Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL011-265 01/03/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 22 MARLOWE DRIVE MARLOWE PLACE ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on January 3, 2025. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that RECEIVED simulate the facility's response to fire emergencies. JAN 3 0 2025 (d) Each facility shall have a first aid kit accessible for use. DHSR-MH Licensure Sect

Division of Health Service Regulation

Popobinski

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

Quality Assurance Coordinator

TITLE

(X6) DATE

1/23/2025

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ R B. WING MHL011-265 01/03/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 22 MARI OWE DRIVE

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| | Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete disaster drills at least quarterly for each shift. The findings are: Review on 1-2-25 of the facility's fire and disaster drills revealed: -No disaster drills for the first quarter (January - March 2024). Interviews on 1-2-25 and 1-3-25 with the Program Lead revealed: -Was responsible for making sure drills were completed monthly"Our (company) policy was disaster (drills) was once a year." -"We (the facility) hadn't run it (disaster drill) since April of the year before (2023)." -"They (corporate) changed the policy back. We now do fire and disaster (drills) each month." Interview on 1-3-25 with the Director of Quality and Compliance revealed: -"The rule is confusing." -Had been emailing The Division of Health Service Regulation for clarityA sister facility had been audited in May of 2024 and received clarity on the ruleThe policy had been changed. | V 114 | 1. Once we received clarification on the rule from DHSR staff, we revised our internal policy to match (see attached). We will be meeting with group home coordinators prior to February 27th, 2025, in order to review the policy again with them to ensure that both fire and disaster drills are conducted once per quarter, per shift (for a total of 24 drills annually in our homes with three shifts per day). Crisis plan attached | Estimat 2/27/25 |
| | G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident | V 131 | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | facility failed to access Registry (HCPR) prior (Staff Program Lead). Review on 1-3-25 of the personnel record reversible. Program Lead-Date of Hire: 10-16-16-16-Date of HCPR check: Interview on 1-3-25 with revealed: The regional staff sperpre-hire checks. Interview on 1-3-25 with and Compliance revealed: The Program Lead's head "human error". The hire date should head to the program Lead's | as evidenced by: ws and interviews, the sthe Health Care Personnel to hiring 1 of 3 audited staff The findings are: the Program Lead's taled: the Program Lead to the Director of Quality the | V 131 | 2. The hire date for staff was keyed in incorrect into our electronic personner records system as 10/16/16. It is apparent that date should have been entered 11/19/16. See attached scanne version of paper Personnel Active form listing correct rehire date. HCPR check was completed 11/9/16, prior to the date of hire. An email was sent to Asthuman Resources staff and hir managers on 1/17/25 requesting that more care be exercised in the entering of dates, and to review hires to ensure that dare being entered correctly the electronic personnel reconsystem. Hire PAF for attached. | Upon ire d as ed ction ed on of sNC ring ig n lates | !5 |
| | completed all backgrou hire would start. | nd checks before a new | | | | |

