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FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL026-814 | A. BUILDING: _____ B. WING _____ | R-C 03/15/2023 |

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| V 000 | INITIAL COMMENTS<br><br>A complaint and follow up survey was completed on March 15, 2023. The complaints were substantiated (Intake #NC00198631 and #NC00199447). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.<br><br>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.<br><br>This survey originally closed on March 2, 2023 but was reopened on March 13, 2023 due to additional complaints. | V 000 | | |
| V 109 | 27G .0203 Privileging/Training Professionals<br><br>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS<br>(a) There shall be no privileging requirements for qualified professionals or associate professionals.<br>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.<br>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.<br>(d) Competence shall be demonstrated by exhibiting core skills including:<br>(1) technical knowledge;<br>(2) cultural awareness;<br>(3) analytical skills;<br>(4) decision-making;<br>(5) interpersonal skills;<br>(6) communication skills; and | V 109 | | |

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| V 109 | Continued From page 1<br>(7) clinical skills.<br>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.<br>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.<br>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, one of one Director of Services/Qualified Professional (DOS/QP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:<br><br>Cross Reference: G.S. 131E-256 HEALTH CARE PERSONNEL REGISTRY (Tag V132) Based on record reviews and interview the facility failed to ensure that the Health Care Personnel Registry (HCPR) is notified of all allegations against health care personnel.<br><br>Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag V366) Based on record review and interview, the facility failed to implement written policies governing | V 109 | | |

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| V 109 | Continued From page 2<br>their response to level I, II or III incidents as required.<br><br>Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag V367) Based on record reviews and interview the facility failed to ensure that the Health Care Personnel Registry (HCPR) is notified of all allegations against health care personnel.<br><br>Cross Reference: 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (Tag V536) Based on record review and interviews the facility failed to ensure one of three audited staff, Director of Services/Qualified Professional (DOS/QP), received training in alternatives to restrictive interventions.<br><br>Cross Reference: 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (Tag V537) Based on record reviews and interviews, the facility failed to ensure one of three audited staff, Director of Services/Qualified Professional (DOS/QP), received training in seclusion, physical restraint and isolation time-out.<br><br>Review on 2/22/23 of the DOS/QP record revealed:<br>-Hire date: 6/27/16.<br>-Job: DOS/QP<br><br>Interview on 2/22/23 the DOS/QP stated:<br>-It was her responsibility to report to the Health Care Personnel Registry.<br>-It was her responsibility to submit incident reports into the North Carolina Incident Response Improvement System (IRIS). | V 109 | | |

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| V 109 | Continued From page 3<br>-It was her responsibility to ensure staff were trained in alternatives to restrictive interventions and trained in seclusion, physical restraint and isolation time out. | V 109 | | |
| V 112 | 27G .0205 (C-D)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(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.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(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 | | |

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| V 112 | Continued From page 4<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to implement goals and strategies to address client needs for two of four audited clients (#1, #2) and ensure written consent or agreement by guardian for one of four audited clients (#4) . The findings are:<br><br>Finding #1<br>Review on 2/22/23 of client #1's record revealed:<br>-17 year old male.<br>-Admitted on 8/17/22.<br>-Diagnoses of Autism Spectrum Disorder, Post Traumatic Stress Disorder, Reactive Attachment Disorder and Impulse Control Disorder.<br>-Individualized Behavioral Support Plan dated 8/16/22 revealed..."Goals: This Behavior Support Plan is in place to best support [client #1] current needs. The interventions are to help ensure that [client #1] receives consistent care and support. The team will continue to monitor and make the appropriate revisions when necessary...Positive Behavior Support Strategies: Behavior charts and indications will document and chart behavioral occurrence as well as provide tangible results for [client #1] and for care providers to track and monitor success and/or regress on a daily basis in all settings. the plan and charts would be monitored and reviewed on a weekly basis to allow for adjustments and redirection in therapeutic intervention...It is recommended that therapists, staff and other care providers implement strategies suggested on a daily and consistent basis. This can be implemented with charts that are clear, simple and directive in which [client #1] can easily follow and interpret..."<br><br>Review on 2/22/23 client #1's treatment plan | V 112 | | |

