

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

PRINTED: 11/16/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2018
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NAME OF PROVIDER OR SUPPLIER LEE FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1209 PELLHAM DR LAURINBURG, NC 28352
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(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
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E 032	<p>Primary/Alternate Means for Communication CFR(s): 483.475(c)(3)</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:</p> <p>(3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.</p> <p>*[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Emergency Preparedness Plan (EP) plan included an alternate means for communicating with facility staff, regional and local governments during an emergency. The finding is:</p> <p>The facility's EP plan did not identify an alternate means for communicating with staff, regional and local governments during an emergency.</p> <p>Review on 11/13/18 of the facility's EP plan dated 3/15/18 revealed if the group home phone was not working and staff's personal phones were not working, staff should go to a nearby group home for help, go to a neighbor's house for help, go to a nearby business or store, write "Help" in big bold letters and place in the window, wave a white cloth, use personal back up chargers or flick a</p>	E 032	<p>See Attached sheet</p> <p>RECEIVED NOV 26 2018 DHSR-MH Licensure Sect</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 11/26/18
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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.) Except for nursing homes, the findings stated above are disclosable 60 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.

E032

- Utilize an analog phone that plugs into a jack and does not need power for operation.

- Ask staff to utilize their personal cell phones when available and for contact between the staff and local emergency management. We will provide retribution if they engage their phones for emergency purposes on behalf of the company. We will purchase and maintain a battery operated charger that staff can use a quick charge.
- Maintain a deactivated phone for a true emergency because 911 can always be accessed.
- Use the pull station or activate the emergency alarm system in the home since they have battery back-up.
- Have a plan to utilize a nearby neighbor or business. Document the name of the neighbor, the address, date and time you received a verbal agreement, the potential for the neighbor to be at home/business to be open and the mode of communication they have available should they suffer a power loss. If they agree include their address and phone number in the plan.
- Assure your plan stipulates who your local emergency responders are, the plan for them to check on your facilities and means of communication should you find yourself in distress.

- Always have a large laminated sign that says I need help and tape available to place it in the front window or door.
- Utilize the horn on the van and lay down on it to signal distress.
- Assure your plan includes using the Weather band radio to stay abreast of emergency situations.
- Contact your local emergency coalitions because they have various communication devices available on a first come, first serve basis.

Target Date: 1/11/19

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E 032	Continued From page 1 flashlight to signal for help. Interview on 11/13/18 with the Home Manager (HM) revealed the home did not have an alternate means of communication available in case of an emergency. The HM indicated staff would be expected to go to a neighbors home and ask for help. The HM also added she has a family member who lives nearby who would be glad to assist them. Interview on 11/13/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed during an emergency with no electricity or phone service available in the home, staff would be expected to drive to another group home, use flashlights to signal for help, or display a white flag to contact emergency personnel. The QIDP acknowledged staff are not required to have a personal phone for use during an emergency and personal phones are not a requirement for employment.	E 032			
E 039	EP Testing Requirements CFR(s): 483.475(d)(2) (2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following: *[For LTC Facilities at §483.73(d):] (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:]	E 039	<u>E039</u> Safety Committee Chairperson/ QP/Home Manager will participate in a full-scale exercise or a based table top exercise specifically for the Lee Forest Group Home. In the event of an actual or man man.emergency that requires activation of the emergency plan the facility will document activation of plan and file with		

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E 039	Continued From page 2 (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. *[For RNHCIs at §403.748 and OPOs at §486.360] (d)(2) Testing. The [RNHCI and OPO] must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the [RNHCI's and OPO's] response	E 039	the Emergency Response Plan Monitoring will occur by the Clinical team performing either a full-scale exercise or a table top exercise By 1/11/2019 Target Date 1/11/2019		

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E 039	Continued From page 3 to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility/community-based or tabletop exercises to test their emergency plan were conducted. The finding is: The facility's emergency preparedness (EP) plan did not include completion of facility/community-based exercises or tabletop exercises. Review on 11/13/18 of the facility's EP plan updated 3/15/18 did not include a full-scale community-based or individual facility-based exercise or a tabletop exercise to test their emergency plan. Interview on 11/14/18 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility has not conducted a full-scale facility/community-based exercise or a tabletop exercise to test the effectiveness of their current emergency plan.	E 039			
W 229	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(i) The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 229	<u>W229</u> Habilitation Specialist will re-write Tooth brushing objectives for client's #2 & #3 and other programs as need. QA Specialist will re-in service the Habilitation Specialist on writing programs With single objectives. Monitoring will occur by the clinical team through		

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W 229	Continued From page 4 failed to ensure objectives for 2 of 3 audit clients (#2, #3) were written in terms of a single behavioral outcome. The findings are: Objectives statements for 2 of 3 audit clients (#2, #3) were not written with single outcomes. a. Review on 11/13/18 of client #2's Individual Program Plan (IPP) dated 1/8/18 revealed the objective, "[Client #2] will brush his teeth 2 times a day for 2 minutes and floss at least 1 time a day especially bed time with 90 % verbal prompts or less for 2 consecutive review periods." b. Review on 11/13/18 of client #3's IPP dated 8/14/18 revealed the objective, "[Client #3] will brush his teeth 2 times a day and floss at least 2 times a day at least 2 minutes with 90% independence verbal prompts for 2 consecutive review periods." Interview on 11/14/18 with the Habilitation Specialist confirmed the objective statements were not written with single outcomes.	W 229	assigned non-medical chart reviews by the QP. Target Date 1/11/2019	
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.	W 249	<u>W249</u> Habilitation Specialist in conjunction with the QP, will in-service DSA's on encouraging participation from client#2 and all other clients in the home with meal prep, in addition to in-servicing on practicing safety skills during meal preps. Habilitation Specialist in conjunction with the QP, will in-service DSA's on encouraging family style dining from client #3 and all other	