| Division of Health Service Regulation | | | | | FORM APPROVEL | |
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| V 133 | G.S. 122C-80 Crimina | al History Record Check | V 133 | | | |
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| | | INAL HISTORY RECORD | | | | |
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| | APPLICANTS FOR E | | | | | |
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| | | offer of employment by a | | | | |
| | provider licensed under | | | | | |
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| | applicant to have an o | | | | | |
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| | criminal history record | check of the applicant. If | | | | |
| | | a resident of this State for | | | | |
| | | en the offer of employment | | | | |
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| | | applicant's fingerprints. If a resident of this State for | | | | |
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| | check of the applicant. | A 10 JUNE 10 CONTRACTS, SECTION OF CONTRACTS # 1 JULY 10 CONTRACTS AND THE CONTRACTS | | | | |
| | | ho refuses to consent to a | | | | |
| | criminal history record | check required by this | | | | |
| | section. Except as other | erwise provided in this | | | | |
| | | business days of making | | | | |
| | | employment, a provider | | | | |
| | shall submit a request | | | | | |
| | Justice under G.S. 114 | | | | | |
| | criminal history record | | | | | |
| | section or shall submit | | | | | |
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| | | ployment positions not | | | | |
| | covered by Public Lav | | | | | |
| | | and Human Services, | | | | |
| | Criminal Records Che | | | | | |
| | | ipt of the national criminal | | | | |
| | | the Department of Health | | | | |
| | | Criminal Records Check | | | | |
| | | rovider as to whether the | | | | |
| | of the applicant. In no | nay affect the employability case shall the results of the | | | | |
| | | ry record check be shared | | | | |
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| | | on that a criminal history | | | | |
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| | may conduct on behalf | | | | | |
| | criminal history record | | | | | |
| | | vider having to submit a | | | | |
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| | request to the Department of Justice. In such a case, the county shall commence with the State | | | | | |
| | criminal history record | | | | | |
| | section within five busi | | | | | |
| | conditional offer of emp | ployment by the provider. | | | | |
| | All criminal history info | rmation received by the | | | | |
| | provider is confidential | and may not be disclosed, | | | | |
| | except to the applicant | as provided in subsection | | | | |
| | (c) of this section. For p | | | | | |
| | subsection, the term "p | | | | | |
| | business regularly enga | | | | | - 1 |
| | criminal history record | | | | | |
| | records obtained from a | | | | | |
| | (c) Action If an applic | | | | | - 1 |
| | | ne or more convictions of | | | | |
| | | provider shall consider all | | | | |
| | | in determining whether to | | | | |
| | hire the applicant: | | 1 | | | |

Division of Health Service Regulation

(1) The level and seriousness of the crime.

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | Company of the contract of the | CONSTRUCTION | 740 | (X3) DATE SURVEY |
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| V 133 | Continued From page | 5 | V 133 | | | |
| | (2) The date of the cri (3) The age of the per conviction. (4) The circumstances commission of the crir (5) The nexus betwee the person and the job filled. (6) The prison, jail, prorehabilitation, and emperson since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to er listed factors shall be of the provider disqualic consideration of the reprovider may disclose the criminal history recto the disqualification, of the criminal history recomplies with this sect civil liability for: (1) The failure of the prindividual on the basis the criminal history recomplies with this sect civil liability for: (2) Failure to check an criminal offenses if the history record check is compliance with this sect (e) Relevant Offense "relevant offense" mean federal criminal history indictment of a crime, we wish the criminal history indictment of a crime in the criminal history indictment of a crime indiction. | reson at the time of the son at the time of the me, if known. In the criminal conduct of o duties of the position to be obation, parole, ployment records of the the crime was committed. In the crime was committed, or mission by the person of of a relevant offense alone employment; however, the considered by the provider. It is an applicant after levant factors, then the information contained in cord check that is relevant but may not provide a copy record check to the A provider and an officer der that, in good faith, ion shall be immune from the rovider to employ an of information provided in ord check of the individual, employee's history of employee's criminal requested and received in action. As used in this section, | V 133 | | | |

| Division | of Health Service Regu | lation | | | FOI | RM APPROVE |
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| V 133 | Continued From page | e 6 | V 133 | | | |
| | have responsibility for | r the safety and well-being of | | | | |
| | | ital health, developmental | | | | |
| | | nce abuse services. These | | | | |
| | | minal offenses set forth in | | | | |
| | | rticles of Chapter 14 of the | | | | |
| | | cle 5, Counterfeiting and | | | | |
| | Issuing Monetary Sub | | | | | |
| | | re and Legislative Officers; | | | | |
| | | rticle 7A, Rape and Other | | | | |
| | Sex Offenses; Article | 8, Assaults; Article 10, | | | | |
| | Kidnapping and Abdue | ction; Article 13, Malicious | | | | |
| | Injury or Damage by U | | | | | |
| | | Material; Article 14, Burglary | | | | |
| | | kings; Article 15, Arson and | | | | |
| | | e 16, Larceny, Article 17, | | | | |
| | | mbezzlement; Article 19, | | | | |
| | False Pretenses and (| | | | | |
| | Obtaining Property or | | | | | |
| | | dit Device or Other Means; | | | | |
| | | Transaction Card Crime ; Article 21, Forgery; Article | | | | |
| | 26, Offenses Against F | | | | | |
| | Decency; Article 26A, | | | | | |
| | | ; Article 28, Perjury; Article | | | | |
| | 29, Bribery; Article 31, | | | | | |
| | | nses Against the Public | | | | |
| | | ots and Civil Disorders: | | | | |
| | Article 39, Protection of | 410 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | Protection of the Famil | 50~ 10 (2~ 10 M) : 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | | e 60, Computer-Related | | | | |
| | | Iso include possession or | | | | |
| | | on of the North Carolina | | | | |
| | Controlled Substances | Act, Article 5 of Chapter | | | | |
| | 90 of the General Statu | utes, and alcohol-related | | | | |
| | offenses such as sale t | to underage persons in | | | | |
| | violation of G.S. 18B-3 | 02 or driving while | | | | |