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| V 112 | Continued From page 5<br>dated 8/17/22 revealed:<br>-"...Goal 2: [Client #1] will implement prosocial ways of expressing agitation."<br>-No strategies on how behavior support plan was implemented.<br>-No charts or documented evidence to show strategies were implemented.<br><br>Interview on 2/22/23 client #1 stated:<br>-He lived at the facility since August 2022.<br><br>Finding #2<br>Review on 2/22/23 of client #2's record revealed:<br>-16 year old male.<br>-Admitted on 9/15/22.<br>-Diagnoses of Autism Spectrum, Intellectual Disability Mild, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder and Obsessive Compulsive Disorder.<br>-Individualized Behavioral Support Plan dated 8/17/22 revealed..."...Goal: This Behavioral Support Plan is in place to best support [client #2's] current needs. The interventions are to help ensure that [client #2] receives consistent care and support. The team will continue to monitor and make appropriate revisions when necessary...Background: ...He struggles with his aggressive behavior, property destruction, and noncompliance. When [client #2] experiences high stress, irritation, and inability to get his needs met he will display negative behaviors such as: noncompliance, property destruction and physical aggressive behavior. [Client #2] displays aggressive behavior during transitional periods such as after school. [Client #2] head bangs when he gets frustrated. He has a past of hitting, punching, headbutting and biting...It is recommended that therapists, staff and other care providers implement strategies suggested on a daily and consistent basis. This can be | V 112 | | |

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| V 112 | Continued From page 6<br>implemented with charts that are clear, simple and directive in which [client #2] can easily follow and interpret..."<br><br>Review on 2/22/23 of client #2's treatment plan dated 9/15/22 revealed:<br>-No documentation of how the Behavioral Support Plan's goals and strategies were implemented.<br><br>Interview on 2/22/23 client #2 stated:<br>-He lived at the facility since September 2022.<br><br>Finding #3<br>Review on 2/22/23 of client #4's record revealed:<br>-13 year old male.<br>-Admitted on 8/16/22.<br>-Diagnoses of Autism Spectrum Disorder, ADHD and Moderate Intellectual Disability Disorder.<br><br>Review on 2/22/23 of client #4's treatment plan dated 8/1/2 revealed:<br>-Treatment plan not signed by client #4's guardian.<br><br>Attempts to interview client #4 and client #4's guardian on 2/24/23 and 2/28/23 were unsuccessful. Voicemail messages were left requesting a call back. No call backs received.<br><br>Interview on 2/22/23 and 3/2/23 the Director of Services/Qualified Professional stated:<br>-All client treatment plans were completed by the clients' care coordinators.<br>-She developed short range goals for each client.<br>-Client #1 and #2 had Behavior Support plans developed by their psychologist.<br>-Staff were supposed to document behavior and strategies on an ABC (Antecedent, Behavior, Consequences) Checklist maintained at the | V 112 | | |

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| V 112 | Continued From page 7<br>facility.<br>-She had attempted to contact client #4's guardian but not had heard back.<br>-Client #4's treatment plan was developed prior to his admission.<br>-She did not have a copy of client #4's treatment plan signed by the guardian.<br>-Client #4 was on a home visit with his guardian.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 112 | | |
| V 132 | G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection<br><br>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY<br>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:<br>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.<br>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.<br>c. Misappropriation of the property of a healthcare facility.<br>d. Diversion of drugs belonging to a health care facility or to a patient or client.<br>e. Fraud against a health care facility or against a patient or client for whom the employee is | V 132 | | |

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| V 132 | Continued From page 8<br>providing services).<br>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interview the facility failed to ensure that the Health Care Personnel Registry (HCPR) is notified of all allegations against health care personnel. The findings are:<br><br>Review on 2/22/23 of client #1's record revealed:<br>-17 year old male.<br>-Admitted on 8/17/22.<br>-Diagnoses of Autism Spectrum Disorder, Post Traumatic Stress Disorder, Reactive Attachment Disorder and Impulse Control Disorder.<br><br>Interview on 2/22/23 client #1 stated:<br>-Staff #1 had pushed him on the bed and punched him in the face.<br>-The incident happened about 2 months ago.<br>-He told the Director of Services/Qualified | V 132 | | |

