PRINTED: 06/16/2023 FORM APPROVED OMB NO. 0938-0391

STREET ADDRESS CITY STATE FORDER   STATE FORDER		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED
TIMBERLEA GROUP HOME  SINEET ADDRESS. CITY STATE. ZIP COOL SETS MACK LIBERERY ROAD CLIMAX, NC 27233  D PROPRIETY AND SEASON DEPICIENCY MINT SE PRECEDED BY PULL RESULATORY OR LISC DEPITIPING INFORMATION)  W 000 INITIAL COMMENTS  A complaint survey was completed on 06/12/23 for intake #NC00202994 and #NC00202942. Although the complaint was unsubstantiated, additional deficiences were cited.  W 191 STAFF TRAINING PROGRAM CFG/8.483 430(e/2)  For employees who work with clients, training must focus on skills and competencies directed toward clients behavioral needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were adequately trained specific to supervision needs to support client safety for 1 of 6 clients (#2). The finding is:  Review of facility documentation during the complaint investigation survey completed on 6112/23 revealed incident report dated 473/22 which indicated client #1 entered into another clients bed. The incident report also indicated that the other client remained fully clothed and staff reflereded client #1 to pull up his pants and go to his room. Review of the 472022 indicent report revaled the program director (PM) was immediately called and additional mointing and oversight processes were implemented to prevent further occurrences and ensure client safety. Review of the facility columentation director revaled the program director (PM) was immediately called and additional mointing and oversight processes were implemented to prevent further occurrences and ensure client safety. Review of the facility columentation of the reveal evidence of in-service training on additional inclivations that were implemented to ensure client safety.  Review of documentation revealed an individual habilitation plan (IHP) dated 10/27/22 which			34G307	B. WING _			
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  NOTE: The REGULATORY OR LSC IDENTIFYING INFORMATION)  NOTE: The REGULATORY OR LSC IDENTIFYING INFORMATION)  NOTE: The REGULATORY OR LSC IDENTIFYING INFORMATION)  A complaint survey was completed on 06/12/23 for intake #NC00202904 and #NC002029042. Although the complaint was unsubstantiated, additional deficiences were cited.  W 191 STAFF TRAINING PROGRAM (Fig.) 433.430(e)(2)  For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were adequately trained specific to supervision needs to support client safety for 1 of 6 clients (#2). The finding is:  Review of facility documentation during the complaint investigation survey completed on 6/12/23 revealed incident reporting from 4/2022-5/2023. Continued review revealed an incident report dated 4/23/22 which indicated client #1 to pull up his pants down and sat on the client's bed. The incident report also indicated that the other client remained fully clothed and staff redirected client #1 to pull up his pants and go to his room. Review of the 4/2022 incident report also indicated that the other client remained fully clothed and staff redirected client #1 to pull up his pants and go to his room. Review of the 4/2022 incident report also indicated that the other client remained fully clothed and staff redirected client #1 to pull up his pants and go to his room. Review of the 4/2022 incident report also reviews right processes were implemented to prevent further cocurrences and nesure client safety. Review of the facility documentation did not reveal evidence of in-service training on additional interventions that were implemented to ensure client safety.  Review of documentation revealed an individual habilitation plan (IHP) dated 10/27/22 which			•		5691 MACK LINEBER	RRY ROAD	
A complaint survey was completed on 06/12/23 for intake #NC00202944 and #NC00202942. Although the complaint was unsubstantiated, additional deficiences were cited.  W 191  STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)  For employees who work with clients, training must focus on skills and competencies directed toward clients behavioral needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were adequately trained specific to supervision needs to support client safety for 1 of 6 clients (#2). The finding is:  Review of facility documentation during the complaint investigation survey completed on 6/12/23 revealed incident reporting from 4/2022-5/2023. Continued review revealed an incident report dated 4/23/22 which indicated client #1 entered into another client's bed. The incident report also indicated that the other client remained fully clothed and staff redirected client #1 to pull up his pants and go to his room. Review of the 4/2022 incident report revealed the program director (PM) was immediately called and additional monitoring and oversight processes were implemented to prevent further occurrences and ensure client safety. Review of the facility documentation did not reveal evidence of in-service training on additional interventions that were implemented to ensure client safety.  Review of documentation revealed an individual habilitation plan (IHP) dated 10/27/22 which	PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CO	ORRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA	E COMPLETION
