

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/26/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2018
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NAME OF PROVIDER OR SUPPLIER FLOWE DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 628 FLOWE DRIVE CHARLOTTE, NC 28213
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W 289	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4)</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>This STANDARD is not met as evidenced by: The team failed to ensure techniques to manage inappropriate behaviors were incorporated into the individual support plan (ISP) for 1 of 3 sampled clients (#5) as evidenced by record review and interviews. The findings are:</p> <p>A. Review of facility internal incident reports and investigations for the review year on 4/23/18 revealed an incident of physical aggression on 10/16/17 by client #5 towards staff. Review of the 10/16/17 incident revealed client #5 grabbed a staff by the hair, pulled the staff to the ground and kicked the staff repeatedly. Further review of incident reports for client #5 from the vocational program revealed on 1/8/18 the client was prompted to participate in a vocational activity and hit staff with her lunch bag and threw a trash can at staff. Additional review revealed on 2/26/18 client #5 hit another individual at the vocational program in the head with a chair.</p> <p>Review of client #5's record on 4/24/18 revealed an ISP dated 11/13/17. Further record review revealed a behavior support plan (BSP) dated 10/20/17. Review of the BSP revealed target behaviors of becoming agitated and/or displaying anxiety, leading up to verbal aggression such as</p>	W 289	<p><u>W0289.</u></p> <p>A. In order to ensure that client #5 BSP include physical aggression and strategies to address the target behaviors, the BSP has been revised on April 27, 2018 to include physical or property aggression: hitting, kicking, pushing, biting, throwing objects or any act intended to harm others. Threatening aggression is also included. It is also noted in the plan for physical or property aggression, staff should stay calm with neutral facial expression, remove any objects in the area that may be thrown, lock up and ensure her safety and the safety of others,</p>	6/24/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Blackboard Qualified Professional	(X6) DATE 4/30/18
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions). For nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 289	<p>Continued From page 1</p> <p>abusive speech/swearing, clenching her fist and becoming non-compliant. Review of prevention procedures in the BSP revealed client #5 should receive descriptive social praise for cooperation and participation in any activity, provide one on one attention when possible and use preferred activities to reinforce less preferred activities. Review of client #5's psychotropic medications revealed the history of Seroquel, Nuedexta, Lorazepam, Trazedone, Tegretol, Zyprexa and Abilify to address behaviors.</p> <p>Interview with the facility group home manger (HM) verified client #5 has been physically aggressive and is currently in individual therapy and has had medication changes to address behaviors. Further interview with the facility HM and facility qualified intellectual disabilities professional (QIDP) verified client #5's behavior plan should include physical aggression and should also include prevention strategies to address the identified target behavior.</p> <p>B. Review of facility investigations for the review year on 4/23/18 revealed an investigation on 10/24/17 due to a verbal allegation of client #5 that staff had sprayed her in the face on 10/16/18. Further review of interviews during the investigation revealed client #5's guardian to report client #5 has a history of making up stories and exaggerating. Continued investigation review revealed the allegation to be unsubstantiated based upon staff and client interviews, nursing assessment of client #5 on the day of event with no skin or eye irritation and statement of the guardian indicating client #5's history of telling stories/exaggerations. Review of incident reports for client #5 at the vocational program revealed various dates the client stated "staff don't like me"</p>	W 289	<p>and ignore the behavior so that the negative attention is not given when she stops, then give direct attention and redirect to schedule as soon as directly to distract her. Use blocking techniques if she attempts to hit and move out of the way. Once calm, she may help direct and go to her private area if chosen. Encourage her to speak to you in a private location. Assist her in making the right choice for solving her problem. Jan Kay, Consulting Psychologist, will provide an in-service to staff in group home and at his span day program on or before June 24, 2018.</p>		