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| V 132 | Continued From page 9<br>Professional about the incident.<br><br>Review on 2/22/23 of the North Carolina Incident Response Improvement System (IRIS) revealed:<br>-No incident reports submitted by the facility between October 2022 - February 22, 2023.<br><br>Interview on 2/22/23 the DOS/QP stated:<br>-She was responsible for reporting to the HCPR.<br>-She became aware of the allegation against staff #1 during a local Child Protective Services visit on 2/15/23.<br>-She had not made a report to the HCPR because she did not have all the information.<br><br>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals for a standard level citation and must be corrected within 60 days. | V 132 | | |
| V 366 | 27G .0603 Incident Response Requirments<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; | V 366 | | |

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| V 366 | Continued From page 10<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.<br>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:<br>(1) immediately securing the client record by:<br>(A) obtaining the client record;<br>(B) making a photocopy;<br>(C) certifying the copy's completeness; and<br>(D) transferring the copy to an internal review team;<br>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:<br>(A) review the copy of the client record to | V 366 | | |

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| V 366 | Continued From page 11<br>determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;<br>(B) gather other information needed;<br>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and<br>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and<br>(3) immediately notifying the following:<br>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;<br>(D) the Department;<br>(E) the client's legal guardian, as applicable; and<br>(F) any other authorities required by law. | V 366 | | |

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| V 366 | Continued From page 12<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to implement written policies governing their response to level I, II or III incidents as required. The findings are:<br><br>Refer to V367 for evidence of level II and level III incident reports not reported by the Director of Services/Qualified Professional (DOS/QP)<br><br>Finding #1<br>Review on 2/22/23 of incident reports provided by the facility from October 2022 - February 22, 2023 revealed:<br>- 2 Level I incident report for client #2 dated 10/3/22 and 10/28/22.<br>-No level II or III incident reports.<br><br>Finding #2<br>Review on 2/22/23 of client #1's record revealed:<br>-17 year old male.<br>-Admitted on 8/17/22.<br>-Diagnoses of Autism Spectrum Disorder, Post Traumatic Stress Disorder, Reactive Attachment Disorder and Impulse Control Disorder.<br><br>Interview on 2/22/23 client #1 stated:<br>-He had left school without permission.<br>-He did not recall the dates.<br>-The DOS/QP had picked him up while walking from school.<br>-Client #2 eloped from the facility.<br>-He did not recall the date. | V 366 | | |

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| V 366 | Continued From page 13<br><br>Finding #3<br>Review on 2/22/23 of client #2's record revealed:<br>-16 year old male.<br>-Admitted on 9/15/22.<br>-Diagnoses of Autism Spectrum, Intellectual Disability Mild, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder and Obsessive Compulsive Disorder.<br><br>Interview on 2/22/23 client #2 stated:<br>-He had eloped from the facility about 3 times.<br>-He did not recall the dates.<br>-He always came back to the facility in an hour or two.<br><br>Interview on 2/22/23 the Director of Services/Qualified Professional stated:<br>-The facility had 2 level I incidents for client #2.<br>-The facility had not had behaviors at the facility.<br>-Client #1 and #2 had behaviors at school.<br>-Client #1 and #2 left the school without permission.<br>-She did not recall the dates.<br>-She did not have any documentation of any of the school incidents.<br><br>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals for a standard level citation and must be corrected within 60 days. | V 366 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during | V 367 | | |

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| V 367 | Continued From page 14<br>the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and<br>(6) other individuals or authorities notified or responding.<br>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:<br>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or<br>(2) the provider obtains information required on the incident form that was previously unavailable.<br>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:<br>(1) hospital records including confidential information;<br>(2) reports by other authorities; and | V 367 | | |

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| V 367 | Continued From page 15<br>(3) the provider's response to the incident.<br>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).<br>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. | V 367 | | |

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| V 367 | Continued From page 16<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:<br><br>Finding #1<br>Review on 2/22/23 of client #1's record revealed:<br>-17 year old male.<br>-Admitted on 8/17/22.<br>-Diagnoses of Autism Spectrum Disorder, Post Traumatic Stress Disorder, Reactive Attachment Disorder and Impulse Control Disorder.<br><br>Interview on 2/22/23 client #1 stated:<br>-He had not been placed in a restrictive intervention.<br>-Staff #1 had pushed him to the bed and punched him in the face a couple months ago.<br>-Law Enforcement (LE) responded to the home after he texted a friend about staff #6.<br>-He was unsure of the dates of the incidents.<br><br>Finding #2<br>Review on 2/22/23 of client #2's record revealed:<br>-16 year old male.<br>-Admitted on 9/15/22.<br>-Diagnoses of Autism Spectrum, Intellectual Disability Mild, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder and Obsessive Compulsive Disorder.<br><br>Review on 2/22/23 of the facility's incident reports for client #2 revealed:<br>-10/3/22: "Summary Around 6:30am, staff went | V 367 | | |