for intake #NC00202904 and #NC00202942. Although the complaint was unsubstantiated, additional deficiences were cited.  W 191 STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)  For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were adequately trained specific to supervision needs to support client safety for 1 of 6 clients (#2). The finding is:  Review of facility documentation during the complaint investigation survey completed on 6/12/23 revealed incident reporting from 4/2022-5/2023. Continued review revealed an incident report dated 4/23922 which indicated client #1 entered into another client's room, pulled his pants down and sat on the client's bed. The incident report also indicated that the other client remained fully clothed and staff redirected client #1 to pull up his pants and go to his room. Review of the 4/2022 incident report revealed the program director (PM) was immediately called and additional monitoring and oversight processes were implemented to prevent further occurrences and ensure client safety. Review of the facility documentation did not reveale evidence of in-service training on additional interventions that were implemented to ensure client safety.  Review of documentation revealed an individual habilitation plan (IHP) dated 10/27/22 which	W 000	INITIAL COMMENTS	8	W	00		
must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility falled to ensure staff were adequately trained specific to supervision needs to support client safety for 1 of 6 clients (#2). The finding is:  Review of facility documentation during the complaint investigation survey completed on 6/12/23 revealed incident reporting from 4/2022-5/2023. Continued review revealed an incident report dated 4/23/22 which indicated client #1 entered into another client's room, pulled his pants down and sat on the client's room, pulled his pants down and sat on the client's bed. The incident report also indicated that the other client remained fully clothed and staff redirected client #1 to pull up his pants and go to his room.  Review of the 4/2022 incident report revealed the program director (PM) was immediately called and additional monitoring and oversight processes were implemented to prevent further occurrences and ensure client safety. Review of the facility documentation did not reveal evidence of in-service training on additional interventions that were implemented to ensure client safety.  Review of documentation revealed an individual habilitation plan (IHP) dated 10/27/22 which	W 191	for intake #NC00202 Although the compla additional deficience STAFF TRAINING P	2904 and #NC00202942. hint was unsubstantiated, is were cited. ROGRAM	W	91		
complaint investigation survey completed on 6/12/23 revealed incident reporting from 4/2022-5/2023. Continued review revealed an incident report dated 4/23/22 which indicated client #1 entered into another client's room, pulled his pants down and sat on the client's bed. The incident report also indicated that the other client remained fully clothed and staff redirected client #1 to pull up his pants and go to his room. Review of the 4/2022 incident report revealed the program director (PM) was immediately called and additional monitoring and oversight processes were implemented to prevent further occurrences and ensure client safety. Review of the facility documentation did not reveal evidence of in-service training on additional interventions that were implemented to ensure client safety.  Review of documentation revealed an individual habilitation plan (IHP) dated 10/27/22 which		must focus on skills toward clients' behave This STANDARD is Based on record reversible failed to ensure staff specific to supervisions afety for 1 of 6 clients.	and competencies directed vioral needs. not met as evidenced by: view and interview, the facility were adequately trained on needs to support client ints (#2). The finding is:				
habilitation plan (IHP) dated 10/27/22 which		complaint investigati 6/12/23 revealed inc 4/2022-5/2023. Confincident report dated client #1 entered into his pants down and sincident report also i remained fully clothe #1 to pull up his pant Review of the 4/2022 program director (PN and additional monit processes were implicated of in-service training	on survey completed on ident reporting from tinued review revealed an I 4/23/22 which indicated of another client's room, pulled sat on the client's bed. The indicated that the other client and staff redirected client and staff redirected client and go to his room. In it is and go to his room. In it is and go to his room, it is and go to his room, it is and go to his room. In it is and go to his room, it is and go to his room, it is and go to his room. In it is and go to his room, it is and go to his room. It is and go to his room, it is and go to his room. It is and go to his room, it is and go to his room. It is and go to his room, it is and go to his room. It is and go to his room, it is and go to his room. It is an it				
A DODATORY RIDEOTORIO OR PROVIDERIOURNI IED REPRECENTATIVEIO CIONATURE		habilitation plan (IHF	P) dated 10/27/22 which				

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

Event ID: CR8J11

days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

ORDECTION I DENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED			
		A. BOILDI			С
	34G307	B. WING _			06/12/2023
OVIDER OR SUPPLIER  A GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CO 5691 MACK LINEBERRY ROAD CLIMAX, NC 27233	ODE	
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD B HE APPROPRIA	DATE
