

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

PRINTED: 08/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: The team failed to ensure the individual program plan (IPP) for 1 of 3 sampled clients (#6) included objective training to address identified needs relative to privacy as evidenced by observations, interviews and review of records. The finding is:</p> <p>Observations in the group home on 8/6/18 revealed at 4:54 PM client #6 was observed to be standing in front of the TV in the common sitting area with peers and staff present and proceeded to pull his pants down. Staff were noted to prompt and assist the client to pull pants back up. Continued observations at 4:56 PM revealed the client again standing in front of the TV and pulling pants down. Staff were again observed to prompt and assist with pulling pants back up. Further observations in the group home at 5:00 PM revealed the client to be in the common sitting area and again pulled pants down. Staff were observed to prompt and assist in pulling pants back up.</p> <p>Interviews with the group home manager revealed client #6 does frequently pull pants down in public. Continued interview with the group home manager revealed this behavior is not addressed by objective training.</p> <p>Review of the records for client #6 revealed an</p>	W 227			

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

TITLE

(X6) DATE

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.

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

PRINTED: 08/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655		
(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 227	Continued From page 1 IPP dated 3/16/18 which included objective training to touch a symbol on a communication board, apply lotion to hands. place dirty laundry into washer, clean grooming basket, improve eating skills, attend to leisure activities, pour beverage, put belt on and a behavior support plan (BSP) to decrease rate of disruptive behaviors. Review of the BSP revealed the disruptive behaviors are defined as refusal to participate, aggression, self-injurious behaviors, spitting, and inappropriate self-stimulation. Further review of the IPP and BSP, substantiated by interviews with the behaviorist and the qualified intellectual disabilities professional (QIDP), revealed no objective training to address pulling pants down in public. Therefore, the IPP failed to include objective training to address an identified need relative to privacy.	W 227			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: The team failed to ensure 2 of 9 objectives listed on the individual program plan (IPP) for 1 of 3 sampled clients (#6) relative to behaviors and	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655		
(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 249	<p>Continued From page 2</p> <p>communication were implemented as prescribed and with sufficient frequency to support the achievement of the objectives as evidenced by observations, interviews and review of records. The findings are:</p> <p>A. The team failed to ensure the behavior support plan (BSP) for client #6 was implemented as prescribed.</p> <p>1. Observations in the group home on 8/6/18 at 5:13 PM revealed client #6 to go to the table for dinner. Before sitting down the client was observed to reach across the table and attempt to grab client #3. Staff were noted to block and prompt to calm down . The client was then observed to grab client #5 by the shirt protector and pull it off before staff could block. Continued observations revealed the client to bend over and start jerking arms up and down making loud vocalizations. Staff were observed to get the client straightened up and the client then reached over and scratched client #1 on the shoulder. Further observations revealed staff to get the client to sit down and to prepare plate. It was noted staff moved client #5 to another seat at the table and client #1 went into the office for first aide treatment.</p> <p>2. Observations in the group home on 8/7/18 at 7:42 AM revealed client #6 to come to the table for breakfast. Before sitting down the client was observed to reach across the table and attempt to grab client #4. Staff was noted to block and prompt the client to calm down. Continued observations revealed the client then reached over grabbed client #5's hand and attempted to bite it. Staff were observed to pull client #6 away from client #5. Further observations revealed</p>	W 249			