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| V 367 | Continued From page 17<br>into the individual's room to wake him up for school...Staff left the room...individual got out the bed and slammed the door so hard it went through the frame...individual charged at staff fighting, shattered the kitchen window and then proceeded to run out the house...[Licensee] had arrived at the home...He then went towards [Licensee] and swung at her in attempt to hit. [Licensee] then had to restrain him...staff on shift to assist her with the restraint to ensure individual did not get hurt due to him fighting..."<br>-10/28/22: "Describe what happened before the event Individual did not want to get up for school! When individual officially stood up he was highly upset and angry and attacked staff."<br><br>Interview on 2/22/23 client #2 stated:<br>-Law Enforcement responded to the home when he was locked out of the house and "throwing a tantrum."<br>-He did not recall the staff who had worked.<br>-The door was not locked it was "shut and someone was standing in front of it."<br>-He was placed in a restrictive intervention for "throwing everything around the room"<br>-He was held down on the floor by the DOS/QP and another former staff.<br><br>Finding #3<br>Review on 2/24/23 of a local police department "List of Events" to the facility revealed:<br>-10/27/22 - Physical Disturbance<br>-11/16/22 - Neglect<br>-1/6/23 - Disturbance/Nuisance<br>-1/6/23 - Hemorrhage/Bleeding<br><br>Interview on 2/28/23 the Administrative/Direct Care Staff stated:<br>-Client #1 made a threat against a staff but she did not recall which staff. | V 367 | | |

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| V 367 | Continued From page 18<br><br>-Client #1 had a behavior at the office and staff had to chase him down the street.<br>-Client #1 had hit her and another staff during the incident.<br>-Client #1 had to be placed in a restrictive intervention.<br><br>Interview on 2/22/23 the Director of Services/Qualified Professional stated:<br>-She was responsible for completing IRIS reports.<br>-No client had been placed in a restrictive intervention in last 3 months (December - current).<br>-No incident report was completed for staff #1's alleged abuse against client #1.<br><br>Interview on 2/28/23 and 3/2/23 the DOS/QP stated:<br>-Client #2's incidents were documented as level I incidents.<br>-Client #2 had attacked staff during a behavior and staff called LE.<br>-She arrived at the home at the same time as LE.<br>-She informed LE they were not needed.<br>-She did not recall LE response to the home on the dates of the List of Events.<br><br>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals for a standard level citation and must be corrected within 60 days. | V 367 | | |
| V 512 | 27D .0304 Client Rights - Harm, Abuse, Neglect<br><br>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION<br>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance | V 512 | | |

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| V 512 | Continued From page 19<br>with G.S. 122C-66.<br>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.<br>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.<br>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.<br>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation, and interviews, one of five staff (#1) abused one of four audited clients (#1). The findings are:<br><br>Review on 2/22/23 of staff #1's record revealed:<br>-Original hire date: 12/11/19.<br>-Rehire date: 10/11/22.<br>-Job: Direct Support Professional<br><br>Review on 2/22/23 of client #1's record revealed:<br>-17 year old male.<br>-Admitted on 8/17/22.<br>-Diagnoses of Autism Spectrum Disorder, Post Traumatic Stress Disorder, Reactive Attachment Disorder and Impulse Control Disorder. | V 512 | | |

