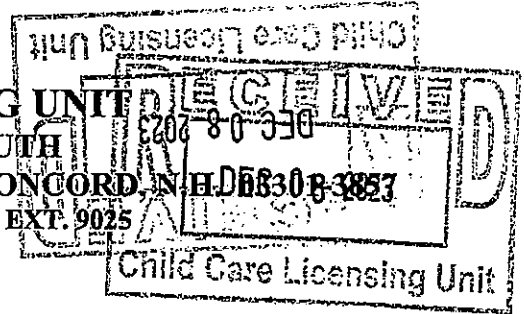


CHILD CARE LICENSING UNIT
STATE OFFICE PARK SOUTH
129 PLEASANT STREET, BROWN BUILDING, CONCORD, NH 03301-3853
TEL. 603-271-9025 OR 1-800-852-3345, EXT. 9025



STATEMENT OF FINDINGS

ISSUE DATE: 11/30/2023
INSPECTION TYPE: Licensed Complaint
INSPECTION DATE(S): 10/17 & 10/25/2023
CORRECTIVE ACTION PLAN DUE DATE: 01/02/2024

Rachel Umberger
MPA at Plymouth
350 Main Street
Plymouth NH 03264

LICENSE NUMBER: CCRB-05691
LICENSING COORDINATOR(S):
Melanie Smith

In accordance with RSA 170-E, the department finds non-compliance with the following statutes and/or rules:

He-C 4001.22(e):
PROGRAM STAFF SHALL USE RESTRAINT IN ACCORDANCE WITH RSA 126-U.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

The program self-reported that Staff A used profanity and crude language with Resident A, who was escalated during a physical management. A review of the incident reports and the resident's individual crisis treatment plan revealed that program staff did not restrain the resident in accordance with the requirements of RSA 126-U when Staff A and another staff followed Resident A into their room, and Staff A remained in the resident's room, despite being the target of Resident A's escalated behaviors. This was contrary to the resident's crisis treatment plan, which states in part, that when Resident A exhibits (behaviors) during triggering events, which include arguments and being controlled by others, faculty intervene by removing the trigger, offering the resident to take space, and allowing opportunity for the resident to talk to a trusted faculty. Additionally, the plan states that, during an outburst, Resident A will usually ask to go to their room or remove themselves from the situation, or withdraw themselves. In response, faculty should allow the resident to take space safely, and silence is ok until they are ready, continue to remove targets and crowds, use TCI physical management, if deemed necessary and appropriate, offer clear exits and ways towards spaces to calm down. Based on statements made by staff interviewed, Resident A ran to their room and slammed the door when they were angry and demonstrating escalated behaviors. Staff A and another staff followed Resident A into their room, not allowing them to take space. They continued to stay in Resident A's bedroom after Resident A requested Staff A to leave multiple times, further escalating Resident A, to which the staff responded by placing the resident in a physical restraint, contrary to the requirements of RSA 126-U.

CORRECTIVE ACTION PLAN

COMPLETION DATE: 12/15/23

One of the elements of this situation is that staff A felt "burnt" out by the requirements and tasks of the job. Almost immediately (and later) residential administrators changed their schedules so that every day of the week an Assistant Program Manager is working with either the Program Manager or the Residential Operations Director. This way the Assistant Program Manager can focus on program-specific tasks and the other residential administrator can focus on crisis/behavioral support.

Per email from program 12/11/23: After the incident faculty were retrained on professionalism and boundaries with a competency based tool (exit ticket).

FOR DEPT USE ONLY: A*: ☒ D*: ☐

He-C 4001.19(a)(1):

PROGRAM STAFF SHALL RELATE WITH RESIDENTS IN A PROFESSIONAL, RESPECTFUL MANNER.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

The program self-reported that Staff A used profanity and crude language with a resident who was escalated during a physical management. Department staff interviewed nine staff members and one resident, all of whom confirmed hearing Staff A use profanity, crude and unprofessional language towards the resident.

CORRECTIVE ACTION PLAN

COMPLETION DATE: 1/31/24

Staff A, after this incident, was immediately placed on a performance improvement plan (please see attached). In addition, there was a program-wide focus and training effort by the unit's clinicians and clinical Director on the ARC concept caregiver affect management.

FOR DEPT USE ONLY: A*: X D*: _

By signing below, I agree to maintain future compliance with the statutes and/or rules cited above.

OWNER/APPLICANT SIGNATURE: Laethe Orlyn DATE: 12/5/23

DIRECTOR/PROVIDER SIGNATURE: _____ DATE: / /

FOR DEPARTMENT USE ONLY

☒ *APPROVED (EACH ITEM IN THE CORRECTIVE ACTION PLAN HAS BEEN APPROVED)☐ *DISAPPROVED (A REVISED CORRECTIVE ACTION PLAN WILL BE REQUIRED FOR THE ITEMS MARKED DISAPPROVED IN THE RIGHT HAND COLUMN.)LICENSING COORDINATOR: Melanie Smith DATE: 12/11/23

FOLLOW-UP: