

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER WILKINSON FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 635 NORTH WILKINSON DRIVE SAINT PAULS, NC 28384		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on January 14, 2025. The complaint was unsubstantiated (intake #NC00225108). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p> <p>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies in the treatment plan to address the clients' needs for two of two clients (#1 and #2). The findings are:</p> <p>Finding #1: Review on 12/16/24 of client #1's record revealed: -15 years old. -Admission date 8/28/24. -Diagnoses Intellectual Developmental Disability, Attention Deficit Disorder, Inattentive Presentation, High Expressed Emotion Level with Family, Sibling Relational Problem and Academic Educational Problems. -Comprehensive Clinical Assessment (CCA) dated 4/11/24:"Presenting Complaints and History of the Problem: ...August of 2023 to February 2024, [Client #1] had two hospitalizations due to suicidal ideation and attempting suicide by standing on balcony outside of the guard rails and by pulling a knife... [Client #1] walked into traffic, jumped into a pool and attempted to jump off/sit</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>on a balcony opposite of the guard rails, with the intention of harming himself."</p> <p>Review on 12/17/24 of client #1's Person-Centered Plan (PCP) dated 9/25/24 revealed:</p> <ul style="list-style-type: none"> -Long-Term Goal: 'I want to be playing sports.' -Short-range Goal 1: Over the next six months. [Client #1] will improve emotional regulation as evidenced by learning and using positive coping skills to address mental health symptoms at least 5 out of 7 days per week, and will utilize effective communication skills so that he can verbally express his emotions at least 5 out of 7 days per week" -No documentation in the PCP which addressed suicidal ideation or suicidal attempts. -The PCP did not include any goals or strategies for the current provider and the Director of Services/Qualified Professional (DOS/QP) was unaware of history of suicidal ideation/attempts/self harming behaviors of client #1. -The PCP contained signatures from the previous provider and not the current provider. <p>During interview on 1/13/24 client #1's Care Coordinator (CC) revealed:</p> <ul style="list-style-type: none"> -The last PCP that client #1 had was completed by his previous provider. -The current provider was responsible for the PCP. -The CCs are not responsible for writing the PCP. -The DOS/QP indicated she did want to add more goals to client #1's PCP and she was informed she could complete an update to make the PCP more specific. -She communicated with the DOS/QP on October 3, 2024 about the goals and the PCP. 	V 112		

