

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

PRINTED: 11/30/2018  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |   |  |   |
|---|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G057</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br><b>11/27/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYWOOD COUNTY GROUP HOME #3</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>401 WOODLAWN CIRCLE<br/>CLYDE, NC 28721</b>  |   |
| (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><b>STAFF TRAINING PROGRAM</b><br/>CFR(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 observations and interviews, the facility failed to assure adequate staff training specific to wheelchair safety during transport for 1 of 3 sampled clients (#3). The finding is:</p> <p>Observation at the group home on 11/27/18 at 9:55 AM revealed client #3 to be loaded onto the facility van in a wheelchair. Further observation revealed staff to secure the client's wheelchair in the van with straps that included locking clips. Continued observation revealed staff to clip the rear straps of the van to the back tires of the wheelchair. Upon this observation, this surveyor interviewed staff and the facility qualified intellectual disabilities professional (QIDP). The QIDP was then observed to redirect staff to ensure the client was secured in the facility van by the frame of the wheelchair, not the wheelchair tires.</p> <p>Interview with staff revealed she forgets sometimes to secure the client by the wheelchair frame and she was trained incorrectly by another staff. Interview with the QIDP verified client #3 should always be secured during transport by the frame of the wheelchair. Further interview with the QIDP verified staff could benefit from additional training to address the safety of client #3 during transport.</p> | W 189   | <p>W189</p> <p>An in-service training will be completed with all staff in the facility by the agency's Qualified Professional detailing the responsibilities of staff to ensure wheelchair safety during transport. Training will review techniques for securing the client's wheelchair, using straps in the van that include locking clips, and ensuring that the straps are secured to the frame of the wheelchair.</p> <p>All new hires and current staff in the facility will receive training on how to properly load and secure a wheelchair during transport as part of an ongoing measure to ensure that staff have the knowledge and skills to effectively care for, train, and supervise the population we serve. Ongoing reference materials on safe procedures during transport will also be made available to staff and posted in the staff office. Knowledge and implementation of this requirement will be monitored by the Direct Support Professional Supervisor, Director of Programs and Qualified Professional.</p> | 12/12/2018  |
| W 249   | <b>PROGRAM IMPLEMENTATION</b>   | W 249   |  |   |



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

TITLE

(X6) DATE

*Katherine Haggerty*

*Director of Services/OP*

*12.12.18*

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 249   | <p>Continued From page 1<br/>CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure sufficient interventions were implemented to assure continuous active treatment and that objectives listed on the individual service plan (ISP) were implemented as prescribed for 3 of 3 sampled clients (#1, #3 and #5). The findings are:</p> <p>A. The interdisciplinary team failed to implement sufficient interventions to address client needs relative to adaptive behaviors for client #1. For example:</p> <p>Observation in the group home on 11/27/18 at 7:43 AM revealed client #1 to walk to the living room area of the home, sit on the couch and listen to music from the television and browse cartoons from an electronic device. Continued observation at 8:00 AM revealed client #1 to put the electronic device on the side table next to the couch and to go to sleep. Client #1 was observed to sleep from 8:10 AM until 9:10 AM with one verbal prompt from staff requesting if the client wanted to engage in arm weight exercises to which the client refused and went back to</p> | W 249   | <p>W 249</p> <p>An in-service training will be completed with all staff in the facility by the agency's Qualified Professional detailing the responsibilities of staff to ensure opportunities are continuously provided for clients to engage in meaningful training and activities throughout their day. Training will review possible, available opportunities and provide suggestions for areas in which clients should be encouraged to participate and learn new skills.</p> <p>Also, staff will be trained to follow the current Habilitation Plan and/or Behavioral Support Plan of each client to ensure all goals/procedures are followed as written, and to minimize missed opportunities to train on each clients' objectives.</p> <p>All new hires and current staff in the facility will receive this training as part of an ongoing measure to ensure that staff have the knowledge and skills to effectively care for, train, and supervise the population we serve. Knowledge and implementation of this requirement will be monitored by the Direct Support Professional Supervisor, Director of Programs and Qualified Professional.</p> <p>Specific to client #1, the Qualified Professional will review with staff the Behavioral Support Plan for addressing target behaviors of aggression and scratching skin, particularly the importance of providing structured activities to address these maladaptive behaviors.</p> <p>Specific to client # 5, the Qualified Professional will review with staff strategies outlined in the Behavior Support Plan for how to address maladaptive behaviors, particularly how to respond when individual is refusing to</p> | 12/12/2018           |   |

