

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE CENTER FOR CREATING OPPORTUNITIES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7748 NORTH POINT BOULEVARD WINSTON SALEM, NC 27106</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 10/20/23. The complaint was substantiated (intake #NC207219). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p> <p>This facility has a current census of 15. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 366	<p><b>27G .0603 Incident Response Requirments</b></p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) attending to the health and safety needs of individuals involved in the incident;</li> <li>(2) determining the cause of the incident;</li> <li>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</li> <li>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</li> <li>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</li> <li>(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</li> <li>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</li> </ol>	V 366		

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

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V 366	<p>Continued From page 1</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(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,</p>	V 366		

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V 366	<p>Continued From page 2</p> <p>if different; and</p> <p>(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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to level II incidents as</p>	V 366		

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V 366	<p>Continued From page 3</p> <p>required. The findings are:</p> <p>Review on 10/17/23 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- Date submitted: 10/17/23</li> <li>- Date of incident: 9/8/23</li> <li>- Submitted by: Qualified Professional (QP)</li> <li>- "The individual (client #2) was upset with the supervisor over day program activities. Then the consumer started getting verbal aggressive with the staff (staff #1) member. According to witnesses, the consumer proceeded to pick up a chair a throw it at supervisor (staff #1) causing an injury of the staff."</li> </ul> <p>Interview on 10/17/23 with client #2's LG (legal guardian) revealed:</p> <ul style="list-style-type: none"> <li>- She had not been told that client #2 had been restrained on 9/8/23.</li> </ul> <p>Interviews on 10/18/23 and 10/20/23 the QP revealed:</p> <ul style="list-style-type: none"> <li>- When he asked staff #1 about the 9/8/23 restraint with client #2 "it sounded from her description very typical. That [staff #1] grabbed [client #2]. I can't remember if they fell to the ground. I can't remember if they fell or if [staff #1] brought [client #2] to the ground."</li> <li>- "Oh, I didn't get those details (if client #2 was face up or face down in the restraint)."</li> <li>-Did not have documentation regarding attending to the health and safety needs of client #2 involved in the incident, determining the cause of the incident, developing and implementing corrective measures, developing and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures.</li> <li>-Had not notified the Local Management</li> </ul>	V 366		

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V 366	Continued From page 4  Entity/Managed Care Organization, Legal Guardians and other authorities required by law. - "I will say I probably did not do my diligence because I was not on campus and probably should have done the investigation differently or assigned to [QP #2]."	V 366		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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V 367	<p>Continued From page 5</p> <p>report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to submit Level II incident report to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 10/17/23 of the Incident Response Improvement System (IRIS) revealed: - Date submitted: 10/17/23 - Date of incident: 9/8/23 - Submitted by: Qualified Professional (QP)</p> <p>Interview on 10/20/23 the QP revealed: - He initially submitted the 9/8/23 incident report in IRIS on 9/8/23.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO	V 537		

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V 537	<p>Continued From page 7</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(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.</p> <p>(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 demonstrated.</p> <p>(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.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Acceptable training programs shall include,</p>	V 537		
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V 537	<p>Continued From page 8</p> <p>but are not limited to, presentation of:</p> <ul style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(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);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(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;</li> <li>(6) prohibited procedures;</li> <li>(7) debriefing strategies, including their importance and purpose; and</li> <li>(8) documentation methods/procedures.</li> </ul> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ul style="list-style-type: none"> <li>(1) Documentation shall include: <ul style="list-style-type: none"> <li>(A) who participated in the training and the outcomes (pass/fail);</li> <li>(B) when and where they attended; and</li> <li>(C) instructor's name.</li> </ul> </li> <li>(2) The Division of MH/DD/SAS may review/request this documentation at any time. <ul style="list-style-type: none"> <li>(i) Instructor Qualification and Training Requirements: <ul style="list-style-type: none"> <li>(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.</li> <li>(2) Trainers shall demonstrate competence</li> </ul> </li> </ul> </li> </ul>	V 537		
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V 537	<p>Continued From page 9</p> <p>by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <ul style="list-style-type: none"> <li>(A) understanding the adult learner;</li> <li>(B) methods for teaching content of the course;</li> <li>(C) evaluation of trainee performance; and</li> <li>(D) documentation procedures.</li> </ul> <p>(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.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher</p>	V 537		