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V 112	<p>Continued From page 3</p> <p>During interview on 12/17/24 client #1 revealed: -He had lived at the facility for 3 months. -The facility was "good." -He did not know what his goals were.</p> <p>Finding #2: Review on 12/16/24 of client #2's record revealed: -16 year old. -Admission date 01/10/24. -Diagnoses of Moderate Intellectual Developmental Disability, Autism, Attention Deficit Hyperactivity Disorder, Microdeletion Disorder and Disruptive Mood Dysregulation Disorder. -Psychiatric Evaluation dated 10/17/23: "Presenting Complaints and History of the Problem: ...[Client #2] has continued to make slow progress in his ability to decrease target behaviors. [Client #2] has shown self-injurious, oppositional, arguing, inappropriate comments, disruptive, property destruction, verbal and physical aggressive behaviors toward others...He communicates threats to others and threatens to harm himself...His current target symptoms include: verbal aggression; vast property destruction; threats to harm self; extreme rigidity and inflexibility with changes of routine; difficulty with self-regulation of mood accompanied by acting out behaviors; difficulty completing tasks; lack of boundaries; impulsive behavior; argumentative; and poor social skills."</p> <p>Review on 12/17/24 of client #2's Individual Support Plan (ISP) dated 11/1/24 revealed: -"Long-range Goal 1: [Client #2] will express himself appropriately...When [Client #2] is upset it is helpful to provide one on one support, remove others from the area and decrease stimuli and</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>attention. Long-range Goal 2: [Client #2] will maintain his safety in all environments...[Client #2] needs one-on-one supervision to maintain his safety in all environments. [Client #2] is a risk of wandering away. At [Previous Placement] he is an arm's length member. Staff must always maintain an arm's length with him. [Client #2] needs support to access help in the event of an emergency."</p> <p>-No documentation in the ISP that addressed self-injurious behaviors, threats of harming others and himself.</p> <p>Review on 12/16/24 of the North Carolina Incident Response Improvement System report dated 12/11/24 revealed:</p> <p>-"Received a phone call from school that [Client #2] stated that he tried to hurt himself the night before (12/10/24). School stated that [Client #2] had red mark around his neck. School called back 45 min (minutes) or so later and asked that he be picked up from school because he was stating that he wanted to hurt himself."</p> <p>Review on 12/17/24 of the "After Visit Summary" from the hospital for client #2 dated 12/11/24 revealed:</p> <p>-"Reason of Visit: Suicidal."</p> <p>-"Diagnosis: Suicidal behavior wit attempted self injury."</p> <p>-"Comments: Marks around neck consistent with rope marks."</p> <p>-"Medical Decision Making: 16 yo (year old) M (male) presents to the ED (emergency department) with suicide attempt...Notable erythematous marks around neck consistent with rope marks..."</p> <p>Review on 12/19/24 of the facility's staff schedule provided by the DOS/QP for the month of</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>December 2024 revealed the following dates staff were working alone in the facility::</p> <ul style="list-style-type: none"> -December 1st-staff #2 6pm-8am. -December 4th-staff #2 2pm-11pm and staff #4 11pm-8am. -December 9th-staff #1 2pm-11pm and staff #3 11pm-8am. -December 10th-staff #1 2pm-11pm and staff #3 11pm-8am. <p>During interview on 12/17/24 client #2 revealed:</p> <ul style="list-style-type: none"> - "I tried to kill myself (12/10/24)." - "I already had it (rope from robe) around my neck." - Staff #1 was the staff at the facility. <p>During interview on 12/17/24 staff #1 revealed:</p> <ul style="list-style-type: none"> - He had worked at the facility for 2 weeks. - "He (client #2) was mad because of another resident and they (clients) went to bed and I heard him moaning in the back and he had wrapped something from his robe. He was wrapping it around his neck (12/10/24)." - He had just got out of the military and had never worked in a facility before. - Only one staff worked in the facility each shift. <p>During interview on 12/17/24 staff #2 revealed:</p> <ul style="list-style-type: none"> - She was given a "rundown" (she did not indicate by what staff) on the client behaviors. - She "knew client #2 may have suicidal behaviors and ideas of suicide." - Client #2 had never attempted suicide before. - Client #2 is required to be in "arms length and he could not be by himself." - Only 1 staff worked each shift. <p>During interview on 12/17/24 and 1/10/25 the DOS/QP revealed:</p> <ul style="list-style-type: none"> - "Staff #1 was the only staff working (12/10/24)." 	V 112		

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V 112	<p>Continued From page 6</p> <p>- "We only have one staff on shift now because we only have 2 clients and they do not require increased supervision."</p> <p>- The 2 clients in the home did not require "increased supervision."</p> <p>- The CCs were responsible for the completion/development of client treatment plans.</p> <p>- When they get new admissions she asked for the psychological assessment and then completed a screening.</p> <p>- The CCs focus on "present behaviors and not what the client may have done years ago."</p> <p>- She now thought that "no matter what everything should be added to the plan."</p> <p>- When she completed the screenings she asked about the client behaviors and she was told they did not have any behaviors.</p> <p>- She admitted the clients and they would start exhibiting behaviors.</p> <p>- "It (self-injurious behaviors) should be in the plan."</p> <p>- "I had no idea [Client #1] had those attempts (self harm/suicide attempts/self-injurious)."</p> <p>Review on 1/10/25 of the Plan of Protection dated 1/10/25 and completed by the DOS/QP on 1/10/25 revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? Communicate with care managers about adding every negative communication that the person has exhibited even if it has not occurred in the past years. It is still important to know to be able to fully train staff on the possibility that the situation could occur. This way staff will be knowledgeable and ready to intervene in any situation to ensure health and safety. Describe your plans to make sure the above happens. Upon onboarding of individuals, communicate to</p>	V 112		