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W 249	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 3 audit clients (#2, #3) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of cooking and family style dining. The findings are:</p> <p>1. Client #2 was not actively engaged in cooking during meal preparation.</p> <p>During dinner preparation in the home on 11/13/18 from 4:47pm - 6:00pm, staff used a manual can opener, stirred food in pots on the stove, operated the microwave and blender, and placed hamburgers on a dish without a client's assistance. During this time, client #2 was standing nearby or otherwise available to assist. Client #2 was not prompted to participate with these tasks.</p> <p>During breakfast preparation in the home on 11/14/18 from 6:35am - 7:10am, staff heated a pot of water, added grits (and butter), stirred the grits periodically, added butter to bread slices, placed the slices on a pan, and placed the pan in the oven. During this time, client #2 stood nearby watching the staff. Client #2 was not prompted or encouraged to assist with these tasks.</p> <p>Staff interviews (2) on 11/13 - 11/14/18 revealed client #2 is not allowed to use a can opener because of "sharp objects." Additional interview indicated client #2 could help cook but "I don't know if I want them helping with the hot grits." However, the staff added, "Client #2 knows everything to do in the kitchen."</p>	W 249	<p>clients in the home. Monitoring will occur at the rate of 4 Mealtime assessments as assigned by the QP. Target Date: 1/11/2019</p>	

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W 249	<p>Continued From page 6</p> <p>Interview on 11/14/18 with client #2 revealed he likes to help in the kitchen.</p> <p>Review on 11/14/18 of client #2's Adaptive Behavior Inventory (ABI) updated 3/28/18 noted the client can prepare beverages, sandwiches, salads, meat dishes/vegetables in the microwave or oven, bake muffins/cookies/breads, use a manual or electric can opener and plan/prepare breakfast, lunch and dinner meals given partial assistance.</p> <p>Interview on 11/14/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 can assist with cooking tasks given supervision and staff assistance.</p> <p>2. Client #3 was not prompted or assisted to serve himself at dinner.</p> <p>During dinner preparation in the home on 11/13/18 at 5:37pm, staff cut up client #3's hamburger and bun at the kitchen counter and placed them on his dinner plate. The staff later added peas, baked beans and mashed potatoes to the plate and took the plate to client #3 at the dinner table. Client #3 was not prompted or assisted to serve himself any food items at the dinner meal.</p> <p>Staff interview on 11/13/18 revealed they routinely prepare client #3's plate in the kitchen and he does not participate with this task.</p> <p>Review on 11/14/18 of client #3's IPP dated 8/14/18 revealed, "...cut up diet, bite size food may be cut up in the kitchen." Additional review of the client's ABI dated 12/1/17 indicated he can serve himself from a bowl or platter</p>	W 249			

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W 249	Continued From page 7 independently.	W 249			
W 263	<p>Interview on 11/14/18 with the QIDP confirmed client #3 can serve himself at meals and should be prompted and assisted to do so.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a restrictive behavior support program (BSP) was only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#2). The finding is: Client #2's BSP did not include a current written informed consent from his legal guardian.</p> <p>Review on 11/13/18 of client #2's record revealed a BSP dated 4/30/18. The BSP addressed severe disruption, inappropriate sexual behavior, inappropriate toileting behaviors and taking items not belonging to him. Additional review of the record identified the use of Seroquel to address inappropriate behaviors. Further review of the record revealed the guardian had signed a consent dated 8/7/17. The record did not include a current written informed consent signed by the guardian.</p> <p>Interview on 11/14/18 with the Qualified</p>	W 263	<p><u>W263</u> QP/Behavioral Specialist, will obtain informed consent from the legal guardian of client#2. And consents will be updated prior to expiration. The clinical team will ensure that the BSP is implemented with the informed consent of the guardian for client#2 and all other clients in the home. After three unsuccessful attempts to obtain informed consent QP/Behavioral Specialist will visit or mailed a certified letter to last known resident's address. Chairperson of the Human Rights Committee will be notified of attempts to contact guardian. QP and/or Behavior Specialist will review all BSP's to ensure informed consent is documented by 12/14/18. Monitoring will occur ongoing by quarterly chart reviews as assigned by QP. Target Date: 1/11/2019</p>		

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W 263	Continued From page 8 Intellectual Disabilities Professional (QIDP) confirmed the consent had expired and no current written informed consent had been obtained after several attempts to reach client #2's guardian.	W 263			
W 481	MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a record of food actually served was kept. The findings are: Food substitutions were not documented. During lunch observations in the home on 11/13/18 at 12:38pm, client #6 refused his tuna sandwich, potato chips and a pudding cup. The client was given another food choice and chose a can of ravioli. During dinner observations in the home on 11/13/18 at 6:00pm, clients consumed green peas along with other food items. Review of the dinner menu for 11/13/18 revealed brussel sprouts as the dinner vegetable. Staff interview on 11/13/18 revealed no brussel sprouts were available and green peas were uses as a substitution. Additional review on 11/14/18 of the menu book for the home revealed a food substitution list. The last documented substitution was dated 7/12/18.	W 481	<u>W481</u> QP/Home Manager will re-in service all DSA's on the proper documentation of food substitutions of client#6 and all other clients in the home. Monitoring will occur at the rate of 4 mealtime assessments as assigned by the QP. Target Date: 1/11/2019		

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W 481	Continued From page 9 Interview on 11/14/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all food substitutions should be documented.	W 481			