G.S. 20-138.5.

impaired in violation of G.S. 20-138.1 through

(f) Penalty for Furnishing False Information. - Any

STATE FORM 5899 O59W11 If continuation sheet 7 of 9

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| MHL011-265 | B. WING | | 01/03/2025 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS. CITY, ST | TATE, ZIP CODE | |
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| V 133 Continued From page 7 applicant for employment who willfully furnish supplies, or otherwise gives false information an employment application that is the basis for criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10 (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request within five business day of making the conditional offer for employment request for a criminal history background check for 1 of 3 audited staff (Staff Program Lead). T findings are: Review on 1-3-25 of the Program Lead's personnel record revealed: -Job title: Program LeadDate of Hire: 10-16-16. | on or a or a | 3. The hire date for staff was keyed in incorrect into our electronic personnel records system as 10/16/16. Up review of the records it is apparent that date should have been entered 11/19/16. See attached scanned version of paper Personnel Act Form listing correct rehire da Criminal background check was completed on 11/16/16, prior to date of hire. An email was see ASNC Human Resources staff and hiring managers on 1/17/25 requesting that more care be exercised in the entering of dand to review hires to ensure dates are being entered correct in the electronic personnel resystem. Hire PAF for attached staff. | oon 1/17/25 re as distion ate. to the ent to addistates, e that extly |

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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| | Interview on 1-3-25 wirevealed: -The regional staff sperpre-hire checks. | | | | |
| | and Compliance revea -The Program Lead's I "human error". -The hire date should 11-16-16. -Did not believe it coul system. -The Program Lead stand did not bill for serven. New hires were continued to the complete. -There was now an our checks being complete. | hire date listed was a have been listed as d be fixed/changed in the arted training on 11-19-16 vices until 12-1-16. ngent on all background ed. | | | |
| | | | | | |

Current Status: Active PolicyStat ID: 15901945



Autism Society
of North Carolina

 Origination:
 1/24/2023

 Effective:
 8/19/2024

 Last Approved:
 8/19/2024

 Last Revised:
 8/19/2024

 Next Review:
 8/19/2025

 Owner:
 Director of Quality

& Compliance

Area: Operations

References:

Crisis Plan

Crisis Preparedness:

Purpose & Definition:

This plan provides the structure, key responsibilities, emergency assignments, and general procedures to follow during and immediately after an emergency.

For the purposes of this policy and plan, an emergency is defined as a serious, unexpected (or having very little advance notice), and often dangerous situation requiring immediate action.

Employees are strongly encouraged to bookmark the link to this crisis plan in their computer and mobile browsers for ease of access in an emergency. To bookmark this policy in such a way that does not require logging in to PolicyStat for access, please bookmark <u>THIS LINK</u>.

Crisis Response Team:

Due to the unpredictability of circumstances and multiple nuances involved with handling crises, a Crisis Response Team has been developed to effectively respond to emergencies and crises. The Crisis Response Team is responsible for approving this Crisis Plan following annual review by the Safety Committee. Members of the team are responsible for assisting in times of crisis (with information and support) and helping to facilitate communication during and following crisis situations. The Team meets ahead of potential threats and as soon as practical during or following a crisis to discuss resolution and assign responsibilities and communication needs.