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V 112	Continued From page 7 the team the importance of making sure that we have a full picture of the person regardless of what it is. The will ensure the individual remains free from harm." Client #1 and client #2 had diagnoses that included Intellectual Developmental Disability, Attention Deficit Disorder, Inattentive Presentation, High Expressed Emotion Level with Family, Sibling Relational Problem and Academic Educational Problems, Autism, Microdeletion Disorder and Disruptive Mood Dysregulation Disorder. Client #1 had a history of suicidal attempts which included walking in traffic, getting on a ledge and jumping in a pool in which resulted in hospitalizations for the suicidal attempts or suicidal behaviors. The PCP dated 09/25/24 had one treatment plan goal and no residential goals, or strategies to address self harm. Client #2 had a history of harming others and himself. Client #2 required the supervision of arms length and one to one supervision from staff when upset. One staff worked each shift at the facility with two clients in the facility. On 12/10/24 client #2 wrapped his robe's belt around his neck and attempted to self harm himself. Staff #1 was the only staff on shift during the incident on 12/10/24. Client #2 was taken to the hospital the next day and the hospital noted red markings around the neck consistent with a rope mark. Client #2's ISP did not have any goals or strategies to address suicidal ideation/self harming behaviors. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 112		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM	V 512		

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V 512	<p>Continued From page 8</p> <p>HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, two of two clients (#1 and #2) were subjected to serious neglect by one of one Qualified Staff (Director of Services/Qualified Professional (DOS/QP). The findings are:</p> <p>Review on 12/16/24 of client #1's record revealed: -15 years old. -Admission date 8/28/24. -Diagnoses Intellectual Developmental Disability, Attention Deficit Disorder, Inattentive</p>	V 512		

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V 512	<p>Continued From page 9</p> <p>Presentation, High Expressed Emotion Level with Family, Sibling Relational Problem and Academic Educational Problems.</p> <p>Review on 12/17/24 of client #1's Person-Centered Plan (PCP) dated 9/25/24 revealed:</p> <ul style="list-style-type: none"> - "Long-Term Goal: 'I want to be playing sports.' - Short-range Goal 1: Over the next six months. [Client #1] will improve emotional regulation as evidenced by learning and using positive coping skills to address mental health symptoms at least 5 out of 7 days per week, and will utilize effective communication skills so that he can verbally express his emotions at least 5 out of 7 days per week" - No documentation in the PCP which addressed suicidal ideation or suicidal attempts. - The PCP did not include any goals or strategies for the current provider. - The PCP's signatures were from previous provider and not the current provider. - Comprehensive Clinical Assessment (CCA) dated 4/11/24: "Presenting Complaints and History of the Problem: ...August of 2023 to February 2024, [Client #1] had two hospitalizations due to suicidal ideation and attempting suicide by standing on balcony outside of the guard rails and by pulling a knife... [Client #1] walked into traffic, jumped into a pool and attempted to jump off/sit on a balcony opposite of the guard rails, with the intention of harming himself." <p>Review on 12/16/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 17 year old male. - Admission date 01/10/24. - Diagnoses of Moderate Intellectual Developmental Disability, Autism, Attention Deficit Hyperactivity Disorder, Microdeletion Disorder and Disruptive Mood Dysregulation Disorder. 	V 512		

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V 512	<p>Continued From page 10</p> <p>-Psychiatric Evaluation dated 10/17/23: "Presenting Complaints and History of the Problem: ...[Client #2] has continued to make slow progress in his ability to decrease target behaviors. [Client #2] has shown self-injurious, oppositional, arguing, inappropriate comments, disruptive, property destruction, verbal and physical aggressive behaviors toward others...He communicates threats to others and threatens to harm himself...His current target symptoms include: verbal aggression; vast property destruction; threats to harm self; extreme rigidity and inflexibility with changes of routine; difficulty with self-regulation of mood accompanied by acting out behaviors; difficulty completing tasks; lack of boundaries; impulsive behavior; argumentative; and poor social skills."</p> <p>-Individual Support Plan (ISP) dated 11/1/24: "Long-range Goal 1: [Client #2] will express himself appropriately...When [Client #2] is upset it is helpful to provide one on one support, remove others from the area and decrease stimuli and attention. Long-range Goal 2: [Client #2] will maintain his safety in all environments...[Client #2] needs one-on-one supervision to maintain his safety in all environments. [Client #2] is a risk of wandering away. At [Previous Placement] he is an arm's length member. Staff must always maintain an arm's length with him. [Client #2] needs support to access help in the event of an emergency."</p> <p>Review on 1/10/24 of the DOS/QP's record revealed: -Hire date 6/27/16.</p> <p>Review on 12/17/24 of staff #1's record revealed: -Hire date of 11/25/24. -Direct Support Specialist. -No documentation of current training in</p>	V 512		

