STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
{W 000}	INITIAL COMMENTS A revisit was conducted on 10/19/23 for all previous deficiencies cited on 9/1/23. Several deficiencies were corrected. W249 was recited and three standard level deficiencies at W104, W186 and W382 were added.	{W 000}		
W 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure staff belongings were secured as documented in the facility's plan of correction (POC) dated 9/1/23. This affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: During early morning observations on 10/19/23 at 5:35am, a beige (khaki) colored backpack was sitting on the desk in the office. Staff A was passing medications in the office. After staff A finished passing medications, the surveyor noticed the backpack was missing. There were three staff working in the facility. A gray backpack was observed near the couch on the living room floor. Immediate interview on 10/19/23 with staff A revealed, "Do not know anything about a backpack. Never saw a backpack. You must have imagined that." Interview on 10/19/23 with staff B revealed his backpack was the gray backpack on the living	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
W 104	Continued From page 1 room floor. When asked why he did not store his belongings in the garage, he stated he was getting ready to leave his shift and the clients had been sleeping." Interview with staff A revealed a cabinet had been purchased with a lock in the garage for staff to store their personal belongings, Staff A stated when direct care staff report to the home to work, they have been instructed to clock in and store their belongings in the cabinet in the garage. Initial interview on 10/19/23 with staff C revealed "I do not know anything about a backpack. It is not mine." Additional interview on 10/19/23 with staff C revealed the beige (khaki) backpack was hers and that she put it outside in her vehicle after the surveyor asked about it on 10/1/9/23. Review on 10/19/23 of the facility's plan of correction dated 9/21/23 revealed the facility will, "purchase a storage cabinet with a combination lock to store staff belongings. Monitor use of the cabinet for staff to store personal belongings through monitoring by the management team during routine observations." Interview on 10/19/23 with the Program Manager confirmed direct care staff have been instructed to clock in to their shift and immediately secure their belongings in the storage closet in the garage. Further interview revealed this would be a work performance issue.	W 104		
W 186	DIRECT CARE STAFF CFR(s): 483.430(d)(1-2)	W 186		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
W 186	Continued From page 2	W 186		

The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.

Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.
This STANDARD is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to provide sufficient direct care staff to manage and supervise 1 of 6 clients (#3) in accordance with their individual program plans (IPP). The finding is:

During morning observations on 10/19/23 at the home from 5:30am-7:15am, client #3 ran throughout the home screaming and banging a plastic toy on the walls and on the furniture. Staff B verbally prompted client #3 to stop and tried to redirect him to get his coat and bookbag ready for school. At 6:17am, client #3 stood on the couch and hit the window. Staff B verbally redirected client #3 to get off the couch. Client #3 held onto the plastic toy and was never offered another activity. When staff A was asked if there was another activity client #3 would prefer, she stated, "He really does not like anything." Client #3 continued to run from room to room followed by staff B. At 6:40am, client #3 pulled down his pants in the living room exposing himself to clients #1, #2 and #6. Staff B verbally redirected him to pull up his pants. When the surveyor asked staff A if client #3 may need to toilet before he left for school, she stated, "He will be alright." At 6:50am, client #3 took his bookbag and attempted to hit another surveyor, who was sitting on the living room couch. At 7:15am, client #3's school transportation arrived and he departed for school.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
W 186	Continued From page 3 Review on 10/19/23 of client #3's IPP dated 2/20/23 revealed he has target behaviors of physical aggression, property destruction and Elopement which are addressed by a behavior support program (BSP). Review on 10/19/23 of client #3's BSP dated 1/30/23 revealed the following interventions for physical aggression: "Direct [client #3 to leave the room and slowly calmly remove any hard /dangerous items that [client #3 could throw out of his line of sight. Firmly but respectfully support [client #3] with safe hands. Avoid "No" as this may make [client #3] more upset. Remember that client #3 is not being purposely hurtful or mean when he is aggressive, but trying to communicate distress. Remaining calm and positive and offer short verbal statements to [client #3] that he is "Okay" and "Safe" while using non-verbal communication to his sensory toys, yoga ball or blowing bubbles." Review on 10/19/23 of the facility's staff training record revealed staff B and Staff C that were working at the facility on 10/19/23 from 5:30am-7:10am had not been trained on client #3's BSP, IPP and speech needs. Interview on 10/19/23 with the qualified intellectual disabilities professional (QIDP) and the program manager (PM) confirmed that staff B and C had not been trained on client #3's BSP, ISP and speech needs.	W 186		
{W 249}	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has	{W 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
{W 249}	Continued From page 4 formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 3 of 6 clients (#2, #3 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Support Plan (ISP). The findings are: A. Observations on 8/31/23 at 11:01am - 11:08am revealed client #3 was outside with staff E. Client #3 started running down the street in which the home was located. Staff E walked behind client #3 however, there was a significant gap between them. Client #3 reached the stop sign at the end of the street, which was 0.4 miles away from the home. He then crossed the busy street and begun walking in the center of the 2 lanes. Staff E was observed to jog/walk until she reached client #4. She then directed him back to the facility. Observations further revealed no active treatment was provided to client #3 between 9:00am - 11:08am. Client was observed to either sit on the couch with staff or walk around the home and/or outside during this time. Review on 8/31/23 of client #3's ISP dated 2/10/23 revealed client #3 has diagnoses of traumatic brain injury, seizure disorder, type I diabetes, autism, severe I/DD, ADHD and	{W 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
{W 249}	Continued From page 5	{W 249}		

disruptive mood dysregulation disorder. Client #3 has been aggressive, engages in destructive behavior and displays disruptive screaming, door slamming and banging on surfaces. He has broken items and attempts to runs from caregivers. He has priority needs identified in the areas of oral hygiene, medication administration, money management, privacy and laundry.