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| W 249   | <p>Continued From page 2</p> <p>sleep. At 9:10 AM client #1 was observed to wake up, go to the restroom and return to the living room couch until staff offered the opportunity for a phone call. Client #1 was observed to sleep for over 60 minutes of survey observations with no prompts offered by staff for structure with active treatment or liesure options, except to engage in arm weight exercises.</p> <p>Review of records for client #1 revealed a behavior support plan (BSP) dated 8/27/18 for target behaviors of aggression and scratching skin. Further review of the BSP identified client #1's need for structure to address target behaviors. Additional record review revealed a psychological evaluation for client #1 recommending the need for structure to address maladaptive behaviors and preferred activities of the client to include music and looking through magazines/papers. Subsequent record review revealed client #1's need for structure while providing no direction with additional active treatment interventions in the group home except preferred activities of music and magazines.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed client #1 needs structure to address target behaviors of the BSP. Additional interview with the QIDP verified staff should have provided additional prompts to client #1 relative to active treatment or preferred activities to support structure during her morning routine.</p> <p>B. The interdisciplinary team failed to implement sufficient interventions to address client needs relative to adaptive behaviors for client #5. For Example:</p> | W 249   | <p>W 249 (cont'd)</p> <p>participate in prompted activities or provision of care.</p> <p>Specific to client # 3, the Qualified Professional will review with staff the individual's communication objective and reference sheet for utilizing hand signs during training to increase spontaneous communication.</p> |                      |   |

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| W 249   | <p>Continued From page 3</p> <p>Observations throughout the 11/26-27/18 survey client #5 was observed to be verbally prompted by staff to participate in various activities that included: a number identification activity, setting the table, meal participation, multiple leisure options, brushing teeth and nail care. Observations of client #5 revealed a refusal gesture to multiple verbal prompts from staff upon the initial request then client #5 at times would return to the requested activity for participation such as meals. Staff were observed to walk away from the client when client #5 would indicate a refusal gesture without any further encouragement.</p> <p>Review of records for client #5 revealed a BSP dated 11/5/18. Review of the BSP revealed a target behavior of refusal behavior (resists care). Further review of the BSP revealed strategies to address refusal behavior with utilizing treats like yogurt/cookie and using favorite objects of the client (clock/flashlight) when helping with his care.</p> <p>Interview with the QIDP verified client #5 likes to do things in his own time and will often refuse verbal prompts from staff regarding activities and treatment. Additional interview with the QIDP verified staff should have used appropriate strategies of the client's BSP to address refusal behavior. The QIDP further verified staff should have used client #5's favorite objects to encourage the client with participation in care/treatment.</p> <p>C. The interdisciplinary team failed to implement sufficient interventions to address client needs relative to communication for client #3. For example:</p> | W 249   |   |                      |   |

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| W 249   | <p>Continued From page 4</p> <p>Observations in the group home during the 11/26-27/18 survey revealed client #3 to be mostly non-verbal. Additional observation revealed client #3 to be prompted by staff with transitions and activity engagement with verbal and physical gestures. Observation of staff during the dinner meal on 11/26/18 revealed staff to sign "thank you" to client #3 in response to the client's meal participation. Client #3 was not observed to communicate with hand signs or be prompted to use hand signs as a form of communication during any observation.</p> <p>Review of current training objectives for client #3 on 11/26/18 revealed a communication objective to use hand signs with a revised date of 3/8/17. Further review of the communication objective revealed client #3 will use new and known hand signs spontaneously to communicate socially and to communicate wants/needs with 50% accuracy. Further review of Client #3's hand sign program revealed staff may provide cueing to the client in the following manner: "Do you need help with that? Show me the sign for help.", "Are you done with dinner? Show me the sign for finished." Signing should be elicited and encouraged throughout all of client #3's daily activities and routines. A review of client #3's communication evaluation dated 3/1/18 revealed recommendations to maintain/increase client #3's use of signing vocabulary to enhance overall communication by continuing hand signs program as written and to continue to elicit and monitor use of previously learned signs, gestures and verbalizations.</p> <p>Interview with the QIDP on 11/27/18 verified client #3's communication program relative to hand signs remains current and the client does know</p> | W 249   |   |                      |   |