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V 512	<p>Continued From page 11</p> <p>alternatives to restrictive interventions and restrictive intervention training prior to working in the facility.</p> <p>-No documentation of training on individual client needs and supports.</p> <p>Review on 12/16/24 of the North Carolina Incident Response Improvement System report dated 12/11/24 and completed by the DOS/QP revealed:</p> <p>-"Received a phone call from school that [Client #2] stated that he tried to hurt himself the night before (12/10/24). School stated that [Client #2] had red mark around his neck. School called back 45 min (minutes) or so later and asked that he be picked up from school because he was stating that he wanted to hurt himself."</p> <p>Review on 12/19/24 of the facility's A-B-C (Antecedent before behavior), Behavior and Consequences) checklists used to document for client #2 revealed:</p> <p>12/9/24 at 9:00pm</p> <p>-"Slammed door to room, threaten suicide."</p> <p>12/10/24 at 8:03pm</p> <p>-"Self Choking."</p> <p>-The antecedent and consequences had not been completed for the 12/10/24 ABC document.</p> <p>Review on 12/18/24 of the group text the facility staff used to communicate between each other revealed:</p> <p>-Group Text between staff #1 and the DOS/QP-12/10/24 at 8:02pm "[Client #2] is throwing a tantrum in his room. Threatening suicide and you and other staff if yall confiscate his stuff." (No response from the DOS/QP).</p> <p>-Group text chat between the staff at the facility (Date and Time Unknown): Staff #1 wrote, "[Client #2] saying homosexual stuff and said he</p>	V 512		

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V 512	<p>Continued From page 12</p> <p>wanted to kill himself. Also he says he wants slavery and wants to punch [Staff #3] and [Staff #4]. He throwing temper tantrum in bathroom." Staff #4 responded, "As long as he not aggressive towards you, stick to the plan and send him to bed. He'll be alright in the morning." Staff #1 wrote, "My bad he throwing tantrum in his and threatening suicide. He slamming door." -There was no response from the DOS/QP.</p> <p>Review on 12/17/24 of the "After Visit Summary" from the hospital for client #2 dated 12/11/24 revealed: -"Reason of Visit: Suicidal." -"Diagnosis: Suicidal behavior wit attempted self injury." -"Comments: Marks around neck consistent with rope marks." -"Medical Decision Making: 16 yo (year old) M (male) presents to the ED (emergency department) with suicide attempt...Notable erythematous marks around neck consistent with rope marks..." -"Collateral: Per collateral information obtained by social work [Hospital Social Worker]. -Called to [DOS/QP], director of group home Shine Light, [Phone Number]. [DOS/QP] states pt (patient) does not need to be in the hospital and she "things" this is unnecessary. She reports that Tuesday night (12/10/24), pt was trying to wrap a towel around his neck. She reports staff intervened and pt went to sleep, then went to school as normal on Wednesday (12/11/24). This writer asked about staff being concerned about marks from the towel, and [DOS/QP] said the marks must have developed overnight as staff did not report seeing any. She states there have been no changes in his behavior before the towel. She denies any recent medication changes. Outpatient provider is [Name of Agency], next</p>	V 512		

