

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

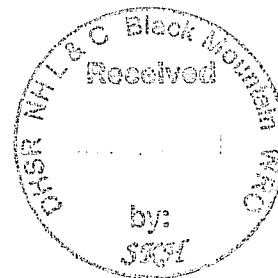
PRINTED: 11/16/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINEVIEW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105</b>
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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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W 104	<p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Governing body and Management failed to assure the physical environment was properly maintained regarding the home's living room furniture as evidenced by observation and interview. The finding is:</p> <p>The home's living room sofa and loveseat upholstery were severely damaged.</p> <p>Throughout the survey period conducted on 11/14/18 to 11/15/18 at the home revealed the upholstered living room sofa and the loveseat was significantly worn down with scratches, cuts, scaling, peeling and flaking areas. Interview with the qualified intellectual disabilities professional (QIDP) on 11/15/18 confirmed the home's living room sofa and loveseat were in need of being replaced and were on the list for the next fiscal year. However, further interview revealed that would be months away before any new furniture would be purchased.</p>	W 104	<p>RM will use the current budgeted monies to order replacement furniture (sofa &amp; loveseat) for the living room.</p>	1/14/19
W 220	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include speech and language development.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure the person centered plan (PCP) for 1 of 3 sampled clients (#5)</p>	W 220	<p>RM and QP will collaborate with a Speech Therapist to complete a current speech assessment for Client #5</p>	1/14/19



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Charmelle Epifanio, RPL, BS, QP* *11/26/18*

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 220	Continued From page 1 included assessment of the client's speech and language development and needs as evidenced by observation, interview and record verification. The finding is:  Observations during the 11/14-15/18 survey revealed the client to use limited verbal communication such as repeating "call Momma" sporadically throughout the survey and signing "toilet" on one occasion on 11/14/18 at 1:05 PM. Continued observations revealed the client for the majority of the survey to simply grab staff to pull them to desired needs and for staff to verbally direct the client to activities.  Review of client #5's PCP dated 9/1/18 revealed the client does not currently have a communication objective even though communication is listed as "a large barrier" for the client and the client's psychological evaluation notes the client should continue to work on communication skills. Interview with the qualified intellectual disabilities professional (QIDP), substantiated by further review of the PCP, revealed no current communication assessment is available in client #5's record to assist in the development of communication programming and strategies.	W 220		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)  The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated	W 242	With the assistance of a Speech Therapist, QP will develop communication plans/goals for the clients #4 and #5.	1/14/19

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W 242	<p>Continued From page 2</p> <p>that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure the person centered plan (PCPs) for 2 of 3 sampled clients (#4 and #5) included communication training to meet the clients' communication needs as evidenced by observation, interviews and record verification. The findings are:</p> <p>A. For client #5, observations during the 11/14-15/18 survey revealed the client to use limited verbal communication such as repeating "call Momma" sporadically throughout the survey and signing "toilet" on one occasion on 11/14/18 at 1:05 PM. Continued observations revealed the client for the majority of the survey simply grabbed staff to pull them to desired needs and for staff to verbally direct the client to activities.</p> <p>Review of client #5's PCP dated 9/1/18 revealed the client does not currently have a communication objective even though communication is listed as "a large barrier" for the client and the client's psychological evaluation notes the client should continue to work on communication skills. Interview with the qualified intellectual disabilities professional (QIDP) verified the client currently does not have any communication objective training to increase communication skills and teach the client communication of basic needs.</p> <p>B. For client #4, observations during the 11/14-15/18 survey revealed the client to use gestures and the use of touch to communicate needs and wants. Continued observations</p>	W 242		

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W 242	Continued From page 3 revealed the client for the majority of the survey stood still and waited for staff to verbally direct or take the client to activities.  Review of client #3's PCP dated 9/5/18 revealed the client does not currently have a communication objective. Continued review of his PCP revealed staff should give him "...time to express himself...likes to be as independent as possible in his activities of daily living although he does need some assistance and cues." Interview with the QIDP verified the client currently does not have any communication objective training to increase communication skills and teach the client communication of basic needs.	W 242		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.  This STANDARD is not met as evidenced by: The facility failed to assure it's technique to manage the behavior of 1 of 3 sampled clients (#5) was not used as a substitute for an active treatment program as evidenced by observation, interview and record verification. The finding is:  Observations in the group home during the 11/14-15/18 survey, substantiated by interview with staff, revealed client #5's clothing to be kept in the closet in the living room. Further interview with staff revealed the closet is unlocked but the client's clothing is stored outside of his room due to the client's behavior of moving and messing	W 288	With assistance from the Team ,QP will develop a goal(s) to assist client #5 to work towards keeping some clothing in his room without removing it.	1/14/19

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W 288	Continued From page 4 with his clothing. This behavior in the past has resulted in missing clothing or clothing that is mixed with his dirty clothing. Further observations during the survey revealed the client did not access this closet. For example, continued observations revealed staff to get clothing from the closet at 7:12 AM on 11/15/18 and take them to client #5 when he was starting his bath instead of assisting the client to pick out his choice of clothing from the closet prior to his bath.  Review of client #5's person centered plan (PCP) dated 9/1/18, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed no objective training is currently included in the PCP to address the behavior and help teach the client needed skills to allow him to have his clothing in his room.	W 288		