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W 289	Continued From page 2 and "staff don't like anybody here". Review of client #5's record on 4/24/18 revealed an ISP dated 11/13/17. Further record review revealed a BSP dated 10/20/17. Review of the BSP revealed target behaviors of becoming agitated and/or displaying anxiety, leading up to verbal aggression such as abusive speech/swearing, clenching her fist and becoming non-compliant. Review of prevention procedures of the BSP revealed client #5 should receive descriptive social praise for cooperation and participation in any activity, provide one on one attention when possible and use preferred activities to reinforce less preferred activities. Interview with the facility HM verified story telling/exaggerating is a behavior of client #5. Further interview with the facility HM and facility QIDP verified client #5's behavior plan should include telling stories/exaggerations as verified by the guardian to be a behavior history of client #5. Additional interview verified the BSP for client #5 should include prevention strategies to address the identified target behavior.	W 289	<u>W 289</u> B. In order to ensure that client #5 BSP include telling stories/exaggerations to address the target behavior, the BSP has been revised on April 27, 2018 to include story telling/embellishing. The goal strategies noted to address the target behavior include: Minimize questioning let her tell her version of events. Ask her to clearly, exactly what she is telling you. Let her know that you are acknowledging what she has said, and that you are writing it down. If it is an accusation don't stuff that in the binder.		
W 356	COMPREHENSIVE DENTAL TREATMENT CFR(s): 483.460(g)(2) The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure comprehensive dental services	W 356		6/24/18	

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W 356	Continued From page 3 relative to restoration of teeth was provided in a timely manner for 1 of 3 sampled clients (#2). The finding is: Review of the record for client #2, conducted on 4/24/18, revealed a dental consultation dated 6/7/17 documenting client #2 would need to have a filling done. Continued review of the 6/7/17 dental consultation revealed documentation stating "she will need to be in a smaller wheelchair for this visit though. Her wheelchair will not fit through the door." Further review of the record for client #2 revealed a subsequent dental consultation dated 12/13/17 stating "she has one cavity noted last time that still needs to be done once she has her smaller chair." Interview conducted with the group home manager on 4/24/18 verified client #2 remained in need of the filling recommended by the dentist on 6/7/17 due to the lack of a smaller wheel chair that could be accommodated in the treatment area of the dental office. It should be noted that the facility is pursuing the provision of an electric wheelchair for client #2. Continued interview with the group home manager and the qualified intellectual disabilities professional revealed the facility could provide the loan of a smaller wheelchair that would allow client #2 access to the treatment area of her dental office. Therefore, the facility failed to provide client #2 with restorative treatment recommended by the dentist for a period of over 10 months.	W 356	<i>W 356 B. Continued! to visit chief staff in on conversation to clarify what is being said. Remove the audience. Avoid emotional responses and require attention Do not respond emotionally with unnecessary attention. Do not argue! If statements involves allegations, that are possible, follow normal reporting procedures and notify supervisor at once. Jan Kay, Consulting Psychologist, will provide an in-service to staff in group and at the LifeSpan Creative Campus next program ones before June 24, 2018.</i>		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are	W 369			

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W 369	<p>Continued From page 4</p> <p>self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility's medication administration system failed to assure all medications were delivered without error for 1 of 3 clients observed during medication administration (#6). The finding is:</p> <p>Observations conducted in the group home on 4/24/18 at 6:30 AM revealed client #6 was seated at the dining table eating breakfast. Further observations at 6:50 AM revealed staff prompted client #6 to come into the medication administration area to take her morning medications. Client #6 then arrived in the medication area and was assisted to receive medications including Calcium-Magnesium liquid 10 ml.; Omeprazole 20 mg.; vitamin D-3 2000 units and Zyrtec 10 mg..</p> <p>Review of the record for client #6, conducted on 4/24/18, revealed physician's orders dated 3/1/18 documenting client #6 was prescribed medications to be taken at 7:00 AM including: Calcium-Magnesium liquid-take 1 Tablespoonful (15 ml.) by mouth twice daily; Omeprazole 20 mg.-take one capsule by mouth every morning before a meal; vitamin D-3 200 units and Zyrtec 10 mg..</p> <p>Interview conducted with the nurse on 4/24/18 revealed client #6 should have received Calcium-Magnesium liquid 15 ml. as ordered, rather than the 10 ml. which she received, and should have received Omeprazole 20 mg. before a meal as prescribed by the physician.</p>	W 369	<p><u>W 356</u></p> <p>In an effort to ensure that comprehensive dental treatment services that include dental care needed for relief of pain and infections of teeth and maintenance of dental health, an appointment has been scheduled for client #2 for May 2, 2018 at 9am with Dr. Howell's office. Medical records will be reviewed monthly to ensure appointments are not missed and all appointments for the quarter will be reviewed during quarterly core team meeting for each designated home. This policy will be implemented on or before June 24, 2018.</p>	6/24/18	