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V 512	<p>Continued From page 13</p> <p>appt (appointment) unknown by [DOS/QP]. States pt has been at Shine Light since February. Denies any recent stressors. [DOS/QP] reports pt has had no prior suicide attempts or self injurious behaviors while at the group home. [DOS/QP] states that this facility is 'used to' this behavior and they don't take residents to the hospital unless the behavior gets 'serious.' Writer asked about report from mom that pt was seen with purple area around his eyes at school, [DOS/QP] denies having heard any report of this from staff."</p> <p>Review on 12/17/24 of the cell phone text thread (Date and Time Unknown) between Group Home Manager and the Guardian of client #2 revealed: -Client #2's guardian: "I'm not sure exactly what triggered it. One of my questions is why no one called me when it happened, and why didn't he (client #2) go to the hospital right away." -Group Home Manager: "Oh don't worry disciplinary action has been taken for staff that was on shift. I was informed when he was at school that's when I immediately got on it. But I haven't been there so I don't have the direct answers. This isn't going unresolved. I take the care of the guys (clients) very seriously."</p> <p>Interview on 12/16/24 with the investigating social worker from the local Department of Social Services revealed: -Client #2 did not go for medical attention the day of the self harm attempt (12/10/24). -Client #2 went to school the next day. -The staff did not tell the school what he had done the night before and they did not tell the school anything about the suicide attempt. -The school called mobile crisis. -Mobile Crisis could not do anything without the permission from the group home staff.</p>	V 512		

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V 512	<p>Continued From page 14</p> <ul style="list-style-type: none"> -Group Home staff picked him up from school on 12/11/24 and they took him back to the facility and still did not seek medical attention. -She went to the facility on 12/11/24 and had a discussion with the staff that client #2 needed to go to the hospital. -The facility had "staffing issues" and they had to have "someone else" come and stay with the other client. -"I felt like they were not going to take him (Client #2)." -[Client #2] had "red marks" around his neck. <p>Interview on 12/17/24 the school nurse revealed:</p> <ul style="list-style-type: none"> -Client #2 went to her the morning of 12/11/24 and stated he had a fever. -Client #2 did not have a fever. -Client #2 went back to her and complained stomach was hurt. -She noticed the red markings around his neck and she asked him what had happened. -He told her he tried to kill himself by "hanging" himself. -She asked client #2 "what did the group home staff do" and 'he told her they told him not to do it again.' -The school social worker tried to call the group home and she was not able to get anyone and she had to leave a message. <p>Interview on 12/17/24 the school social worker revealed:</p> <ul style="list-style-type: none"> -The school nurse brought client #2 to her. -Client #2 had "red markings around his neck and his eyes were red." -Client #2 used "a string from his robe and tied it around his neck." -The staff at the facility got the string and threw it away. -Client #2 told her the incident happened the night 	V 512		

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V 512	<p>Continued From page 15</p> <p>before and staff took him to school. -[DOS/QP] was called and "she could not do anything at the time because she was with her mother at an appointment." -The crisis mobile was contacted and they were not able to do anything without consent from the group home. -Staff A2 came to the school and picked up client #2.</p> <p>Interview on 12/17/24 client #2 revealed: -He was in the hospital because "I tried to kill myself." -He had the "belt around his neck." -Staff #1 was the staff working during the time of the self harm incident. -The staff at the facility "did not take me to the hospital." -He went to bed after the incident. -He told the school the next day because, "they needed to know what happened." -The school contacted the crisis hotline for, "someone to talk to me." -Staff A2 picked him up from school. -"I went back to the facility and stayed a while."</p> <p>Interview on 12/17/24 client #1 revealed: -He got home from school on 12/11/24 at 2:00pm and client #2 was at the facility. -Staff A1 took client #2 to the hospital.</p> <p>Interview on 12/17/24 the guardian of client #2 revealed: -"Not handled well. (self harm incident on 12/10/24)." "He (client #2) tried to kill himself (12/10/24) and staff sent him to school the next day." -She (the guardian) was not made aware of the incident until 12/11/24. -Client #2 had never "done" this before.</p>	V 512		