Review on 8/31/23 of client #3's behavior support plan (BSP) dated 1/30/23 revealed client #3 lacks awareness of safety/danger. "[Client #3] requires close visual supervision during the day and safety precautions at night to ensure that he stays safe. Make sure you can see him and what he is doing. [Client #3] is still developing safety awareness and may wander during transition."

Interview on 8/31/23 with the residential manager (RM) revealed staff E started working at the facility on yesterday (8/30/23). She had not received any client specific training regarding behaviors or the clients' ISP. He was planning to review target behaviors with her today but the clients ended up being out of school and another staff didn't show up for work, which left them short staffed. The RM stated "technically she shouldn't have been working with the clients because she hadn't been trained."

Interview on 8/31/23 with the qualified intellectual disabilities professional (QIDP) revealed staff E should not have been responsible for supervising a client since she had not been trained. Someone in management should be monitoring her closely and making sure she's familiar with the clients behaviors and treatment plans.

Interview on 8/31/23 with the program manager

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
{W 249}	Continued From page 6	{W 249}		

confirmed staff E should not have been working independently with clients since she had not been trained. She stated client #3 has a picture ring that should have been implemented.

Review on 10/19/23 of the facility's plan of correction dated 9/12/23 revealed: "A. All persons served will have a community home assessment completed. B. All ISP will be reviewed and modified as needed to address items in the home and community home life assessment. C. Active Treatment will be provided to all persons served. D. All people served will be free from physical, verbal and psychological abuse and punishment. E. All BSP will be reviewed and assessed by the Psychologist. F. All target behaviors to include inappropriate behaviors , physical aggression and Elopement will be addressed and added to the BSP. G. All restrictive intervention will be addressed via HRC. H. The home will be trained on YSIS-Proactive intervention. Everyone has the right to receive appropriate treatment and free from restrictive movement. I. Staff will not use any techniques that were not trained and sanctioned by YSIS curriculum. Staff Supervisor will monitor weekly. K. Clinical Manager will monitor weekly. L. Program Manager will monitor weekly."

During morning observations on 10/19/23 at the home from 5:30am-7:15am, client #3 ran throughout the home screaming and banging a plastic toy on the walls and on the furniture. Staff B verbally prompted client #3 to stop and tried to redirect him to get his coat and bookbag ready for school. At 6:17am, client #3 stood on the couch and hit the window. Staff B verbally redirected client #3 to get off the couch. Client #3 held onto the plastic toy and was never offered another activity. When staff A was asked if there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
{W 249}	Continued From page 7	{W 249}		

another activity client #3 would prefer, she stated, "He really does not like anything." Client #3 continued to run from room to room followed by staff B. At 6:40am, client #3 pulled down his pants in the living room exposing himself to clients #1, #2 and #6. Staff B verbally redirected him to pull up his pants. When the surveyor asked staff A if client #3 may need to toilet before he left for school, she stated, "He will be alright." At 6:50am, client #3 took his bookbag and attempted to hit another surveyor, who was sitting on the living room couch. At 7:15am, client #3's school transportation arrived and he departed for school.

Review on 10/19/23 of client #3's behavior support program (BSP) dated 1/30/23 revealed the following interventions for physical aggression: " Direct [client #3 to leave the room and slowly calmly remove any hard /dangerous items that [client #3] could throw out of his line of sight. Firmly but respectfully support [client #3] with safe hands. Avoid "No" as this may make [client #3] more upset. Remember that client #3 is not being purposely hurtful or mean when he is aggressive, but trying to communicate distress. Remaining calm and positive and offer short verbal statements to [client #3] that he is "Okay" and "Safe" while using non-verbal communication to his sensory toys, yoga ball or blowing bubbles."

Interview on 10/19/23 with the qualified intellectual disabilities professional (QIDP) and the Program Manager revealed direct care staff should always rule out physical issues first when client #3 is engaging in behaviors such as hunger, thirst or the need to toilet as he is non-verbal. Additional interview revealed direct care staff should offer choices of activities to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
{W 249}	Continued From page 8 client #3 to replace inappropriate behaviors with more socially appropriate behaviors.	{W 249}		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all medications remained locked except when being prepared for administration. This affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: During early morning observations on 10/19/23 at the home at 5:55am, staff A had been administering medications in the office of the home. Staff A stepped out of the office to check on another client in the back of the home. At 6:00am, the surveyor stepped into the office area and the medication cabinet was unlocked. A basket of medications in bubble packs was sitting on the desk. The door to the office was open and staff A did not return until 6:05am. Immediate interview on 10/19/23 with staff A revealed, "I left the cabinet unlocked but I was coming right back. You need to understand it does not matter because the clients were being supervised." Review on 10/19/23 of the facility's medication administration policy dated 1/2003 revealed, " All medications, prescribed and over the counter shall be maintained in a secure, locked location. Controlled medications may be double locked."	W 382		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G253	A. BUILDING _____ B. WING _____	R-C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELMSDALE GROUP HOME	1317 HELMSDALE DR CARY, NC 27511

(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) COMPLETION DATE
W 382	Continued From page 9 Interview on 10/19/23 with the qualified intellectual disabilities professional (QIDP) and program manager (PM) confirmed direct care staff should never leave the medication administration closet open or leave the medication administration area unsupervised unless all medications are locked and secured.	W 382		