indicated that client a supervision during w record for client #1 replan (BSP) dated 4/2 following diagnosis: hyperactivity disorder Adjustment Disorder emotions and conduration Disorder (PTSD); scitype; history of Alcohologore Use Disorder, Tobaco Depressive Disorder Continued review of revealed the followin inappropriate sexual homicidal ideation, in property destruction/physical aggression. 4/24/22 bsp for client following intervention during waking hours and community is nessfety, prevent unsarand to prevent or material materials and to prevent or materials and to prevent or materials and to prevent or materials and to prevent unsarand to prevent or materials and to assume resonated to assume resonated and activated door and on exit door and on exit door are needed to alert set.	that should have 1:1 raking hours. Review of the evealed a behavior support 24/22 which indicated the I/DD mild; attention deficit or (ADHD); Bipolar I Disorder; with mixed disturbances of et; Post Traumatic Stress hizoaffective disorder-bipolar nol Use Disorder, Cannabis too Use Disorder, Major and Psychotic Disorder. the 4/2022 bsp for client #1 g target behaviors: behavior, suicidal and/or nappropriate language, misuse, elopement and Continued review of the that also included the ens: close visual monitoring in the home, day program the beded to ensure client #1's fe or maladaptive behaviors, anage episodes consisting of the or suicidal and monitoring in the staff responsible for the client has to leave the area on, other staff should be sponsibility for visual.	W	191		
	SUMMARY S (EACH DEFICIENCE REGULATORY OR  Continued From page indicated that client as supervision during we record for client #1 re plan (BSP) dated 4/2 following diagnosis: hyperactivity disorder Adjustment Disorder emotions and conduct Disorder (PTSD); so type; history of Alcohologisorder, Tobact Use Disorder, Tobact Us	OVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 indicated that client #1 should have 1:1 supervision during waking hours. Review of the record for client #1 revealed a behavior support plan (BSP) dated 4/24/22 which indicated the following diagnosis: I/DD mild; attention deficit hyperactivity disorder (ADHD); Bipolar I Disorder; Adjustment Disorder with mixed disturbances of emotions and conduct; Post Traumatic Stress Disorder (PTSD); schizoaffective disorder-bipolar type; history of Alcohol Use Disorder, Cannabis Use Disorder, Tobacco Use Disorder, Major Depressive Disorder and Psychotic Disorder. Continued review of the 4/2022 bsp for client #1 revealed the following target behaviors: inappropriate sexual behavior, suicidal and/or homicidal ideation, inappropriate language, property destruction/misuse, elopement and physical aggression. Continued review of the 4/24/22 bsp for client #1 also included the following interventions: close visual monitoring during waking hours in the home, day program and community is needed to ensure client #1's safety, prevent unsafe or maladaptive behaviors, and to prevent or manage episodes consisting of maladaptive behaviors of concern. The client "also needs visual supervision and monitoring during sleeping hours. If the staff responsible for visually monitoring the client has to leave the area for a legitimate reason, other staff should be asked to assume responsibility for visual	OVIDER OR SUPPLIER  A GROUP HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 indicated that client #1 should have 1:1 supervision during waking hours. Review of the record for client #1 revealed a behavior support plan (BSP) dated 4/24/22 which indicated the following diagnosis: I/DD mild; attention deficit hyperactivity disorder (ADHD); Bipolar I Disorder; Adjustment Disorder with mixed disturbances of emotions and conduct; Post Traumatic Stress Disorder (PTSD); schizoaffective disorder-bipolar type; history of Alcohol Use Disorder, Cannabis Use Disorder, Tobacco Use Disorder, Major Depressive Disorder and Psychotic Disorder. Continued review of the 4/2022 bsp for client #1 revealed the following target behaviors: inappropriate sexual behavior, suicidal and/or homicidal ideation, inappropriate language, property destruction/misuse, elopement and physical aggression. Continued review of the 4/24/22 bsp for client #1 also included the following interventions: close visual monitoring during waking hours in the home, day program and community is needed to ensure client #1's safety, prevent unsafe or maladaptive behaviors, and to prevent or manage episodes consisting of maladaptive behaviors of concern. The client "also needs visual supervision and monitoring during sleeping hours. If the staff responsible for visually monitoring the client has to leave the area for a legitimate reason, other staff should be asked to assume responsibility for visual monitoring".  Review of the 4/24/22 bsp included the following environmental interventions: alarms are to be installed and activated on client #1's bedroom door and on exit doors at the home. "The alarms are needed to alert staff if the client is in his	OVIDER OR SUPPLIER  A GROUP HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 1 indicated that client #1 should have 1:1 supervision during waking hours. Review of the record for client #1 revealed a behavior support plan (BSP) dated 4/24/22 which indicated the following diagnosis: I/DD mild; attention deficit hyperactivity disorder (ADHD). Bipolar I Disorder; Adjustment Disorder with mixed disturbances of emotions and conduct; Post Traumatic Stress Disorder (PTSD), schizoaffective disorder-bipolar type; history of Alcohol Use Disorder, Major Depressive Disorder and Psychotic Disorder. Continued review of the 4/2022 bsp for client #1 revealed the following target behaviors: inappropriate sexual behavior, suicidal and/or homicidal ideation, inappropriate language, property destruction/misuse, elopement and physical aggression. Continued review of the 4/22/22 bsp for client #1 asso included the following interventions: close visual monitoring during waking hours. If the staff responsible for visually monitoring the client has to leave the area for a legitimate reason, other staff should be asked to assume responsibility for visual monitoring.  Review of the 4/24/22 bsp included the following environmental interventions: alarms are to be installed and activated on client #1's bedroom door and on exit doors at the home. "The alarms are needed to alert staff if the client is in his	OVIDER OR SUPPLIER  34G307  34G307  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  \$691 MACK LINEBERRY ROAD CLIMAX, NC 27233  CLIMAX, NC