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V 512	<p>Continued From page 16</p> <ul style="list-style-type: none"> -The staff told her they felt like he was doing it for "attention." -Staff #2 saw "rope" around client #2's neck and told him to take it off. -Staff #2 called staff #3 because client #2 listened to staff #3 and client #2 took the rope off his neck. -She had been "made to feel like this was no big deal." <p>Interview on 12/16/24 and 12/18/24 staff #1 revealed:</p> <ul style="list-style-type: none"> -He had worked at the facility for 2 weeks. -He had worked 2 to 3 shifts by himself at the facility since his first date of employment. -He had not completed the NCI (North Carolina Intervention Training) or de-escalation training. - "He (client #2) was mad because of another resident and they (clients) went to bed and I heard him moaning in the back and he had wrapped something from his robe. He was wrapping it around his neck (12/10/24)." -He told client #2 to take it off and client #2 would "not take it off from his neck." -He took the "belt" from client #2 and he "threw it away." -Client #2 had "red markings around his neck and his eyes were red." -He contacted "the supervisor [DOS/QP] and was told to send him to bed and not call 911." -He attempted to find out what was wrong with client #2 and client #2 told him he was mad and did not want to be at the facility. -He informed staff #3 who came in for 3rd shift about the incident. - "I told [staff #3] [Client #2] was attempting to self-harm." -He had not had any individual training on the clients. -He had never worked in a facility before and he 	V 512		

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V 512	<p>Continued From page 17</p> <p>had just got out of the military. -He had only shadowed other staff in the facility for his training. -The "[DOS/QP] is responsible for my training." -"I was talking to my supervisor and they said to just send him to bed and not call 911." -"House Manager told him not to call 911." -"In my opinion they should have made sure I was fully trained before going on shift."</p> <p>Review on 12/19/24 of the facility's staff schedule provided by the DOS/QP for the month of December 2024 revealed the following dates staff worked alone in the facility: -December 1st-staff #2 6pm-8am. -December 4th-staff #2 2pm-11pm and staff #4 11pm-8am. -December 9th-staff #1 2pm-11pm and staff #3 11pm-8am. -December 10th-staff #1 2pm-11pm and staff #3 11pm-8am.</p> <p>Interview on 12/16/24 and 12/18/24 staff #3 revealed: -He worked at the facility since 6/1/20. -He worked 3rd shift as a Direct Support Professional (DSP). -Client #2 had "not done anything like that before." -Client #2 "made jokes about hurting himself before but never acted on it." -He initially denied that staff #1 contacted him the night the incident occurred on 12/10/24. -He retracted his statement above and stated the night of 12/10/24 staff #1 called him about the incident with client #2. -He noticed "red markings on [client #2's] neck from the left side to the right side approximately midway around the neck area." -He asked client #2 about the markings on his</p>	V 512		

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V 512	<p>Continued From page 18</p> <p>neck.</p> <p>-[Client #2] told him, 'leave me alone.'</p> <p>-He checked on client #2 throughout the night.</p> <p>-He did not pursue it any further because "[client #2] is not a morning person and became a little agitated and snatched away from me and told me to leave him alone."</p> <p>- "I did not want him (client #2) to have a bad day at school."</p> <p>-Client #2 told him the next morning he "wanted attention."</p> <p>-He told staff #1 to call "everyone" and let them know what happened.</p> <p>-A lot was "going on" that night with attempting to calm [client #3] down from wanting more snacks and being upset and he began to self harm and showing out for attention because he could not have the snacks.</p> <p>-He was "very confused" about the incident because client #2 had never done anything like that since he had been at the facility.</p> <p>-He denied any knowledge if supervisory staff had been contacted by staff #1.</p> <p>Interview on 12/18/24 staff #A1 revealed:</p> <p>-He did not work at the facility.</p> <p>-He worked at the sister facility.</p> <p>-He was contacted by the Group Home Manager (12/11/24) to go to the facility and pick client #2 up and take him to the hospital.</p> <p>-He arrived to the facility at approximately 4:20pm to transport client #2 to hospital.</p> <p>- "I saw the mark around the neck and his (client #2) were red and you could tell it was from a strangle."</p> <p>- "Around the eye it was swollen. I think it was right eye. He had a mark around his neck."</p> <p>During interview on 12/17/14 the Group Home Manager revealed:</p>	V 512		