In most crisis scenarios, the individuals at the scene of the crisis are directed to contact a member of the crisis response team at some point in the outlined steps in response to the impending or existing crisis. In those circumstances, the employee may contact <u>any</u> member of the Crisis Response Team, and should continue attempting to contact a member, cycling through the list of members if necessary, until a member is reached. The member of the Crisis Response Team who is reached will be responsible for coordinating an emergency meeting with the rest of the team members and will serve as a point of contact between the individuals on the ground and the Crisis Response Team unless the team determines that another individual on the team is better able to serve that role.

The following individuals serve on ASNC's Crisis Response Team:

| ame | Position | Email | Telephone | Text Messages |
|-----|--|------------------------------------|-----------|------------------|
| | Director of Property & Facilities | dyell@autismsociety- nc.org | 9 | |
| | Chief Human Resources Officer & General Counsel | eroberts@autismsociety- nc.org | 9 | |
| | Senior Director of Services | kjohnston@autismsociety- nc.org | 4 | |
| | Director of Quality & Compliance | tferreira@autismsociety- nc.org | Ol | |
| | Chief Executive Officer | tsheriff@autismsociety- nc.org | OJ. | |
| | Clinical Director | wluffman@autismsociety- nc.org | 3 | |

Review/Revision Schedule:

This plan is reviewed annually by ASNC's Safety Committee and approved by members of the Crisis Response Team. To report an issue or ask questions about this plan, please contact SafetyCommittee@autismsociety-nc.org or feedback@autismsociety-nc.org.

Training Plan:

All employees will be assigned a module in ASNC's online learning management system that points toward this crisis plan and all of its associated links and attachments. A brief quiz and an attestation will ensure an employee's review of policy and procedures. Employees in roles that are more likely to encounter certain scenarios will receive additional information and training on the relevant scenarios as part of their onboarding and/or team meetings. Employees at ASNC locations will participate in drills as outlined below to reinforce awareness and knowledge of this plan.

Escape / Evacuations:

Depending on the scenario, many action plans will involve either sheltering in place or evacuation. Additionally, emergency response services may request that you either shelter in place or evacuate. All locations should have the most up-to-date evacuation maps posted consistent with allowable signage in each location.

Sheltering in Place

Sheltering in place means finding a safe location indoors and staying there until you are given an "all clear" or told to evacuate. You may be asked to shelter in place in a number of different scenarios, although typically these are weather-related. For more information and tips about sheltering in place, click <u>HERE</u>. If you are required to shelter in place, please consider these tips:

- In finding a safe location: Does the door lock? Does it open out or in? Is there furniture nearby that you
 can use to barricade the door? Can you close or block the windows?
- · Think of what you might need (food, water, and medication) if the shelter-in-place notice lasts many

hours.

Evacuations

Evacuating means to remove yourself from a place of danger to a safer place. Commonly, this will mean exiting a building and moving a safe distance from it. Most locations will have specified location for assembling following an evacuation. These are outlined in the Location-Specific Evacuation Routes/Maps section below. You may be asked to evacuate in a number of different scenarios. For more information and tips about evacuations, click HERE. If you are required to evacuate, please consider these tips:

- · Stay calm.
- · Evacuate in a safe and orderly manner, account for all clients, staff and visitors.
- Identify the safest and most efficient route to the evacuation point, listen for instructions, and remain aware of your surroundings.
- · If there are obstacles blocking your primary evacuation route, find an alternative exit.
- Once evacuated, remain calm and wait to follow further instructions from law enforcement, your facility leader, or the Crisis Response Team.
- · If your location becomes unsafe, proceed to a safer and more secure area.
- · Assist others if it is safe to do so.
- · Ask for help or call 911 if you are unable to evacuate safely.

Drills:

ASNC has established the following parameters around conducting crisis response drills.

Purpose & Frequency:

Drills provide simulated experience with the steps of various crisis scenarios and familiarize employees with the plans of action. Drills are scheduled, and the timing and nature of the drill is communicated ahead of time. The goal of drills is to educate employees and provide practical experience with how to respond in a variety of emergencies that have the potential for occurring and for which preparation is critical.

<u>For licensed programs (day programs and group homes)</u>: Fire and disaster drills should occur once per quarter, per shift. For day programs, this means there must be one fire drill and one disaster drill during the hours in which the program is open. For residential programs, this means there must be three fire and three natural disaster drills per quarter - one of each drill for each of the three shifts (one of which must occur during the overnight/sleeping hours). Day programs are also encouraged to conduct at least one other type of drill per year.