NAME OF PROVIDER OR SUPPLIER  TIMBERLEA GROUP HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  5691 MACK LINEBERRY ROAD  CLIMAX, NC 27233  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION  IG	, ,	(X3) DATE SURVEY COMPLETED		
TIMBERLEA GROUP HOME    SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)    W 191   Continued From page 2   home. The bedroom alarm is needed due to recent inappropriate sexual behavior involving touching private body parts of another resident in the room without his consent. Surveillance cameras in the common areas of the home are also recommended to alert staff of unusual movement or activity within the home. Staff have reported that the client has previously crawled on the floor to avoid staff monitoring of his movements. Staff will have a designated chair positioned so that visual monitoring of the client's door can be carried out during sleeping hours". Review of the record did not reveal evidence of in-service training on the updated bsp and interventions.    Review of an incident report dated 5/18/23 indicated that Client #1 was suspected of sexually assaulting client #2 and wrote a suicide letter. Continued review of the 5/18/23 incident report			34G307	B. WING _			C <b>06/12/2023</b>	
W 191  Continued From page 2 home. The bedroom alarm is needed due to recent inappropriate sexual behavior involving touching private body parts of another resident in the room without his consent. Surveillance cameras in the common areas of the home are also recommended to alert staff of unusual movement or activity within the home. Staff have reported that the client has previously crawled on the floor to avoid staff monitoring of his movements. Staff will have a designated chair positioned so that visual monitoring of the client's door can be carried out during sleeping hours". Review of the record did not reveal evidence of in-service training on the updated bsp and interventions.  Review of an incident report dated 5/18/23 indicated that client #1 was suspected of sexually assaulting client #2 and wrote a suicide letter. Continued review of the 5/18/23 incident report					5691 MACK LINEBERRY ROAD	E	06/12/2023	
home. The bedroom alarm is needed due to recent inappropriate sexual behavior involving touching private body parts of another resident in the room without his consent. Surveillance cameras in the common areas of the home are also recommended to alert staff of unusual movement or activity within the home. Staff have reported that the client has previously crawled on the floor to avoid staff monitoring of his movements. Staff will have a designated chair positioned so that visual monitoring of the client's door can be carried out during sleeping hours". Review of the record did not reveal evidence of in-service training on the updated bsp and interventions.  Review of an incident report dated 5/18/23 indicated that client #1 was suspected of sexually assaulting client #2 and wrote a suicide letter. Continued review of the 5/18/23 incident report	PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE	
client #2's room and run into his room locking the door. Review of the 5/2023 incident also revealed client #1 to slide a suicidal note under the door stating "today I will kill myself. Sorry mom". Review of the 4/2022 and 5/2023 bsp updates for client #1 did not reveal telling untruths as a target behavior.  Review of an internal investigative summary dated 5/24/23 indicated that on 5/17/23 staff witnessed client #1 to run out of client #2's room, enter his room and close the door. Continued review of the investigative summary indicated that staff did not hear client #1's door chime at that time. Review of the 5/2023 investigative	W 191	home. The bedroor recent inappropriate touching private book the room without his cameras in the comalso recommended movement or activity reported that the clie the floor to avoid stamovements. Staff with positioned so that vidoor can be carried Review of the recordin-service training of interventions.  Review of an incider indicated that client assaulting client #2 Continued review of revealed staff obserclient #2's room and door. Review of the revealed client #1 to the door stating "took mom". Review of updates for client #1 as a target behavior.  Review of an international dated 5/24/23 indicated the investing staff did not hear client staff did not hear client.	In alarm is needed due to a sexual behavior involving by parts of another resident in a consent. Surveillance mon areas of the home are to alert staff of unusual y within the home. Staff have ent has previously crawled on aff monitoring of his ill have a designated chair sual monitoring of the client's out during sleeping hours". It did not reveal evidence of in the updated bsp and the updated bsp and the treport dated 5/18/23 incident report eved client #1 to leave out of trun into his room locking the 15/2023 incident also is slide a suicidal note under lay I will kill myself. Sorry the 4/2022 and 5/2023 bsp idid not reveal telling untruths in the solution of the sexual telling untruths in the sexual t	W 1	91			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X3) DATE SURVEY COMPLETED		
	34G307	B. WING _			C <b>06/12/2023</b>
NAME OF PROVIDER OR SUPPLIER  TIMBERLEA GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5691 MACK LINEBERRY ROAD CLIMAX, NC 27233	E .	