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V 512	<p>Continued From page 19</p> <ul style="list-style-type: none"> -She worked for the facility for 1 year. -She was on medical leave and had not returned back to the facility but staff still contacted her. -She had no knowledge of the incident on 12/10/24 until she was contacted by the school nurse and school social worker on 12/11/24. -She was informed that [Client #2] attempted to "hang himself with a towel." -She contacted the mobile crisis team to pick [Client #2] up from from school on 12/11/24. -She was informed that he could not return back to school until some forms were signed by a physician and the guardian that he [client #2] received the appropriate medical and psychological care. -[Client #2] did not have any previous suicide attempts. -She was not contacted by [staff #1] or [staff #3] about the incident on 12/10/24. -She had no knowledge if the [DOS/QP] was contacted on 12/10/24 or on 12/11/24. <p>Interview on 12/18/24 and 1/10/24 the DOS/QP revealed:</p> <ul style="list-style-type: none"> -She was responsible for staff training. -Client #1 had no history of suicidal attempts. -"I did not think it was that serious." -"I did not learn of the incident until the next morning (12/11/24)." -"Staff #1 should have never been working in the home (facility) without NCI." -"I dropped the ball on this one." -"Any new staff will not work in the home (facility) until fully trained." -Staff #1 would be scheduled for NCI training "as soon as possible." -The Group Home Manager completes the training for staff. "That was me that allowed him (staff #1) to work and I don't think he was properly trained." 	V 512		

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V 512	<p>Continued From page 20</p> <p>- "The people that I have on shift I look at the schedule and put them (new staff) with people (staff) that can train. I guess who I put him (staff #1) on the schedule with he didn't get trained."</p> <p>- "He (staff #1) should have had NCI training before he worked in the facility."</p> <p>- "I take that one because that is my fault that he (staff #2) was on the schedule."</p> <p>- "Our people train for 2 weeks."</p> <p>- "If [Staff #3] had contacted [Group Home Manager] then I could have contacted the school to let them know what was going on."</p> <p>- "I was called on 12/11/24 at approximately 11:30am" by the School Social Worker."</p> <p>- "I could not do anything because I was at a procedure with my mom."</p> <p>Review on 1/10/25 of the Plan of Protection dated 1/10/25 and completed by the DOS/QP revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? Communication to staff of the steps to take during situations that could threaten a person's safety. More extensive training on abuse, neglect and exploitations. Ways to ensure that people are free from each of those to include harm to themselves. Add everything the Plan (ISP) for each individual to include behaviors that they are not still exhibiting. Describe your plans to make sure the above happens. Training for current staff and new staff coming in. Completion of POM's (individual) (Personal Outcome Measurements) within the first 90 days of admission, and use this as a training tool for staff. Plan of correction for staff so they can understand their responsibility to keep people safe. Detailed training on ISP plans, CCA, psychological's etc."</p>	V 512		

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V 512	Continued From page 21 Client #1 and client #2 had diagnoses that included Intellectual Developmental Disability, Attention Deficit Disorder, Inattentive Presentation, High Expressed Emotion Level with Family, Sibling Relational Problem and Academic Educational Problems, Autism, Microdeletion Disorder and Disruptive Mood Dysregulation Disorder. On December 10, 2025 client #2 attempted suicide with a belt from his bath robe at approximately 8:00pm on 12/10/24. Staff #1 intervened and removed the belt from client #2's neck. Staff #1 contacted the DOS/QP through the group text with no response from the DOS/QP and he informed staff #3 who came onto 3rd shift about the incident. Client #2 was sent to bed on 12/10/24 and to school the next morning on 12/11/24, with red markings around his neck without any medical or psychiatric follow up to assess his medical and mental health status. The DOS/QP was contacted on 12/11/24 by the school staff and she informed them she was not able to do anything for client #2 due to being with a family member on a medical appointment. Client #2 was picked up by staff A2 and taken back to the facility at approximately 11:00am on December 11, 2024. The DSS investigator made a visit to the facility on 12/11/24 and client #2 was present. The DSS investigator expressed her concern that client #2 had not received any medical or psychological treatment at the time of her visit to the facility on 12/11/24. The DSS investigator directed the facility to have client #2 medically evaluated and staff A1 took client #2 to the hospital for medical evaluation at approximately 4:30pm on 12/11/24 where he was admitted for suicidal behavior with attempted self-injury. The DOS/QP had assigned staff #1 to work in the group home alone with the clients without any training in de-escalation/restraints and individualized training on each client. This	V 512		

