>-Inputs plans and goals in...to meet consumers plan of care;"</p> <p>-Chain of Supervision: Vice President (VP) of Operations."</p> <p>Observation on 1/31/23 at 10:23 AM of the facility revealed:</p> <p>-Client #1, #2 who are non-ambulatory have bedrooms downstairs in the facility adjacent to the kitchen and AFL Provider #1, #2 have their bedroom to the right of the staircase downstairs;</p> <p>-FC #3 had a bedroom upstairs to the right, next to the bathroom;</p> <p>-There is an additional room on the left at the top of the stairs that was formerly an exercise room that had two beds in it.</p> <p>Review on 1/31/23 and 2/6/23 of FC #3's record revealed:</p>	V 512		

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V 512	<p>Continued From page 36</p> <ul style="list-style-type: none"> -16-year-old male; -Admission date of 4/13/22; -Discharge date of 1/21/23; -Diagnoses: Mild Intellectual Developmental Disability (IDD), Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Maple Syrup Urine Disease, History of psychological, sexual abuse and medical neglect; -No evidence of discharge paperwork from prior placement (local state psychiatric facility) with recommendations as required by the facility policy; -Further record review revealed a Member Care Plan from the Local Management Entity/Managed Care Organization (LME/MCO) dated 4/13/22 that showed FC #3 had a diagnostic history of Conduct Disorder (D/O), Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence, other conduct D/O, and Unspecified lack of expected normal physiological development in childhood, psychological abuse, sexual abuse, and medical neglect; -"...behaviors have increased over the last year...displayed verbal/physical aggression;" -"[FC #3] loves video games but should be monitored if paying online (reportedly there was an incident involving conversations of a sexual nature with an adult male at one time);" -"[FC #3] would do well in an environment with high structure, clear/consistent limits/consequences frequent breaks and incentives for progress." <p>Review on 2/7/23 of the Community Companion Home Care, LLC (Licensee) Admission Policy revealed:</p> <ul style="list-style-type: none"> -Effective Date: August 2010; -Revised Date: December 2022; -"Policy: Community Companion Home Care, 	V 512		

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V 512	<p>Continued From page 37</p> <p>LLC shall have a written policy for client admission criteria;"</p> <p>-"Purpose: The purpose of this policy is to assure that all necessary information is available to determine what services the agency needs to provide for the client;"</p> <p>-"Process: 1. Criteria for admission on all members: No member may live in a licensed facility without having the above information in place ...Members must have an internal admission complete before moving from one CCHC facility to another ..."</p> <p>-"Prior to the delivery of services, a Qualified Professional and/or the Day Program Director will coordinate with the MCO Care Coordinator. This coordination shall include exchanging information on the following: presenting problems, needs and strengths, admitting diagnosis, social, medical, and family history and any additional information necessary for delivery of services..."</p> <p>Review on 2/7/23 of Admission Assessment for FC#3 dated 4/5/22 revealed:</p> <p>-"Does the participant have any unusual behaviors (sexual, behavioral, physiological)? Yes If yes, please explain: Intense behaviors;"</p> <p>-Medication list unknown.</p> <p>Review on 2/8/23 of the Referral Form for FC#3 dated 2/24/22 revealed:</p> <p>-"Strict dietary needs/protein restrictive diet plus supplements due to Maple Syrup Urine Disease;"</p> <p>-No additional information provided about diagnoses or behaviors.</p> <p>Review on 2/7/23 of the facility client specific competencies for FC #3 revealed:</p> <p>-Signed by AFL Provider #1 on 4/25/22;</p> <p>-Signed by AFL Provider #2 on 4/26/22;</p> <p>-Behavioral concerns including physical</p>	V 512		

