

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

DHSR - Mental Health

PRINTED: 05/16/2018
FORM APPROVED
OMB NO. 0938-0391

MAY 30 2018

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G353 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Lic. & Cert. Section | (X3) DATE SURVEY COMPLETED 05/09/2018 |
|--|--|--|--|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER CURRY HOUSE | STREET ADDRESS, CITY, STATE, ZIP CODE 1793 BRILEY ROAD GREENVILLE, NC 27834 |
|---|---|

| (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) COMPLETION DATE |
|--------------------|---|---------------|--|----------------------|
| W 189 | <p>STAFF TRAINING PROGRAM GFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staff were sufficiently trained to ensure clients received the appropriate diet. This affected 2 of 4 client audits (#1, #4). The finding is:</p> <p>Staff were not sufficiently trained to ensure client's #1 and #4 received the correct diet.</p> <p>Observations on 5/9/18 of breakfast meal revealed clients #1 and #4 consuming Chocolate Peanut Butter Cheerios cereal along with French Toast Sticks and Canadian Bacon.</p> <p>Observations on 5/9/18 of cereals in the home's kitchen pantry areas revealed Kellogg's Raisin Bran and Peach Cheerios.</p> <p>Review on 5/9/18 of the home's breakfast menu revealed "Any Fruit Juice/Fresh Fruit, Canadian Bacon, French Toast with sugar free pancake syrup, skim milk, cereal (no sugar coated) or hot cereal."</p> <p>Review on 5/9/18 of client #1's physician orders last signed 5/18 revealed "...No concentrated sweets." In addition, review on 5/9/18 of client #1's nutritional review dated 4/2/18 revealed "wt - 188.7# DBW 170-175#. Continuous weight gain 182.0# (side arrow sign here) 188.7# 6.7# (up</p> | W 189 | <p>Preperation and excution of this plan of correction does not constitute admission or agreement by the provider or the truth of facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or excicuted solely because it is required by the provision of federal and state law.</p> <p>W189 GHM will in-service staff on all diet plans for the for the residence of the home and the importance of followingthe plans as written.</p> <p>GHM will ensure appropriate food items are in the home that is consistant with the individual's diet orders.</p> <p>HS will in-service staff the implimentation of informal training of making healthy</p> <p>Random mealtime assessments will be completed accross all meals at least weekly for the next 2 months by the GHM, HS, QP and PD.</p> <p>Plan to prevent re-occurrence: Monitoring will be completed weekly by the PD through review of assessments and random observations.</p> | 6/15/2018 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Cynthia B. Stevens TITLE Program Director (X6) DATE 5/25/18

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.) Except 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 nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W 189 | Continued From page 1 arrow here) since Jan. No change in nutrition plan weight gain 2° what reason...is eating habits changed...continue to encourage compliance with nutrition plan..." Review on 5/9/18 of client #1's individual program plan (IPP) dated 8/8/17 revealed "No concentrated sweets..." and "[client #1] should be encouraged to choose healthy foods to maintain/improve weight status." In addition, review on 5/9/18 of client #1's diagnoses revealed diabetes, hypothyroidism. Review on 5/9/18 of client #4's physician orders last signed 5/18 revealed "No concentrated sweets." In addition, review on 5/9/18 of client #4's diagnoses revealed diabetes, hypertension, hypothyroidism. Interview on 5/9/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 and #4 should not receive sugar coated cereal. Further, the QIDP revealed staff is in need of training on client diets. | W 189 | | | |



May 25, 2018

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

MAY 30 2018

Lic. & Cert. Section

Dear Mrs. Stephanie DeGraffenreid:

Enclosed is the Plan of Correction for Curry House Group Home from their recertification survey completed on May 9, 2018. Please know that we are addressing all items cited during the survey. Please feel free to call me with any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia B. Stevens".

Ms. Cynthia B. Stevens, BS, CESP
Program Director
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Greenville, North Carolina 27834
(252)-933-0418
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