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V 512	Continued From page 22 deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 512		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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.	V 536		

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V 536	<p>Continued From page 23</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (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>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER WILKINSON FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 635 NORTH WILKINSON DRIVE SAINT PAULS, NC 28384		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	<p>Continued From page 24</p> <p>by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p>	V 536		

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V 536	<p>Continued From page 25</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) 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>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of five audited staff (#1) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 12/17/24 of staff #1's record revealed: -Hire date of 11/25/24. -Direct Support Specialist. -No documentation of any training in alternatives to restrictive interventions prior to working in the facility.</p> <p> </p> <p>During interview on 11/25/24 and 12/18/24 staff</p>	V 536		

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V 536	Continued From page 26 #1 revealed: -He had worked 2 weeks at the facility. -He had not had NCI training (Nonviolent Crisis Intervention). -He had been removed from the schedule until all of his training had been completed. -He had worked 3 or 4 shifts without the training. -He did not know when he would get the NCI training. -The Director of Services/Qualified Professional (DOS/QP) is responsible to schedule the trainings for staff. During interview on 12/17/24 the DOS/QP revealed: -She allowed staff #1 to work in the facility without the NCI training. -She did not feel staff #1 was properly trained before they worked at the facility. -Staff #1 was supposed to have the NCI training on a Saturday and she did not know he did not attend until she saw the names on the attendance roster. -It was "my fault he was on the schedule" to work at the facility. -Staff #1 told her he "needed more training."	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (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	V 537		

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V 537	<p>Continued From page 27</p> <p>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, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p>	V 537		

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V 537	Continued From page 28 (4) strategies for the safe implementation of restrictive interventions; (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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (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. (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. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and	V 537		

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V 537	<p>Continued From page 29</p> <p>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> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <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 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</p>	V 537		

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V 537	<p>Continued From page 30</p> <p>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 review and interview the facility failed to ensure one of five audited staff (#1) were trained in restrictive interventions. The findings are:</p> <p>Review on 12/17/24 of staff #1's record revealed:</p> <ul style="list-style-type: none"> -Hire date of 11/25/24. -Direct Support Specialist. -No documentation of any training in restrictive interventions prior to working in the facility. <p>During interview on 11/25/24 and 12/18/24 staff #1 revealed:</p> <ul style="list-style-type: none"> -He had worked 2 weeks at the facility. -He had not had NCI training (Nonviolent Crisis Intervention). -He had been removed from the schedule until all of his training had been completed. -He had worked 3 or 4 shifts without the training. -He did not know when he would be getting the NCI training. -The Director of Services/QP (DOS/QP) is 	V 537		

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V 537	Continued From page 31 responsible for the scheduling of the trainings. During interview on 12/17/24 the DOS/QP revealed: -She allowed staff #1 to work in the home without the NCI training. -She did "not feel staff #1 was properly trained before working at the facility". -Staff #1 was supposed to have the NCI training on a Saturday and she did not know he did not attend until she saw the names on the attendance roster. -It was "my fault he was on the schedule" to work at the facility. -Staff #1 told her he needed more training.	V 537		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interview the facility failed to have minimum furnishings for a client	V 774		

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V 774	<p>Continued From page 32</p> <p>bedroom which included a separate bed, bedding, pillow, bed side table and storage for personal belongings. The findings are:</p> <p>Observation on 12/14/24 at approximately 2:50pm of the facility revealed:</p> <ul style="list-style-type: none"> -Client #2's bedroom did not have a nightstand. -Two vacant rooms in the facility that did not have beds, mattresses, dressers and nightstands in the rooms. -Vacant room #1 did not have a dresser or a nightstand. -Vacant room #2 had a bedframe with no mattress, no dresser and no nightstand. -A vacant room had pieces of furniture on the floor in the room that had been broken into pieces. <p>-During interview on 12/18/24 the Director of Services/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She did not know the furniture had to be set up on the room if the room was vacant and not being used at that time. 	V 774		