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V 537	<p>Continued From page 10</p> <p>instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure staff demonstrated competency in restrictive interventions for 1 of 6 staff (staff #1). The findings are:</p> <p>Review on 10/16/23 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 3/16/19</li> <li>- Paraprofessional.</li> <li>- "NCI + (North Carolina Interventions Plus) - Restrictive Training (Part A and B)" completed on 3/14/23.</li> </ul>	V 537		

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V 537	<p>Continued From page 11</p> <p>Review on 10/3/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of admission: 9/13/14</li> <li>- Diagnoses: Major Depressive Disorder; Bipolar II Disorder; Moderate Intellectual Developmental Disorder; Respiratory Failure with Hypoxia; Acute Respiratory Failure with Hypoxia; Aspiration Pneumonia of Right Upper Lobe Due to Regurgitated Food; Volume Overload State of Heart; Acute Right-Sided Heart Failure; Bilateral Lower Extremity Edema; Microcytic Anemia; Heart Failure with Reduced Ejection Fraction; Chest Pain, Unspecified Type; Class 3 Severe Obesity Due to Excess Calories with Serious Comorbidity and Body Mass Index (BMI) of 50.0 to 59.9 in Adult; Obstructive Sleep Apnea; and Nonischemic Cardiomyopathy</li> <li>- "After Visit Summary" from local hospital dated 9/8/23 revealed: "Reason for visit: medical screening; diagnosis: agitation."</li> </ul> <p>Review on 10/17/23 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- Date submitted: 10/17/23</li> <li>- Date of incident: 9/8/23</li> <li>- Submitted by: Qualified Professional (QP)</li> <li>- "The individual (client #2) was upset with the supervisor over day program activities. Then the consumer started getting verbal aggressive with the staff (staff #1) member. According to witnesses, the consumer proceeded to pick up a chair throw it at supervisor (staff #1) causing an injury of the staff."</li> </ul> <p>Review on 10/16/23 of the facility's "Shift Event and Behavioral Log" revealed:</p> <ul style="list-style-type: none"> <li>- Consumer: client #2</li> <li>- Time: 9:30 am</li> <li>- Date: 9/8/23</li> <li>- Signature of Person Completing: staff #1</li> </ul>	V 537		

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NAME OF PROVIDER OR SUPPLIER  <b>THE CENTER FOR CREATING OPPORTUNITIES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7748 NORTH POINT BOULEVARD WINSTON SALEM, NC 27106</b>
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V 537	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>- "Behavior: [Client #2] threatened to kill herself during a doctor's appointment. When she got off the virtual call she became very defiant. She threw a computer chair at me and went to pick up another one.</li> <li>- Intervention: As she attempted to throw a second chair she was placed in an emergency therapeutic hold.</li> <li>- Response: She (client #2) cursed and communicated threats as she was on the floor sitting and refusing to move.</li> <li>- Plan: Sent to the ER (emergency room) for expressing she wanted to kill herself and aggression towards others."</li> </ul> <p>Interviews on 10/13/23 and 10/16/23 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- On "the 8th of September (2023)" staff #1 pulled client #2's pants down "because I guess she was trying to restrain me."</li> <li>- Staff #1 restrained her "because I was aggressive with [staff #1]. I threw a rolling chair at her."</li> <li>- On 9/8/23, she was very upset because she wanted to get her heart checked out "because I have heart failure and I felt weak" and staff #1 told her "no."</li> <li>- Staff #5 helped staff #1 during the restraint.</li> <li>- Staff #5 "put me down" and she had bruises on the back of her legs where staff #5 had put his hands on the back of her leg.</li> <li>- "I then fell down myself forward while [staff #5] and [staff #1] held on my wrists."</li> <li>- The police were called by former staff (FS) #7 and she was taken to the hospital.</li> <li>- Denied being suicidal at the time of the incident.</li> </ul> <p>Interviews on 10/13/23 and 10/17/23 with staff #5 revealed:</p> <ul style="list-style-type: none"> <li>- The entire week before the 9/8/23 incident with</li> </ul>	V 537		