<u>For all other ASNC offices, programs, and locations:</u> At least one fire drill and one other type of drill will be conducted each year. The timing and type of drill will be predetermined by ASNC Safety Committee.

Fire Drills & "Other" Drills / Action Plan Reviews will be conducted as follows:

| Facility Type | Frequency of Fire Drill | Natural Disaster Drill / Action Plan Review | "Other" Drill / Action Plan Review |
|-------------------------|----------------------------|---|------------------------------------|
| Licensed Residential | Quarterly, 1x each shift | Quarterly, 1x each shift | Optional |
| Licensed Day Program | Quarterly | Quarterly | Yearly |

| Locations | All Other | Yearly | Yearly | Yearly | |
|-----------|-----------|--------|--------|--------|--|
| | Locations | | | | |

Steps:

- The Safety Committee will assign two "Safety Champions" for each location who will help ensure all staff and participants are familiar with this policy, the <u>Evacuations</u> policy and <u>Location-Specific Evacuation</u> <u>Routes/Maps</u>. The Director of Property & Facilities will go over all aspects of the policy and drill with the Safety Champions.
- 2. The Safety Committee will remind the Safety Champions when their next drill is due and will offer a 2-week period to conduct it.
- 3. The Safety Champions will choose a specific day and time and notify all the staff at their location. Announcing a drill ahead of time can increase participation, allow opportunity for review and helps prevent panic and undue fear during the drill.
- 4. The Safety Champions will signal the start of the drill using a pre-determined signal for that location. Warning signals may include announcements, a fire alarm, and horn. In response to the signal, everyone will follow the steps of the Action Plan in the Fire & Explosions policy and Evacuations policy procedures.
- 5. The Safety Champions will monitor the drill and document the participants and amount of time required for everyone to make it to the designated assembly area.
- 6. Immediately following the drill the Safety Champions will debrief the drill and go over their observations with all who participated. The Safety Committee will provide a list of possible debrief discussion points.
- 7. The Safety Champions will complete the form linked to in the "<u>Documentation</u>" section below following the drill.
- 8. Safety Committee will review the results of the drills and provide feedback, as warranted, for safety, compliance, and quality improvement purposes.

Documentation:

Residential programs will use this form to document their drills and reviews. ALL other locations will use this form to document their drills and reviews. Data, including aggregate data, will be available for Safety Committee review and feedback.

Scenarios & Action Plans:

Active Shooter

Bomb Threat

Fire & Explosions

Hostage Situation

Intruder on Premises

Natural Disaster (Hurricanes, Tornadoes, Floods)

Suspicious Mail / Packages

Threat of Violence to Others

Threat of Violence to Self (Mental Health Crisis)

Communication in a Crisis:

Emergency communication from the location of a crisis will typically require the supervisor/employee at the scene of the crisis to contact emergency services. Most scenarios require communication to the Crisis Response Team. Whenever there is actual or imminent danger, emergency services should always be the first point of contact. The Crisis Response Team should be notified as soon as it is safe and appropriate to do so.

Upon notification to a member of the Crisis Response Team, that member is required to provide any immediately needed information or feedback and convene a meeting of the full Crisis Response Team as soon as possible and practical. The Crisis Response Team will convene and discuss the situation and determine who, if anyone, needs to also be brought into the discussion for participation or debriefing. During the course of the Crisis Response Team meeting, a decision will be made about further communication needs (for example, to all employees, to individuals/families we support, etc.) and will identify central points of contact and responsible persons for additional communications.

In the event of a crisis/emergency, staff are reminded to please refer any questions, interview requests, or media contacts to the Director of Communications. No other staff should answer questions or offer information to the media. If asked for a comment, staff may respond with, "We are currently focusing on the needs of our participants and their families. Please contact the Director of Communications with specific requests and for more information about our ongoing efforts."

At the conclusion of a crisis situation, the Crisis Response Team will evaluate its own response to determine if any changes are needed in the future related to crises. The actions of the Crisis Response Team will also be reviewed by the Safety Committee for feedback and quality improvement.