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V 512	<p>Continued From page 38</p> <p>aggression, kicking, hitting, biting, pushing, making threats, property destruction; -Needs supervision at all times; -No documented trainings provided for the following areas: children with histories of physical and sexual abuse, medical neglect, mental health and trauma informed care for children.</p> <p>Review on 2/7/23 and 2/8/23 of Client Behavioral Notes for FC #3 revealed: -Notes dated 10/11/22, 11/3/22, 12/7/22 and 12/13/22 all indicated aggressive behaviors at school; -Notes dated 10/25/22 and 10/27/22 indicated aggressive behaviors at home; -No documentation regarding any incidents/concerns with supervision or inappropriate/sexual behaviors with FC #3 and another child as mentioned by AFL Provider #1.</p> <p>Review on 2/6/23 of Member Care Plan from the LME/MCO dated 4/13/22 revealed: -"...behaviors have increased over the last year...he has displayed aggression...such as biting, hitting, kicking, impulsivity, agitation, verbal aggression/threats..." -"...[FC #3] loves video games but should be monitored if playing online (reportedly, there was an incident involving conversations of a sexual nature with an adult male at one time.)..."</p> <p>Review on 2/3/23 of Psychiatric Evaluation from the local state psychiatric facility for FC#3 dated 9/10/21 revealed: -"...history of traumatic life experiences..." -"...Refrains from alcohol, drugs, and sexual activity: however, there is a notation in the [hospital] records that came with him that says he needs to be carefully monitored when he is online with gaming opportunities as he was noted to be</p>	V 512		

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V 512	<p>Continued From page 39</p> <p>in contact with a man having some inappropriate conversation with him apparently of some sexual nature;"</p> <p>"...Characterological traits of concern which may be leading him to report pseudo-psychotic symptoms. He does not present as psychotic in my view, but he may ascribing some of his misbehaviors as being due to 'voices' rather than actually experiencing hallucinations;"</p> <p>"...there is some suggestion in paperwork that came with him that he may have been traumatized sexually and targeted by an adult male online."</p> <p>Review on 1/27/23 and of 2/6/23 of the Division of Health Service Regulation Waiver Request paperwork revealed:</p> <p>-Waiver was approved for FC #3 to move into the AFL home in April 2022;</p> <p>-Waiver approval letter revealed "...the request for waiver be approved for licensure year 2022...cannot exceed the expiration date of the 2022 licensee...therefore shall be subject to renewal consideration upon the request of the licensee;"</p> <p>-No current waiver for licensure year 2023 allowing a minor to reside within the licensed facility.</p> <p>Review on 2/7/23 and 2/8/23 of the QP notes/supervision notes from April 2022-January 2023 revealed:</p> <p>-No discussion documented between QP and AFL Provider #1 or #2 regarding supervision of FC #3 when online;</p> <p>-No discussion documented regarding any inappropriate/sexual behaviors of FC #3;</p> <p>-No documentation of behaviors or concerns regarding FC #3 except for 12/5/22 home visit.</p>	V 512		

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V 512	<p>Continued From page 40</p> <p>Review on 2/2/23 of the Local Law Enforcement Report revealed: -Call to the local police department was made from the facility on 1/21/23 at 9:54AM to report sexual assault on a child.</p> <p>Review on 1/31/23 and 2/2/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Level II incident on 1/20/23 "Late last night AFL (AFL Provider #2) was watching television (TV), heard a big thud. Grandson was crying so AFL investigated as to what was wrong. As he was going upstairs the member ran out of the game room where he was playing video games. AFL asked what was wrong. Member stated nothing was wrong and ran to his room. AFL saw grandson crying and he was struggling to get his underwear back on. AFL asked grandson what happened. Grandson stated that the member removed his underwear and was fondling him; -Incident Prevention: Incident may have been prevented with constant supervision of the member. Staff will be retrained to ensure moving forward the supervision remains constant through the waking hours;" -No level II incidents involving FC #3 other than the sexual assault on 1/20/23.</p> <p>Interview on 2/8/23 with the guardian of the 8-year-old grandson revealed: -Was aware at the end of last summer (2022) when FC #3 barricaded himself in the room at the AFL home with the 8-year-old (not in November as relayed by the local county DSS); -Had a conversation in summer of 2022 with AFL Provider #1 and AFL Provider #2 that set rules for the 8-year-old grandson visiting that included not to be allowed in FC #3's room; -The AFL Providers #1 and #2 failed to tell the</p>	V 512		