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| W 249   | Continued From page 5<br>various hand signs. Additional interview with the QIDP verified staff should have prompted or encouraged client #3 to utilize hand signs at various times to include conversations with staff and with activity engagement.  | W 249   |  |                      |   |
| W 473   | MEAL SERVICES<br>CFR(s): 483.480(b)(2)(ii)<br><br>Food must be served at appropriate temperature.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure food was served at an appropriate temperature for 1 of 5 client's residing in the home for one of two meals observed.<br><br>Observation in the group home on 11/27/18 at 7:50 AM revealed client #3 to sit at the kitchen table for breakfast. Staff was observed to remove client #3's oatmeal from the microwave and bring it to the client while stating "It's hot." Client #3 was observed to take a bite of oatmeal and immediately remove her spoon and the oatmeal from her mouth. Client #3 was then observed to sit and look at her oatmeal while staff prompted the client to let it cool.<br><br>Interview with staff revealed she did not have a food thermometer to test food temperature. Further interview with staff indicated she used her finger to test the temperature of the oatmeal. Interview with the facility QIDP verified staff should not be using their finger to test food temperature and food should be served at an appropriate temperature that is safe for all clients. | W 473   | W 473<br><br>An in-service training will be completed with all staff in the facility by the agency's Qualified Professional detailing the responsibilities of staff to ensure that all staff are following the proper procedures for safely preparing and serving food to individuals during mealtimes. Training will review where to locate and how to utilize a food thermometer in order to test the temperature of food and ensure it's a safe temperature before serving to individuals.<br><br>All new hires and current staff in the facility will receive training on how to locate and utilize kitchen tools as part of an ongoing measure to ensure that staff have the knowledge and skills to effectively care for and supervise the population we serve. Knowledge and implementation of this requirement will be monitored by the Direct Support Professional Supervisor, Director of Programs and Qualified Professional. |                      |   |



The Arc of Haywood County

IN-SERVICE TRAINING FORM

TRAINER: Katie Higgs, DOS/QP DATE: 12/12/18

1. Purpose of training: To review best practices and address concerns discovered during the Recertification Survey completed November 26-27, 2018. The survey was required for continued participation in the Medicaid program, and training was required as a means of addressing deficiencies cited during the survey.

- **Wheelchair Safety During Transport** – staff are responsible for ensuring that the standards of safety are followed each and every time individuals are transported in a vehicle.
  - Staff are to secure individual’s wheelchair using straps in the van that include locking clips.
  - Staff are to ensure that the straps are secured to the frame of the wheelchair. Staff are not to attach the straps to the wheels of the wheelchair.
- **Continuous Active Treatment Program** – staff are responsible for ensuring that opportunities are continuously provided for individuals to engage in meaningful training and activities throughout their day.
  - MB – Behavioral Support Plans for maladaptive behavior of scratching/rubbing skin (SIB) and aggressive behaviors; need for provision of structure and preferred activities to address maladaptive behaviors.
  - JT – Behavioral Support Plan for maladaptive behavior; strategies to utilize when individual refuses an activity/prompt (positive reinforcement).
  - DG – Communication objective to utilize hand signs spontaneously; staff to utilize gestures and modeling and encourage individual to utilize hand signs at various times; review hand signs reference sheet for staff.
- **Safe Meal Services**– Staff are responsible for ensuring that individuals are served food at appropriate temperature.
  - When serving hot foods, ensure that food is at a reasonable temperature to avoid individuals burning themselves when eating
    - Staff are to utilize a thermometer to measure the temperature of foods prior to serving, especially when serving hot foods, to ensure that they are at a safe temperature.
  - Food should not be served to individuals until it is at a temperature that can be consumed safely. Staff are to prompt and assist individuals with eating slowly when necessary.

**Read, learn, and follow all procedures and guidelines for each client’s Habilitation Plan and Behavioral Support Plan. Staff should ask the Director of Programs or Director of Services questions if unsure of anything or for clarification.**

Each standard level deficiency and plan of correction was reviewed with all staff present and explained thoroughly. Each staff was given an opportunity to engage in training and ask any questions regarding information presented. Knowledge and implementation of the requirements will be monitored on an on-going basis by the Direct Support Professional Supervisors, Director of Programs and Director of Services (Qualified Professional).

Signature & Dates:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

Please document here if employee refuses to sign: \_\_\_\_\_



THE ARC OF HAYWOOD COUNTY, INC.

STAFF TRAINING SIGN-IN SHEET

DATE OF COURSE: 12-12-18 LOCATION: Group Home #3/KF

COURSE: In Service Training re: Plan of Correction

TRAINER: KH

HOURS: \_\_\_\_\_

Name/Title

Signature

Alex Israel DSP

Alex Israel DSP

Kara Greson DSPS

Kara Greson DSPS

Rodney Phillips DSPS

Rodney Phillips DSPS

Tonye Brown DSPS

Tonye Brown DSPS

Traci Hoppenbrouwer DSPS

Traci Hoppenbrouwer DSPS

Lexi Rowland

Lexi Rowland DSP

Barbara Shook, DOP

Barbara Shook, DOP

Kelley Shaw DSP

Kelley Shaw DSP

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