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Location-Specific Evacuation Routes/Maps:

ACLE

Ascend

Asheville Services Office

Camp Royall

Charlotte Office

Chestnut Hills

Creative Living

Fairview

Fayetteville Services Office & Thrive

Greensboro Services Office

Greenville Services Office

IGNITE - Davidson

IGNITE - Greensboro

IGNITE - Raleigh

Marlowe

Newport Social Recreation

Sandlewood

State Office - Kingdom Way

Triangle Services Office

Wilmington Office & Programs

Winterville Social Recreation

Additional Resources:

Additional resources are available and linked to, where appropriate, within the individual scenarios and action plans.

Attachments



How to Add Crisis Plan as a Shortcut on Mobile Devices

Approval Signatures

| Step Description | Approver | Date |
|---|---|-----------|
| Quality Management Approval | Director of Quality & Compliance | 8/19/2024 |
| Crisis Response Team Review and Approval | n: Senior Director of Services | 8/19/2024 |
| Crisis Response Team Review and Approval | Chief Human Resources Officer & General Counsel | 8/13/2024 |
| Crisis Response Team Review and Approval | onick: Clinical Director | 8/8/2024 |
| Crisis Response Team Review and Approval | ff: Chief Executive Officer | 8/7/2024 |
| Crisis Response Team Review and Approval | Director of Quality & Compliance | 8/7/2024 |
| Crisis Response Team Review and Approval | rector of Property and Facilities | 8/7/2024 |
| Safety Committee Review and Approval | rector of Property and Facilities | 8/7/2024 |
| | Time circle. Director of Quality & Compliance | 8/6/2024 |



| Entered: | |
|-------------|-------|
| EE#: | |
| Discipline: | |
| Initials: | 2 3 3 |

Personnel Action/Change Form

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|--|------------------|--|--|--|--|--|
| Action: _New Hire XRehireTransferStatus Change | • | | | | | |
| Pay Rate ChangeTerminationAddress Change | | | | | | |
| Name Change(Attach New S.S. & DL Card, Tax Forms, 19 form)Camp Employee | | | | | | |
| This section completed by employee | | | | | | |
| Name S. S. #_2 | | | | | | |
| Mailing Address_ | | | | | | |
| city Candler state NC zip 28715 | | | | | | |
| Home Phone Work Phone Cell Phone | . 20 | | | | | |
| E-mail Address | | | | | | |
| Gender: Male Female Date of Birth_ d | | | | | | |
| Marital Status: Single Married | _ | | | | | |
| I acknowledge that by providing my email address, I am opting to receive period emails from various departments within the Autism Society of NC in order to provide with the most current information about the organization. This includes informat regarding my benefits. I acknowledge that I may opt out of these email lists checking the box following this message. I understand that I may not opt out of emfrom Relias Learning Management System, and that checking the box only removes from non-Relias mailing lists. | me tion by | | | | | |
| EMERGENCY CONTACT INFORMATION | | | | | | |
| Full Name (Last, First, MI)Relationship | | | | | | |
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Completed by Supervisor or HR Professional Only Effective Date 4/18/16 Department 44401 - 999 (Project code) Second Department Years of Education US. Years of Experience 154 Status: Salaried 40 hours Salaried 35 hours Seasonal Salaried 30 hours Full-Time Hourly Part Time Job Title ASP Supervisor s Pay Rate: _____ Annual Salary (Exempt) _____ Hourly Rate (Non-Exempt) Regular Hourly Rate (#1) Training Rate \$ Respite & PC Rate \$ Hourly Rate (#2) France for (Service) Supported Emp Hourly Rate (#3) _____ for (Service) ____ Camp Only - Daily Rate (#4) _____ Weekly Rate (#5) Other Hourly Rate for (Service) Personal Assistance Other Hourly Rate B for (Service) BB lespite Employee Signature:___ Approved By Secondary Supervisor S 1.All salary new hires need a 2nd level supervisor signature. 2.All services Hourly Staff new hires with an hourly rate over \$12.00 need RD signature. **Terminations** Rehire: Yes No (Explain) Approved By:_____