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| V 512 | Continued From page 20<br><br>Review on 2/23/23 of a undated video provided by an anonymous staff revealed:<br>-A person identified as staff #1 wearing what appeared to be red bottoms (pants or shorts) laid on top of a barely visible client identified as client #1 on a twin size bed. Staff #1 appeared to have both his knees on the bed and he is bent over with his body on top of client #1. Staff #1 was substantially larger than client #1. Both, staff #1 and client #1 were positioned across the middle of the bed. Staff #1 was heard saying "Are you crazy or something?" client #1 can be heard faintly saying an inaudible word. Staff #1 continues "You crazy you not going to kick doors huh" Staff #1's right arm could be seen coming out and going back under him as he hit client #1 once. The video continued with staff #1 saying "You want to kick doors" and client #1 responded "I did not touch you, why are you attacking me? Staff #1 stated "you want to kick the wall." Client #1 said "why are you hurting me?" Staff #1 said "you ain't got no money you ain't going to do no property damage, You ain't kicking no doors and walls. You not putting no holes in walls."<br><br>Observation on 2/22/23 during a tour of the facility between 5:25 pm - 5:40 pm revealed:<br>-The bedroom was client #1 and client #2's bedroom.<br>-Surveyor identified the same bed, bedding and pictures consistent with the video as in client #1's bed/bedroom.<br>-Client #1 was laying on the bed.<br><br>Interview on 2/22/23 client #1 stated:<br>-The incident happened around 2 months ago.<br>-He was in his room and he kicked the wall twice.<br>-Staff #1 came into his room and yelled at him.<br>-Staff #1 pushed him to the bed and "punched" him in the face once. | V 512 | | |

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| V 512 | Continued From page 21<br>-Staff #1 got on top of him and was "hovering over" him.<br>-He was laying on his back face up.<br>-Staff #1 was hovering over him with one leg on the bed and one on the floor.<br>-He could not recall what staff #1 said to him.<br>-He had a mark on the right side of his face from being punched by staff #1.<br>-He was in pain for about 2 days after he was punched by staff #1.<br>-He did not see a doctor.<br>-He told the Director of Services/Qualified Professional (DOS/QP) about the incident about a week later.<br>-The DOS/QP did not believe him and said staff #1 would have "broken his jaw" if it had happened.<br>-There was a second incident with staff #1.<br>-The incident happened on a Tuesday or a weekend.<br>-He was "bored and walking through the house."<br>-Staff #1 "tackled" him to the ground and choked him.<br>-He was talking and staff #1 told him to stop talking.<br>-He told staff #1 "no" and staff #1 tackled him and choked him.<br>-Staff #1 had his arm around his neck.<br>-He tried to make a noise so client #2 would hear.<br>-He was unable to make any noise.<br>-He told the Administrative/Direct Support Professional (DSP) about the incident recently during her interview.<br><br>Interview on 2/22/23 client #2 stated:<br>-Client #1 "appeared anxious" and was walking back and forth around the facility.<br>-Client #1 was in their room when staff #1 came into the room.<br>-Client #1 was standing and staff #1 told client #1 | V 512 | | |

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| V 512 | Continued From page 22<br>to sit.<br>-Client #1 responded no "he did not have to he was just walking."<br>-Staff #1 "pushed" client #1 onto the bed.<br>-The push was like a "slight shoulder tackle but more aggressive."<br>-Client #1 was on the bed with staff #1 holding him.<br>-Staff #1 told him (client #2) to go to the living room.<br><br>Interview on 2/28/23 staff #1 stated:<br>-He worked at the facility since 2019.<br>-He worked part time and had worked all shifts.<br>-He had never placed client #1 in a restrictive intervention.<br>-He had never hit client #1.<br>-"I'm a big guy 6'0 - 6'1 wear double x glove and over 400 pounds. No way I could hit them without turning him (client #1) orange."<br>-He did not have any property damage made by the clients while he worked.<br>-The clients did not have any behaviors when he worked.<br>-He was unaware of any allegations made against him.<br><br>Interview on 2/23/23 an anonymous staff stated:<br>-He worked at the facility since October 2022.<br>-On the weekends, clients were allowed to use their electronics.<br>-Staff #1 said the clients could get on their electronics at a certain time.<br>-Client #1 became upset.<br>-Client #1 was in his room and got on his electronic prior to the time set by staff #1.<br>-Staff #1 was upset and "they (staff #1 and client #1) got into it"<br>-Staff #1 got on top of client #1 and "hit [client #1] in the head twice." | V 512 | | |