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V 512	<p>Continued From page 41</p> <p>guardian that the incident in the summer of 2022 included an allegation of sexualized behaviors from FC #3 toward the 8-year-old grandson.</p> <p>Interview on 1/27/23 and 2/2/23 with the local County Department of Social Services (DSS) worker revealed: -AFL Providers #1 and #2 were aware of an incident in November 2022; -"[FC #3] last year barricaded himself in the room with the 8-year-old...divulged that he (FC #3) was dry humping him and he told [AFL Provider #2] about it. [AFL Provider #2] said don't go in [FC #3]'s room anymore;" -AFL Provider #1 and #2 never told the parents of the 8-year-old grandson of the specifics of that incident from November 2022.</p> <p>Interview on 2/8/23 with the Care Manager from Local Management Entity/Managed Care Organization (LME/MCO) revealed: -AFL Provider #1 was present at the hospital/previous placement for discharge and and received discharge paperwork which included psychiatric evaluation; -Reported to have "...emailed everything to Community Companion Home Care, LLC.; discharge paperwork, plan and evals (evaluations)...;" -The discharge planning meeting happened at the hospital prior to discharge and AFL Provider #1 was present.</p> <p>Interview on 2/2/23 with a local law enforcement (LE) officer revealed: -The 8-year-old grandson's parents were not informed of earlier alleged sexually inappropriate behavior with FC #3; -AFL Provider #2 told LE an incident had happened prior in the summer of 2022 where FC</p>	V 512		

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V 512	<p>Continued From page 42</p> <p>#3 had barricaded the 8-year-old in his room, held him down, pulled his pants down, and wouldn't let him leave;</p> <p>-Parents of the 8-year-old grandson were not made aware by AFL Providers #1 and #2 that anything sexual had happened at that time and rules were put in place that the 8-year-old could not go up to FC #3's room upstairs;</p> <p>-Incident with FC #3 being sexually inappropriate online with another child (AFL providers nephew) via online video game occurred in October 2022 and was reported in November 2022. The AFL Providers #1 and #2 were aware of this incident;</p> <p>-FC #3 is going to be charged with two felonies, 1st degree statutory sex offense and second-degree forcible sex offense;</p> <p>-Expressed concern that the AFL Provider #2 waited until the following morning on 1/21/23 to call authorities.</p> <p>Interviews on 1/31/23 and 2/3/23 with the AFL Provider #1 revealed:</p> <p>-Acknowledged who the QP for the home was as well as that she came to the home once a month "...but I see her more than that;"</p> <p>-All she was told about FC #3 from the LME/MCO was "He had maple syrup disease and he was violent;"</p> <p>-"I didn't find out he (FC #3) had been molested until he had been here 3 or 4 months;"</p> <p>-No trainings received in the last 3 months;</p> <p>-Behavior plan with the school "...never came to fruition;"</p> <p>-On 1/21/23 FC #3 left the residence;</p> <p>-In reference to FC #3, "I was blindsided and didn't see any of this coming...;"</p> <p>-This incident on 1/20/23 occurred in the exercise room (upstairs) that had been made into an extra bedroom;</p> <p>-"When I went to bed...they (8-year-old grandson</p>	V 512		

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V 512	<p>Continued From page 43</p> <p>and FC#3) were in there playing;"</p> <p>-Took Trazadone to sleep on night of 1/20/23 and went to bed at 10:00PM;</p> <p>-"That night they (FC #3 and 8-year-old grandson) hadn't gone to bed yet, they were playing video games. [AFL Provider #2] had taken some Robitussin and then he heard it (noise from upstairs where FC #3 and 8-year-old grandson were playing unsupervised);"</p> <p>-"They (FC #3 and 8-year-old grandson) were just playing [online video game];"</p> <p>-AFL Provider #2 had been sick and had taken some Robitussin (later clarified as Nyquil);</p> <p>-AFL Provider #2 went to bed around 11:30PM and he heard 8-year-old grandson scream;</p> <p>-AFL Provider #2 went upstairs and saw 8-year-old grandson pulling up his pants and that "[FC #3] wouldn't let him...kept trying to touch him everywhere;"</p> <p>-AFL Provider #2 brought 8-year-old grandson downstairs to sleep"...normally when they (grandkids) spend the night they sleep in the living room next to their bedroom;"</p> <p>-9:00 am the next day and "that's when I started making phone calls...made [FC #3] call his grandmother, called the police;"</p> <p>-"I remember him (AFL Provider #2) telling me about it (FC #3 sexually assaulting the 8-year-old grandson), but I didn't realize how severe it was;"</p> <p>-"The next morning, he (8-year-old grandson) told his mom that [FC #3] went down on him and bit him ...on the penis;"</p> <p>-"I called [the Owner]. I call 911. [AFL Provider #2] made him (FC #3) call his grandmother;"</p> <p>-"I vaguely remember him (AFL Provider #2) saying something that night, but I was too out of it...I didn't realize the severity of it;"</p> <p>-When asked if FC#3 had any prior issues with sexually related behavior, "No. I had no clue. The only thing that did come up. My husband's brother</p>	V 512		

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NAME OF PROVIDER OR SUPPLIER TAYLOR HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 43 EAST CRAWFORD STREET OLD FORT, NC 28762		
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V 512	Continued From page 44 and they have 3 kids. There was a situation with one of his kids...They were playing games at school and [FC #3]'s name came up on the [online video game]. [FC #3] was talking dirty...I brought it up to the team about that...maybe in October;" -AFL Provider #1 found this information out through that child's mother and reported the information to the Licensee; -"Brought it up to my team in October (2022)...and filled out a report at the office (Licensee);" -8-year-old grandson spent the night every other Friday and the opposite Fridays, his 4-year-old sister did, "but she slept with me...she wasn't allowed upstairs;" -Denied having had trainings related to working with children with abuse history; -FC #3 had a cell phone, had access to the internet, "nobody said anything different...nobody ever had a conversation with us about supervision on cell phones/video games;" -Regarding the other clients, FC #3 didn't have much to do with the other two clients in the home, "thought that he was better than them;" -"Tried to get [FC #3] into counseling, the paperwork never got signed by the guardian... [Licensee] knew he needed counseling...had treatment team meetings and nothing got done;" -Denied knowing that the incident in the summer of 2022 when FC #3 barricaded himself in the room with the 8-year-old grandson was sexual in nature. Interview on 1/31/23 with AFL Provider #2 revealed: -Was not aware of FC #3's history; -"Didn't know he had been (sexually) abused until after the fact of the situation (referring to the 1/20/23 incident);"	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
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NAME OF PROVIDER OR SUPPLIER **TAYLOR HOME** STREET ADDRESS, CITY, STATE, ZIP CODE **43 EAST CRAWFORD STREET
OLD FORT, NC 28762**

(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 512	<p>Continued From page 45</p> <p>- "His (FC #3) plan didn't have anything about 24 hour awake supervision;"</p> <p>- "...But then that night, I had been sick as a dog and up for 4 days puking my guts out. Tried to take some sleeping medicine. She (AFL Provider #1) took medicine and was asleep. I told them (FC #3 and 8-year-old grandson) to go upstairs and play. They were playing [online video game] ...It was close to my bedtime, and I was getting ready to tell them to go to bed. It was Nyquil. I took it twice. I hadn't had REM (rapid eye movement) sleep in 4 days..."</p> <p>- AFL Provider #1 had taken some medicine and was asleep;</p> <p>- "They were playing [online video game]...we didn't want a bunch of noise;"</p> <p>- Heard a big thud upstairs around 11-11:30 pm " ...and [8-year-old grandson] is bawling his eyes out. I go upstairs. [FC #3] comes running out the door and shuts the door...I go in there and see [8-year-old grandson] trying to pull his underwear up. He says [FC #3] tried to pull his underwear down and rub on him;"</p> <p>- 8-year-old grandson reported to him that "[FC #3] tried to pull his (8-year-old grandson's) underwear down and rub on him;"</p> <p>- Took 8-year-old grandson downstairs with him and told AFL Provider #1, "...I'm getting dizzy, she (AFL Provider #1) fell out of bed. I'm tired. She (AFL Provider #1) says 'let's go to bed and figure it out when we feel better;'"</p> <p>- They made phone calls the next morning and FC #3 told his grandmother he touched him (8-year-old grandson);</p> <p>- "We've never dealt with kids...never dealt with abused kids...don't know how to act, react..."</p> <p>- "Had never been in this situation before;"</p> <p>- Denied knowledge of FC #3's history or prior incidents of inappropriate sexualized behavior.</p>	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
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NAME OF PROVIDER OR SUPPLIER TAYLOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 43 EAST CRAWFORD STREET OLD FORT, NC 28762
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V 512	<p>Continued From page 46</p> <p>Interview on 1/31/23 and 2/6/23 with the QP revealed:</p> <ul style="list-style-type: none"> -Completed FC #3's admission paperwork; -Denied having any knowledge of sexualized history with FC #3; -"The biggest thing was his disease (Maple Syrup Urine Disease) and making sure that was taken care of..." -Was not aware of any restrictions or recommendations regarding being monitored/observed when playing online video games; -"The only information we got was from [State Hospital] and it didn't speak of anything. If it had, we would have not thought it was a good fit;" -"That was not a conversation we (AFL Providers #1, #2 and QP) had about his video games. I would assume so after that event (with neighborhood boy in October 2022 where FC #3 had been chatting sexually inappropriate via an online video game). But I don't know. I never discussed it during my home visits;" -"No, as an agency we didn't have that conversation (regarding supervision on the internet). It was more what she enforced in her house. [AFL Provider #1] did that, how long he can use the internet and phone;" -"[AFL Provider #1] may have had a conversation with him (FC #3). Generally, in an AFL setting, you redirect the person back to appropriate behavior;" -Regarding a behavior log/report regarding the incident in October 2022 related to FC#3 chatting sexually inappropriate towards another child via an online video game,...I remember her telling me about that...I'd have to go look...I don't remember what she said..." -Denied that there were issues with FC #3 and the grandkids or other clients in the home; -Regarding the home visit on 12/5/22, FC #3 got 	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
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V 512	<p>Continued From page 47</p> <p>into a lot of trouble at school "...he got suspended so much where they couldn't suspend him anymore because of his inappropriateness with other kids;"</p> <p>-Tried to get FC #3 into services, "the AFL was having a hard time getting someone to respond to her ...it had been a while since his birthday (August 2022) that we were trying to get him in;"</p> <p>-Therapist that is contracted with the licensee, saw FC #3 in January 2023, after the incident on 1/20/23.</p> <p>Interview on 2/8/23 and 2/9/23 with the Chief Executive Officer (CEO) revealed:</p> <p>-Supervised the QP for the home and agency;</p> <p>-The QP did the referrals;</p> <p>-"If we get a referral, she (QP) goes over stuff to see if it is someone we could possibly serve. She fills out a little thing on them and then we find who they would best fit with..."</p> <p>-"I knew he (FC #3) was a child ...had a special diet but other than that I didn't know the ins and outs of him;"</p> <p>-The QP is responsible for the client specific training for AFLs and waivers;</p> <p>-Provided the yearly AFL refresher training in November 2022 and AFL Providers #1 and #2 were present;</p> <p>-Was not aware of any behavioral incidents involving FC #3;</p> <p>-The Licensee has 140 plus clients "...I don't read the QP notes for all the clients. I don't have time;"</p> <p>-"I make sure they are going on visits and submitting paperwork. I don't review every client;"</p> <p>-Acknowledged not checking behind the QP. "She has been in the field so long and she knows so much. But she is always telling me and updating me;"</p> <p>-"...I only supervise the office and make sure people are coming into work. I don't go out with</p>	V 512		