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V 537	<p>Continued From page 13</p> <p>client #2, "[client #2] was upset about her heart surgery coming up and thought she was going to die. She was crying and stressed that entire week. She kept saying she wanted to go to the hospital." Client #2's surgery was initially scheduled for the week of 9/10/23.</p> <ul style="list-style-type: none"> <li>- On 9/8/23, client #2 "got upset and she attacked [staff #1]."</li> <li>- When the incident started, he was in the day program area and client #2 and staff #1 were next door in the office area.</li> <li>- He was called into the office area and when he arrived client #2 was on her "stomach crying." Staff #1 had client #2's "arm behind her back held up." Staff #1 had one knee on the back of client #2's knee. Staff #1's other leg was bent with her foot on the ground. Then client #2 did not want to get up.</li> <li>- He recalled when he walked into the office, client #2's pants were "pulled down" and he could see "[client #2's] panties." He thought that somehow during the restraint by staff #1 that client #2's pants got pulled down. He also noticed that the back of client #2's pants were wet and that staff #1 had been holding a bottle of water when he walked into the office area.</li> <li>- "[Client #2] said she hurt her right knee. [Client #2] didn't say how she was injured. I didn't see any bruises on her knee. I wouldn't be surprised if her knee got hurt from the fall."</li> <li>- He and staff #4 helped client #2 get up from the floor.</li> <li>- The police were called and the crisis mental health were called.</li> <li>- Client #2 was then taken to the hospital.</li> </ul> <p>Interview on 10/17/23 with FS #7 revealed:</p> <ul style="list-style-type: none"> <li>- She was client #2's former one on one staff at the day program.</li> <li>- She called 911 on 9/8/23.</li> </ul>	V 537		

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V 537	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- She was in the day program and heard something from the office area.</li> <li>- She went to the office area and found client #2 "laying on her stomach" on the floor Client #2 said, "[staff #1] poured water on me."</li> <li>- Client #2 kept saying "she (staff #1) wet me."</li> <li>- She, staff #4 and staff #1 "were right there (beside of client #2)."</li> <li>- The three staff (FS #7, staff #4 and staff #1) kept asking client #2 to get "off the floor."</li> <li>- Staff #1 had hold of client #2's left leg and staff #4 had hold of client #2's right leg.</li> <li>- "They pulled her because she was not getting up. Her shoes came off."</li> <li>- Staff #1 was pulling on client #2's pant legs and that caused client #2's "underwear (to) show."</li> <li>- "They should have just left her on the floor because she was already upset and mad about the water being poured on her."</li> <li>- She never saw staff #1 throw the water on client #2, but did see water on the back and side of client #2's pants. "[Client #2] kept saying to [staff #1] 'you wet me' and [staff #1] said 'no I did not.' "</li> <li>- Client #2 "finally got up" and threw a chair at staff #1 "because she was angry about the water being thrown on her."</li> <li>- At that point staff #1 "did a restrictive hold on her (client #2)."</li> <li>- "Staff #1 "grabbed [client #2's] arms." They were facing each other.</li> <li>- Staff #1 pushed client #2 and staff #1 "fell forward on top of [client #2]."</li> <li>- Staff #1 ended up on top of client #2 facing her.</li> <li>- While on the floor staff #1 used both of her hands to hold client #2's arms across client # 2's face "to hold her head down."</li> <li>- Staff #1 waited until client #2 calmed down and then let her up.</li> <li>- "My opinion was it didn't have to go that far, if [staff #1] hadn't thrown the water on [client #2] it</li> </ul>	V 537		

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V 537	<p>Continued From page 15</p> <p>would have not gone that far."</p> <ul style="list-style-type: none"> <li>- Staff had been trained to do stand-up restraints "not no throwing anyone on the ground."</li> <li>- She could not remember if client #2 was ever face down during the restraint.</li> </ul> <p>Attempted interview on 10/16/23 and 10/17/23 with the local police officer who responded to facility on 9/8/23:</p> <ul style="list-style-type: none"> <li>- Unable to interview as the officer failed to return calls.</li> </ul> <p>Interview on 10/17/23 with client #2's Legal Guardian (LG) revealed:</p> <ul style="list-style-type: none"> <li>- On 9/8/23 she talked to a local law enforcement officer who said that client #2 had an incident at the day program where "she flipped over tables and wanted to harm herself."</li> <li>- Staff #1 "says all the time [client #2] wants to harm herself but doesn't have a plan. Which is true but you need to take everything into consideration and act on what they (client #2) say even if it is an ongoing thing for them."</li> <li>- When client #2 was in the hospital on 9/8/23, client #2 told her she was upset about something that happened in her group home, not the day program.</li> <li>- Client #2 also told her that staff #1 "pushed her and left her with bruises somewhere" but never said where she was bruised.</li> <li>- She had not been told that client #2 had been restrained on 9/8/23.</li> <li>- On 9/28/23, client #2 had stents put in her heart to open a blockage "because it was hard for her to breathe."</li> <li>- Client #2's surgery was initially scheduled for 9/14/23 (6 days after the 9/8/23 incident) but the surgery was delayed because client #2 had COVID.</li> </ul>	V 537		