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| V 512 | Continued From page 23<br>-Client #1 responded "you are hurting me and get off me."<br>-Staff #1 said "you are not going to do any property damage."<br>-There was no property damage or reports made for property damage that day.<br>-The incident occurred between October and November 2022.<br>-He was "shocked and caught off guard" by the incident.<br>-He had not attempted to intervene because everything happened so fast.<br>-He recorded the incident and said "hey" then staff #1 got off of client #1.<br>-He did not observe any marks or bruises on client #1 after the incident.<br>-He had not reported the incident to any other staff or management.<br>-Client #1 told the Administrative/DSP during her follow up interview last week he had not felt safe with staff #1 however the Administrative/DSP did not write it down.<br><br>Interview on 2/28/23 the Administrative/DSP stated:<br>-Client #1 had not disclosed any allegations against staff #1 to her.<br>-No client had disclosed they felt unsafe.<br><br>Interview on 2/21/23 and 3/2/23 a local Department of Social Services (DSS) Child Protective Services (CPS) worker stated:<br>-She visited the home last Wednesday (2/15/23).<br>-She requested the DOS/QP and staff #1 be removed from work while she completed her investigation.<br>-She informed the DOS/QP the allegation was against a "40 year old male."<br>-The DOS/QP identified staff #1 as the 40 year old male. | V 512 | | |

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| V 512 | Continued From page 24<br>-She requested the DOS/QP be removed from the facility because the DOS/QP had knowledge of other abuse that had occurred at the sister facility during the same time and failed to protect the client.<br>-She had not completed a safety assessment with the facility to develop a plan to ensure the safety of the clients.<br>-The Licensee/Chief Executive Officer (CEO) did not feel comfortable completing the safety assessment and said she would contact her attorney.<br><br>Interview on 3/2/23 a local police detective stated:<br>-He had shown the video with staff #1 to the Licensee on 2/28/23.<br>-The Licensee identified staff #1 as the staff from the video.<br>-He had viewed the same video as the surveyor.<br><br>Interviews on 2/22/23, 2/28/23, 3/2/23 the DOS/QP stated:<br>-There was an investigation open with the local DSS last Wednesday (2/15/23).<br>-The CPS worker removed her and staff #1 from the group home during the investigation.<br>-There was an allegation a staff hit a client in the jaw.<br>-The CPS worker had not identified the staff but they believed the staff to be staff #1.<br>-Staff #1 weighed approximately "a good 350 plus (in weight)" and client #1 "is probably 150 (in weight)."<br>-She believed if the allegation had occurred they would have known.<br>-She had not seen any marks or bruises on client #1.<br>-Client #1 continued to change his story about the incident.<br>-She had not interviewed client #1 about the | V 512 | | |

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| V 512 | Continued From page 25<br><br>allegation.<br>-She spoke with staff #1 who said the only day he had to say anything to client #1 was when he kicked a hole in the wall.<br>-Client #1 kicked the hole in the wall months ago.<br>-Client #1 never made an allegation against staff #1.<br><br>Interview on 2/28/23 the Licensee/CEO stated:<br>-The CPS worker had not informed her of the allegation against staff #1 during the CPS initial visit.<br>-The CPS worker said staff #1 and the DOS/QP had to come off of the schedule.<br>-She contacted her attorney the next day and was advised to cooperate with CPS.<br>-The CPS worker said the allegation was a 40 year old male, who she identified as staff #1, had body slammed client #1.<br>-"If [staff #1] had body slammed [client #1] he would have been in the hospital."<br><br>Review on 3/2/23 of the Plan of Protection (POP) dated 3/2/23 written by the DOS/QP revealed:<br>-"What immediate action will the facility take to ensure the safety of the consumers in your care? Who, what, when Agency has already been advised by our legal team to remove staff from schedule. This staff will remain off until investigations has been completed. Our interns conducted interviews with the individuals at the home. If any further action needs to happen after initial investigation agency will comply. If more evidence presents itself outside of what we have already seen, agency will take the necessary steps.<br>-Describe your plans to make sure the above happens. Weekly interviews will be conducted with individuals. Any incidents will be reported to individuals parents, and if need be DSS and HCR | V 512 | | |