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			<p><u>W369</u></p> <p>In an effort to ensure that Client #6 is administered medications without errors, staff will receive retraining on the medication prescribed for each individual in the group home.</p> <p>Client #6 MAR will be updated to change the time on the MAR for Omeprazole from 7am to 10am due to it should be given before a meal as prescribed by physician. Once staff receive training weekly med pass will be monitored to ensure staff are passing meds as prescribed by physician. This policy will be implemented on or before June 24, 2018</p>	6/24/18	

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MAY 3 2018

DHSR NH L & C
BLACK MOUNTAIN / WRO



April 30, 2018

Recertification Survey April 24, 2018 Plan of Corrections/Flowe Group Home:

The following plans of corrections are in response to the state audit survey completed on April 24, 2018.

W289

- A. In order to ensure that client #5 Behavioral Support Plan (BSP) include physical aggression and strategies to address the target behavior, the BSP has been revised on April 27, 2018 to include Physical or property aggression: hitting, kicking, pushing, biting, throwing objects or any act intending to harm others. Threatening aggression is also included. It is also noted in the plan for physical or property aggression, Staff should stay calm with neutral facial expression, remove any objects in the area that may be thrown, back up and ensure her safety and the safety of others, and ignore the behavior so that the negative attention is not given. When she stops, then give direct attention and redirect to schedule or novel activity to distract her. Use blocking techniques if she attempts to hit and move out of the way. Once calm, she may self-direct and go to her private area if chosen. Encourage her to speak to you in a private location. Assist her in making the right choice for solving her problem. **Jan Kay, MA HSP-PA, Consulting Psychologist, will provide an in-service to staff in-group home and at the LIFESPAN Creative Campus West program on or before June 24, 2018.**
- B. In order to ensure that client #5 Behavioral Support Plan (BSP) include telling stories/exaggerations to address the target behavior, the BSP has been revised on April 27, 2018 to include Storytelling/embellishing the truth: telling stories that are not true, telling half-truths, or embellishing on the truth that may get her out of participation in activities or to get others in trouble. Strategies noted to address the target behavior include: Minimize questioning, let her tell her version of events. Ask her to CLARIFY exactly what she is telling you. For example, what do you mean by.....” Let her know that you have acknowledged what she has said, and that you are writing it down. If it is an accusation about staff that is in the building, bring that staff in on the conversation to clarify what is being said. Remove the audience. Avoid emotional responses and negative attention. Do not respond emotionally or with unnecessary attention. **DO NOT ARGUE!** If the statement involves allegations that are possible, follow normal reporting procedures and notify supervisor at once. **IT IS VERY IMPORTANT THAT ALL ACCUSATIONS ARE TAKEN SERIOUSLY AND IF NOT RESOLVED,**

THEN STAFF ARE TO INFORM THEIR SUPERVISOR FOR FURTHER INSTRUCTIONS. **Jan Kay, MA HSP-PA, Consulting Psychologist, will provide an in-service to staff in-group home and at the LIFESPAN Creative Campus West program on or before June 24, 2018.**

W356

In an effort to ensure that Comprehensive Dental Treatment services that include dental care needed for relief of pain and infections, restoration of teeth and maintenance of dental health, an appointment has been scheduled for Client #2 for May 2, 2018 at 9am with Dr. Gouch's office. LIFESPAN will follow up with recommendations given by medical professionals as scheduled to avoid any delay in client care. Medical books will be reviewed monthly to ensure appointments are not missed and all appointments for the quarter will be reviewed during quarterly core team meeting for each designated home. . **This policy/procedural will be implemented on or before June 24, 2018.**

W369

In an effort to ensure that Client #6 is administered medications without errors, staff will receive retraining on the medications prescribed for each individual in the group home. Client # 6 MAR will be updated to change the time on the MAR for Omeprazole 20mg from 7am to 6am due to it should be given before a meal as prescribed by the physician and breakfast is normally served before or by 7am. Once staff have received training, weekly med passes will be monitored to ensure staff are passing medications as prescribed by the physician. **This policy/procedural will be implemented on or before June 24, 2018.**

Sincerely,

Sonya Reid

Sonya Reid, Program Director of Residential/Qualified Professional Residential Services