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V 512	<p>Continued From page 48</p> <p>them on their home visits;"</p> <p>-We can't create "...something on a piece of paper for 140 clients for every diagnosis...we don't have the resources. We are trained to death;"</p> <p>-Identified the ultimate responsibility was the QP's.</p> <p>Interview on 2/6/23, 2/8/23 and 2/9/23 with the Owner/Licensee revealed:</p> <p>-The CEO supervises the QPs;</p> <p>-"[QP] supervises that home (Taylor Home). She is in contact with [Staff #1] multiple times a week;"</p> <p>-The QP did individual trainings and client specific trainings for the home;</p> <p>-The QP was responsible for completing the waivers;</p> <p>-QP doesn't have to have supervision...that's not in rule and "we go above and beyond;"</p> <p>-The QP was a part of the admission process;</p> <p>-"We do not take people because of sexual behaviors;"</p> <p>-"If I had known [FC #3]'s behaviors, I wouldn't have put him in a home with clients that can't verbalize;"</p> <p>-"I can't always understand her (AFL Provider #1) on the phone...She texted me that something happened sexual and to call the police...I told her to call Law Enforcement;"</p> <p>-In regard to AFL Provider #1's health, "Is she tired? Absolutely. Do I think she needs a break? Absolutely...The recent weeks with [AFL Provider #1], she is more tired, and she is beating herself up;"</p> <p>-"We had an employee go rogue."</p> <p>Review on 2/8/23 of the Plan of Protection written by the Owner/Licensee and signed on 2/8/23 revealed:</p> <p>-"What immediate action will the facility take to</p>	V 512		