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| V 512 | Continued From page 26<br><br>(Health Care Personnel Registry). Incident reports will also be filled out. We will look at policies to ensure that they are clear and staff understand the importance of making sure they report anything that is out of the normal. QP will make sure all staff understand that even the small thing need to be documented."<br><br>Review on 3/2/23 of the revised POP dated 3/2/23 written by the DOS/QP revealed:<br>-"What immediate action will the facility take to ensure the safety of the consumers in your care? [Staff #1] has already been removed from schedule, per the instructions from the DSS worker. Based on the video shown to the CEO, she didn't see any evidence of abuse. Agency is awaiting more video footage to determine if reports need to be made. An incident report will still be completed. Trainings are being set up for staff, and policies are in the process of being adjusted. Agency will begin a training on abuse, neglect and exploitation. There will also be training on incident reporting."<br><br>Client #1 was a 17 year old male with diagnoses to include Autism Spectrum Disorder, Post Traumatic Stress Disorder, Reactive Attachment Disorder and Impulse Control Disorder. A video reviewed showed staff #1 appeared to have both his knees on the bed and he is bent over with his body on top of client #1 while staff #1 yelled and hit client #1 once as they both were on client #1's bed. Staff #1 is approximately 6 feet tall and weighed over 400 pounds. Client #2 was present in the room when the incident occurred. An anonymous staff witnessed and recorded the video with his cell phone. CPS made the facility aware of the allegations against staff #1 on 2/15/23. The Licensee/CEO was shown the video and denied it had shown abuse of client #1. This | V 512 | | |

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| V 512 | Continued From page 27<br>deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of $2000.00 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. | V 512 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int.<br><br>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.<br>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.<br>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually). | V 536 | | |

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| V 536 | Continued From page 28<br>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.<br>(g) Staff shall demonstrate competence in the following core areas:<br>(1) knowledge and understanding of the people being served;<br>(2) recognizing and interpreting human behavior;<br>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;<br>(4) strategies for building positive relationships with persons with disabilities;<br>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;<br>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;<br>(7) skills in assessing individual risk for escalating behavior;<br>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and<br>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may | V 536 | | |

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| V 536 | Continued From page 29<br>review/request this documentation at any time.<br>(i) Instructor Qualifications and Training Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.<br>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.<br>(5) Acceptable instructor training programs shall include but are not limited to presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) methods for evaluating trainee performance; and<br>(D) documentation procedures.<br>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.<br>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.<br>(8) Trainers shall complete a refresher instructor training at least every two years. | V 536 | | |

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| V 536 | Continued From page 30<br>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time.<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(l) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews the facility failed to ensure one of three audited staff, Director of Services/Qualified Professional (DOS/QP), received training in alternatives to restrictive interventions. The findings are:<br><br>Review on 2/22/23 of the DOS/QP record revealed:<br>-Hire date: 6/27/16.<br>-Job: DOS/QP<br>-Nonviolent Crisis Intervention Restrictive | V 536 | | |

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| V 536 | Continued From page 31<br>completed on 12/15/21 and expired on 12/14/22.<br><br>Interview on 2/22/23 and 3/2/23 the DOS/QP stated:<br>-She did not realize her training was not current.<br>-It was her responsibility to ensure training was complete.<br>-The facility reviewed records quarterly to ensure trainings are current.<br>-She had not reviewed her own record.<br><br>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals for a standard level citation and must be corrected within 60 days. | V 536 | | |
| V 537 | 27E .0108 Client Rights - Training in Sec Rest & ITO<br><br>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT<br>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.<br>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is | V 537 | | |

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| V 537 | Continued From page 32<br>demonstrated.<br>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.<br>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.<br>(g) Acceptable training programs shall include, but are not limited to, presentation of:<br>(1) refresher information on alternatives to the use of restrictive interventions;<br>(2) guidelines on when to intervene (understanding imminent danger to self and others);<br>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);<br>(4) strategies for the safe implementation of restrictive interventions;<br>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;<br>(6) prohibited procedures;<br>(7) debriefing strategies, including their | V 537 | | |

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| V 537 | Continued From page 33<br>importance and purpose; and<br>(8) documentation methods/procedures.<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualification and Training Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.<br>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.<br>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.<br>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:<br>(A) understanding the adult learner; | V 537 | | |

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| V 537 | Continued From page 34<br>(B) methods for teaching content of the course;<br>(C) evaluation of trainee performance; and<br>(D) documentation procedures.<br>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.<br>(8) Trainers shall be currently trained in CPR.<br>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.<br>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.<br>(11) Trainers shall complete a refresher instructor training at least every two years.<br>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcome (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(l) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times, the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(m) Documentation shall be the same | V 537 | | |