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	
Further review of the in revealed client #1 was on 5/19/23 on therapeural ternative, appropriate found.  Additional review of the dated 5/24/23 revealed check on client #2 and or injury and the client's Continued review of the revealed client #2 was emergency department a forensic examination to the facility. Further resummary concluded the followed appropriately a of inservice training on Review of facility incide reporting suspected or exploitation policy on 6 following parties should immediately: PM, Nurse social services (DSS), I registry (HCPR) and more Review of facility document that occurred or review of facility document that occurred or review of facility document reveal in-service training client #1, 1:1 intervention	the local ED for a on 5/18/23 and released. The sent home with his family stic leave until an placement could be sinvestigative summary staff completed a body found no redness, swelling and adult brief was still intact. The investigative summary transported to the sent (ED) on 5/18/23, provided and rape kit and returned eview of the investigative to bsp for client #1 was not and there was no evidence interventions.  The reporting policy and actual abuse, neglect, or 1/12/23 revealed the less to call department of the ealthcare personnel conitoring LME/MCO. The nentation did not verify if tacted relative to the less to the	W 1	91		

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G307	B. WING		C <b>06/12/2023</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 691 MACK LINEBERRY ROAD CLIMAX, NC 27233	00/12/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
W 191	5/19/23 client #1 ap program and stated masturbated in from interview with staff, the information to m staff A also revealed not himself through revealed client #2 w not being able to sit staff A did not revealed clients #1 and Interview with staff made aware of the Continued interview not instructed to implicate incident. Staff B furthome with family or afternoon of 5/19/23. Interview with the P when client #1 was inappropriate incident made by the team a implement the followed or chime on the composition to "closs and install surveillar areas. Continued in revealed that client include increased in cameras, however, the common area w Subsequent intervier facility employed six twelve months. Cor	A on 6/12/23 revealed that on a proached her at the day that he "raped and tof" client #2. Continued A revealed that she reported management. Interview with don 5/19/23 that client #2 was out the day. Staff A also was withdrawn, restless and estill. Further interview with all any intervention changes for #2 after the 5/17/23 incident. B on 6/12/23 revealed he was incident by the PM on 5/19/23. With staff B revealed he was olement additional cautions after the 5/17/23 of their revealed client #1 went in therapeutic leave on the 3.  M on 6/12/23 revealed that involved in a sexually ent on 4/23/22, a decision was and human rights committee to wing interventions: place a client's door, increase e supervision on 1st shift only" noce cameras in common interview with the PM also #1's BSP was updated to nonitoring and surveillance the surveillance cameras in	W 191		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED					
		34G307	B. WING _			C <b>06/12</b> /	2023
NAME OF PROVIDER OR SUPPLIER  TIMBERLEA GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP 5691 MACK LINEBERRY ROAD CLIMAX, NC 27233	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIA	- 1	(X5) OMPLETION DATE
W 191	communication logs a 5/17/23 incident. Fur revealed she could no minutes or in-service confirm formal trainininterventions were professional (QIDP) of 5/18/23 the interdiscip client #1's behaviors. QIDP also revealed the able to meet client #1 sent on therapeutic leappropriate placemer client's 1:1 needs. Fur QIDP could not confir in-service training relaprotocol, abuse/negle reporting, bsp update to ensure the clients the incidents that occ 5/17/23. Additional in revealed that HCPR valleged incidents. Sul PM and QIDP also rein-service trainings ar should have been could revealed that we have been could not confirmate the clients.	s BSP in staff meetings, and phone calls after the ther interview with the PM of locate the staff meeting forms as well as dates to g of client #1 behaviors and ovided to staff.  Alified intellectual disabilities on 6/12/23 revealed that on colinary team met to discuss. Continued interview with the nat the facility was no longer 's needs and the client was eave on 5/19/23 until an ant was available to meet the orther interview with the end tates or evidence of active to incident reporting act/exploitation (ANE) is and intervention changes safety in the home between curred on 4/23/22 and derview with the QIDP was not made aware of the osequent interview with the vealed that evidence of and staff meeting minutes	W 1	191			