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V 537	<p>Continued From page 16</p> <p>Interviews on 10/13/23 and 10/18/23 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- He was not working when the 9/8/23 incident occurred.</li> <li>- When he asked staff #1 about the 9/8/23 restraint with client #2 "it sounded from her description very typical. That [staff #1] grabbed [client #2]. I can't remember if they fell to the ground. I can't remember if they fell or if [staff #1] brought [client #2] to the ground."</li> <li>- "Oh, I didn't get those details (if client #2 was face up or face down in the restraint)."</li> </ul> <p>Interview on 10/16/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- She could not "tell" all the details about what occurred on 9/8/23 with client #2 because "that happened a month ago."</li> <li>- On 9/8/23, client #2 had an online visit with her psychiatrist while sitting at staff #1's desk in the office area of the day program.</li> <li>- During the visit client #2 said, "she was going to kill herself."</li> <li>- The psychiatrist office staff recommended that client #2 go to the hospital because she wanted to hurt herself.</li> <li>- After the call, client #2 started walking toward the day program common area and threw an office chair at her. The chair had wheels and put a 1-inch scratch on her arm. Client #2 picked up a second chair and that is when she placed client #2 in a "therapeutic hold."</li> <li>- "[Client #2] is a big girl ...I grabbed her by her arms and took her down to the ground. [Client #2] ended up on her stomach."</li> <li>- "I was on the side of her and I was just holding her arms above her head." She did not have to hold her legs. She held client #2's arms because "she was trying to swing at me."</li> <li>- When staff #4 and staff #2 came into the office area where she was restraining client #2, she had</li> </ul>	V 537		

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V 537	<p>Continued From page 17</p> <p>client #2 in a hold but then client #2 got up.</p> <ul style="list-style-type: none"> <li>- She was unsure if staff #5 had come into the office area while she was restraining client #2.</li> <li>- She was trained to place clients on their stomach during a restraint.</li> <li>- When the police arrived, "I don't like talking to the police directly, especially when it is for nonsense. I didn't think she (client #2) was suicidal and I didn't think she needed to go to the hospital."</li> </ul> <p>Interview on 10/18/23 with the NCI Instructor revealed:</p> <ul style="list-style-type: none"> <li>- The NCI curriculum did not train staff to do face down restraints.</li> <li>- The NCI curriculum did not train staff to lay on top of clients while holding the client's arm over their face.</li> <li>- The NCI curriculum did not train staff to drag clients by their feet if they did not want to get up.</li> <li>- The NCI curriculum did not train staff to throw water on clients.</li> </ul> <p>Review on 10/19/23 of the Plan of Protection dated 10/19/23 written by the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The individual (staff #1) will be suspended for one week without pay. The individual is to be re-trained on North Carolina Intervention training parts A and B. The individual will also be placed in a mandatory re-training on client specifics and behavioral redirection. Describe your plans to make sure the above happens. The QP will carry out the suspension of the individual and ensure that the suspension is served. Nor can the individual return back to the workplace without completing NCI training part A &amp; B. And the QP will conduct the client specific</p>	V 537		

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V 537	<p>Continued From page 18</p> <p>training program for the individual. Nor will the individual be able to return to work place if the program is not completed."</p> <p>Client #2 had Major Depressive Disorder; Bipolar II Disorder; and Moderate Intellectual Developmental Disorder. In addition to her mental health diagnoses, she had various medical diagnoses which included Volume Overload State of Heart; Acute Right-Sided Heart Failure; Heart Failure with Reduced Ejection Fraction; Chest Pain, Unspecified Type; Class 3 Severe Obesity...with Serious Comorbidity; Obstructive Sleep Apnea; and Nonischemic Cardiomyopathy. Additionally Client #2 was experiencing difficulty with her breathing and was getting ready to have heart surgery. On 9/8/23, staff #1 initiated a physical restrictive intervention (RI) on client #2 which resulted in client #2 being placed on the floor in a prone position (face down) which was not an NCI approved technique. During the RI, client #2's pants came down, her shoes were pulled off and water was thrown on her.</p> <p>This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. No administrative penalty has been assessed. If the violation is not corrected within 23 days, an administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 537		