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| V 537 | Continued From page 35<br>preparation as for trainers.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure one of three audited staff, Director of Services/Qualified Professional (DOS/QP), received training in seclusion, physical restraint and isolation time-out. The findings are:<br><br>Review on 2/22/23 of the DOS/QP record revealed:<br>-Hire date: 6/27/16.<br>-Job: DOS/QP<br>-Nonviolent Crisis Intervention Restrictive completed on 12/15/21 and expired on 12/14/22.<br><br>Interview on 2/22/23 and 3/2/23 the DOS/QP stated:<br>-She did not realize her training was not current.<br>-It was her responsibility to ensure training was complete.<br>-The facility reviewed records quarterly to ensure trainings are current.<br>-She had not reviewed her own record.<br><br>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals for a standard level citation and must be corrected within 60 days. | V 537 | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS | V 736 | | |

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| V 736 | Continued From page 36<br>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner and free from offensive odor. The findings are:<br><br>Observation on 2/22/23 during a tour of the facility between 5:25 pm - 5:40 pm revealed:<br>-The twin double hung window in the kitchen was covered in a thick plastic and taped along the perimeter. The top left pane of the window was broken and missing the top half.<br>-The blinds in at the living room window had broken slats. The single window top pane had broken and missing glass.<br>-The hallway bathroom floor vent was loose and not fitted in the floor.<br>-Client #3's bedroom walls had the paint peeled next to his bed about 3 feet wide and half the length of the wall. There was writing on most of the wall.<br><br>Interview on 3/2/23 the Director of Services/Qualified Professional stated:<br>-She was attempting to locate someone to make repairs to the windows but it was expensive.<br>-She would ensure maintenance is complete. | V 736 | | |

| Findings | Corrective Measures | Preventive Measures | Responsible Party | Time Frame |
|---|---|---|---|---|
| | | | | |
| 10A NCAC 27G . 0203<br><br>Competencies of Qualified Professionals and Associate Professionals | An internal investigation will be completed per policy, and any reports needed completed with the correct time frames | An internal investigation will be completed per policy, and any reports needed completed with the correct time frames | QP | 30 days |
| | | | | |
| 10A NCAC 27G . 0205<br><br>Assessment and treatment/ habilitation or service plan | Behavior plan to include strategies for each individual is in the home. | Each staff will be trained on the behavior plans and trained on strategies and other interventions | SCS Provider<br>Home manager | 30 days |
| | | | | |
| G.S Health care personnel registry | All allegations will be reported to HCR within 24 hours | All allegations will be reported to HCR within 24 hours | QP | 60 days |
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| 10A NCAC 27G . 0603<br><br>Incident response requirements for category A and B providers | Both Level 1 and 2 incident reports were completed | Incident reports will be completed when incidents occur within the correct time frame | Staff<br>QP | 60 days |
| | | | | |
| 10A NCAC 27G . 0604<br><br>Incident response requirements for category A and B providers | Both Level 1 and 2 incident reports were completed | Incident reports will be completed when incidents occur within the correct time frame | Staff<br>QP | 60 days |
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| JCAC 27D . | A meeting was conducted with | Interviews will be conducted with | QP | 23 days |

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| Protection from harm, abuse, neglect or exploitation | staff to do further training on abuse, neglect and exploitation | individuals on a regular basis to find out any concerns etc. Based off what the individuals report if there is a need, reports and/or investigation will be conducted | | |
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| 10A NCAC 27E . 0107<br><br>Training on Alternatives to restrictive interventions | Training has been complete | Better system will be implemented to keep up with training's needed | Admin Staff | 60 days |
| | | | | |
| 10A NCAC 27E . 0108<br><br>Training in seclusion, physical restraint and isolation time-out | Training has been complete | Better system will be implemented to keep up with training's needed | Admin Staff | 60 days |
| | | | | |
| 10A NCAC 27G . 0303<br><br>Location and exterior requirements | Work orders were submitted for damages | Work orders are completed as soon as property damage is done. It is about a two week turn around, depending on the severity of damage, to be completed | Management Admin Staff | 60 days |