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V 512	<p>Continued From page 49</p> <p>ensure the safety of the consumers in your care? Affected member was removed from the Taylor Home on 1/21/2023 and taken to another licensed facility as the only member. All other members in the home are safe. QP will look over the treatment plans for the current members in the home and update with any needed medical or behavioral issues by the end of business on 2/10/2023. Affected member's treatment plan will be updated by the end of business on 2/10/2023. Treatment plan will better reflect the behavioral and emotional issues that the member has. The treatment plan will also be updated to reflect his medical issue that requires a specific diet and to better clarify the amount of supervision that is required of the member. Qualified Professional will bring in employees of the Taylor Home to ensure they are properly trained on the medical and behavior needs of the current members by 2/15/2023. Qualified Professional will bring in the affected member's new AFL to ensure they are properly trained on his medical and behavior needs by 2/15/2023. CEO will supply a training to all QP's on the proper documentation standards as it relates to treatment plans, supervision notes, and member contact notes by the end of business on 2/9/2023.</p> <p>Describe your plans to make sure the above happens.</p> <p>Qualified Professional will send CCHC's Compliance Specialist a copy of any updated treatment plans by the close of business on 2/10/2023. Compliance Specialist will complete an audit of employee supervision notes, client contact notes, incident reports, and behavior reports to ensure that Qualified Professional is completing proper documentation and updating treatment plans as needed. QP will supply Compliance Specialist with a copy of completed employee training on their member's medical and</p>	V 512		

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V 512	<p>Continued From page 50</p> <p>behavior needs by the end of business on 2/15/2023. CEO will supply Compliance Specialist with a copy of completed QP training by the end of business on 2/9/2023."</p> <p>Review on 2/9/23 of the amended Plan of Protection written by the Owner/Licensee and signed on 2/9/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Information from the original plan of protection remained unchanged with the addition of ... This will ensure care coordination for all members that we serve. This will also allow for QPs to understand the importance of updating plans when new issues arise.</p> <p>4. All new admissions will have to be approved by referral QP and CEO in accordance with our admissions policy to ensure that all necessary documentation is in place.</p> <p>5. Any juveniles being admitted to a licensed facility with adults will have an approved waiver in place with the waiver being updated by the 1st of each calendar year.</p> <p>6. Plan of improvement will be completed on the employees of the Taylor Home regarding their decision making and lack of supervision.</p> <p>7. Plan of improvement will be completed on the supervising QP regarding QPs oversight of the AFL.</p> <p>Describe your plans to make sure the above happens. Information from the original plan of protection remained unchanged with the addition of ... This will ensure that training on care coordination and proper documentation has taken place.</p> <p>4. All new admissions will require a signature of approval by the referring QP and the CEO to ensure that all documentation is in place prior to admission.</p>	V 512		

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V 512	<p>Continued From page 51</p> <p>5. Referring QP and CEO will sign off that a juvenile waiver has been completed when a juvenile is pending movement into a home with adults. CEO will add a certification to our electronic system with an expiration date on juvenile waivers. To ensure that waivers are updated by the 1st of every calendar year.</p> <p>6. QP and CEO will conduct a plan of improvement meeting with the employees of the Taylor Home to address areas of concern regarding their decision making and lack of supervision by 2/15/2023. Plan of improvement will have documented areas of supervision and timelines for improvement.</p> <p>CEO will conduct a plan of improvement meeting with supervising QP to address the areas regarding QP's oversight of the AFL by 2/15/2023. Plan of improvement will have documented areas of supervision and timelines for improvement."</p> <p>This facility is licensed to provide supervised living services for Alternative Family Living. FC #3's diagnoses included Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Maple Syrup Urine Disease, History of psychological, sexual abuse and medical neglect. The AFL Providers #1 and #2 allowed FC #3 to have unsupervised access to online video gaming when there had been knowledge of previous incidents of sexually inappropriate behaviors during online gaming. FC #3 and the 8-year-old grandchild of the AFL Providers were allowed to be upstairs in the home unsupervised while playing online video games, even after a previous incident of inappropriate sexual behavior. The AFL Providers admitted to taking medications that made them sleepy on the night of 1/20/23. FC #3 sexually perpetrated against the 8-year-old grandchild and was discovered by AFL Provider</p>	V 512		

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V 512	<p>Continued From page 52</p> <p>#2 that evening. The 8-year-old grandchild and FC #3 were only separated on the evening of 1/20/23 but remained in the same AFL home until the next day. AFL Provider #1 and #2 did not call the QP, Licensee, or Law Enforcement to report this incident until 1/21/23. AFL Provider #1, AFL Provider #2, and the QP had knowledge of the history of FC #3 as well as previous incidents of concern (summer of 2022 and October 2022) during his stay in the AFL home. No changes were made to supervision, training, or allowing FC #3 around other minor children or unsupervised access to online gaming. 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.</p>	V 512		