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

PRINTED: 08/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655		
(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 249	<p>Continued From page 3</p> <p>staff to get the client to sit down and prepare plate. It was noted staff moved client #5 to another seat at the table. It was also noted that client #3 got up and moved away from the table when client #6 began aggressing towards others at the table.</p> <p>Interviews with the behaviorist who was present on 8/6/18 during the meal revealed aggression is part of the client's behavior support plan (BSP). Continued interviews with the behaviorist revealed staff are to block and redirect when aggression occurs and us non-exclusionary time out (NETO) when the client will not calm down.</p> <p>Review of the records for client #6 revealed an IPP dated 3/16/18 which included a BSP to reduce rate of disruptive behaviors. Continued review of the BSP revealed disruptive behaviors to include refusal to participate, aggression, self-injurious behaviors, spitting, and inappropriate self-stimulation. Further review of the BSP revealed intervention procedures for aggression which stated when aggression occurs and continues, staff are to prompt the client to sit or stand in an area where the client can see what is going on. Staff are to ensure the client is away from the other residents until calm.</p> <p>Interviews with the behaviorist and the qualified intellectual disabilities professional verified staff should have moved client #6 to another part of the room where the other residents were out of reach but client #6 could still see what was going on. Therefore, staff failed to implement the BSP as prescribed in the IPP.</p> <p>B. The team failed to ensure the communication objective for client #6 was implemented with</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655		
(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 249	Continued From page 4 sufficient frequency to support the achievement of the objective. Observations during the 8/6-8/7/18 survey, substantiated by interviews with staff, revealed client #6 is non-verbal and communicates wants and needs mostly through gestures. Continued observations in the group home revealed a communication device on the wall for client #6. Observations of the communication device revealed pictures representing wash hands, drink, bathroom, medications, yes, no, laundry, TV, help, more, mad, mother and outside. Further observations in the group home on 8/6/18 at 4:37 PM revealed staff to prompt client #6 to go to the communication device and press the button for drink and staff assisted the client with getting a drink. Continued observations during the 8/6-8/7/18 revealed staff to use verbal and gestural prompts to transition the client to eat, wash hands, go to the bathroom, take medications, go outside or to watch TV. Observations revealed at no other time was the client prompted to use the communication board. Review of the records for client #6 revealed an IPP dated 3/16/18 which included an objective to touch symbol on the communication board when asked "where is blank?". Interviews with the QIDP verified staff should have used the communication board at all teachable moments for eating, medications, washing hands and going outside. Therefore, staff failed to implement the objective with sufficient frequency to support the achievement of the objective.	W 249			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)	W 460			

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

PRINTED: 08/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655		
(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 460	<p>Continued From page 5</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure specifically prescribed diets were followed for 2 of 3 sampled clients (#1 and #3) and two non-sampled clients (#2 and #5). The findings are:</p> <p>Observations on 8/6/18 at 5:15 PM revealed staff assisting all six clients in the home with plating dinner items which included ground beef, corn chips, lettuce, chopped tomato and salsa for a taco salad dinner. Staff were observed to use a large serving utensil to scoop corn chips, ground beef and salsa from a serving bowl for each client. Review of the dinner menu for 8/6/18 revealed clients on 1500 calorie diets were to receive only 6 corn chips with their meal. Client's #1, #2, #3 and #5 were all observed to receive significantly more than 6 chips as a result.</p> <p>Review of the record for client #1 on 8/7/18 revealed an individual program plan (IPP) dated 8/31/17. Review of the IPP revealed a physician's order dated 5/9/18 for a 1500 calorie diet. Further review of the IPP revealed a nutritional evaluation dated 6/22/18 which indicated that at that time the client was 32 pounds over ideal body weight. Review of the weight records for client #1 revealed a weight of 148 pounds on 8/2/17 and a weight of 172.4 pounds on 8/3/18, a gain of approximately 24 pounds in the past year.</p>	W 460			

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

PRINTED: 08/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655		
(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 460	<p>Continued From page 6</p> <p>Review of the record for client #2 on 8/7/18 revealed an IPP dated 4/6/18. Review of the IPP revealed a physician's order dated 5/9/18 for a 1500 calorie diet. Further review of the IPP revealed a nutritional evaluation dated 3/31/18 which indicated at that time the client was 32 pounds over ideal body weight. Review of the weight records for client #2 revealed a weight of 143 pounds on 8/3/17 and a weight of 170 pounds on 8/3/18, a gain of 27 pounds in the past year.</p> <p>Review of the record for client #5 on 8/7/18 revealed an IPP dated 3/23/18. Review of the IPP revealed a physician's order dated 5/9/18 for a 1200 calorie diet. Further review of the IPP revealed a nutritional evaluation dated 12/21/17, which indicated at that time the client was 38 pounds over ideal body weight. Review of the weight records for client #5 revealed a weight of 160 pounds on 8/3/17 and 165 pounds on 8/3/18, a gain of five pounds in the past year.</p> <p>Review of the record for client #3 on 8/7/18 revealed an IPP dated 7/17/18. Review of the IPP revealed a physician's order for a 1500 calorie diet. Further review of the IPP revealed a nutritional evaluation dated 6/22/18, which indicated at that time the client was 14.5 pounds above ideal body weight.</p> <p>Interview with the qualified intellectual disabilities professional on 8/7/18 confirmed that the caloric specific diets for client's #1, #2, #3 and #5 should be followed as ordered by the physician and as directed by the menu at all meals.</p>	W 460			