

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

PRINTED: 02/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER SCOTTHURST I & II			STREET ADDRESS, CITY, STATE, ZIP CODE 174 HOOTS DRIVE WINSTON-SALEM, NC 27107		
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E 007	<p>EP Program Patient Population CFR(s): 483.475(a)(3)</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:]</p> <p>(3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**</p> <p>*Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to assure the Emergency Preparedness Plan (EPP) contained specific current information relative to the needs of all clients residing in the home (Lakewood). The finding is:</p> <p>Review on 2/19/19 of the facility's EPP manual contained within the home (Lakewood) and titled "RHA Health Services Lakewood Emergency Operations Plan" dated October 2017, revealed the person centered plans (PCPs) for all clients residing in the home were not current.</p> <p>Interviews on 2/19/19 with staff (2) revealed they are trained to utilize the home's (Lakewood) EPP manual regarding client specific information and needs for emergency evacuation situations. Further interviews revealed staff are trained to take the home's (Lakewood) EPP manual with them in the event of an emergency evacuation.</p>	E 007			

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.

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E 007	Continued From page 1	E 007			
W 227	<p>Interview on 2/19/19 with the qualified intellectual disabilities professional (QIDP) verified the facility had not updated all clients PCPs in the home's (Lakewood) EPP manual. Further interview with the QIDP verified updated client specific information should be contained within the home's (Lakewood) EPP manual to enable persons unfamiliar with each client to provide appropriate, safe care during an emergency evacuation.</p> <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: Based on observation, record review and interview, the facility failed to assure the person centered plans (PCPs) for 3 sampled clients (#1, #5, #6) and 1 non-sampled client (#9) included objective training to meet the clients' identified needs in the areas of meal preparation, self medication administration and self help skills. The findings are:</p> <p>A. Client #1's PCP did not include training objectives for meal preparation or feeding himself medications. For example:</p> <p>1. Observations in the group home (Rockcreek) throughout the survey 2/18/19 to 2/19/19 revealed client #1 to ambulate from room to room in the</p>	W 227			

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W 227	<p>Continued From page 2</p> <p>home with staff continuously standing by, playing with puzzles and playing with a toy pushing different buttons to illicit sounds and light. During dinner and breakfast meal observations staff placed food on client #1's adaptive spoon and the client would take the spoon and place the bite into his mouth repeating until he finished his meals. Further observation on 2/19/19 during medication administration, revealed staff to assist client #1 in using hand gel and punching his pills into a souffle cup. Further observations on 2/18/19 at dinner and 2/19/19 at breakfast revealed staff to prepare food items in the food processor and to place the items on the table for client #1.</p> <p>Review on 2/19/19 of client #1's PCP dated 4/25/18 revealed the client to have training objectives for tooth brushing, choosing a leisure activity, communication, shampooing hair and participating in medication administration. Further review revealed the client have a 2000 calorie diet of minced consistency with double portions. Review of the adaptive behavior inventory (ABI) dated 4/2/18 revealed the client to have the ability to perform meal preparation activities with the assistance of staff.</p> <p>Interview with staff on 2/19/19 revealed client #1 did not have a program to participate in meal preparation. Interview on 2/19/19 with the qualified disabilities intellectual professional (QIDP) further verified client #1 could benefit from training to use the food processor to increase his independent living skills relative to meal preparation and identified needs in the PCP.</p> <p>2. Observation on 2/19/19 at 7:35 am, with staff assistance client #1 came to the medication room, cleaned his hands using hand gel and</p>	W 227			

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W 227	<p>Continued From page 3</p> <p>punched medication from a bubble pack. Staff was observed to then feed the client his probiotic pill whole, mixed in applesauce. Observation on 2/18/19 during dinner and 2/19/19 during breakfast revealed staff to load the client's adaptive spoon and offer it to client #1 who then took the spoon placed the food in his mouth. This was repeated until the client had finished the meal.</p> <p>Record review for client #1 on 2/19/19 revealed an ABI dated 7/1/18. Review of the ABI for self administration of medications (SAM) revealed "places pill in mouth-NA". Further review of the record did not reveal a current goal or past training for client #1 to feed himself medications.</p> <p>Interview with staff on 2/19/19 revealed she has been instructed to feed the medications to client #1 since he sometimes refuses his adaptive spoon that has been loaded by pushing the spoon away sometimes causing the food or medication to spill. Interview with the QIDP revealed client #1 had been on a program in the past and he had not progressed.</p> <p>B. Client #6's PCP did not include a goal for food preparation.</p> <p>Observations in the group home (Rockcreek) throughout the survey 2/18/19 to 2/19/19 revealed client #6 to participate in various leisure and daily living activities. Client #6 was observed to walking around the home, use the TV remote to choose programs, eat meals without assistance, take dishes to the sink after meals and brush his teeth. Observations further revealed client #6 to complete all activities with partial independence using minimal verbal prompts.</p>	W 227			

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W 227	<p>Continued From page 4</p> <p>Review on 2/19/19 of client #6's PCP dated 4/18/18 revealed training objectives to address making his bed, clearing dishes after eating, tooth brushing, a money objective to identify bills and a behavior support plan (BSP) to decrease agitated episodes. Further review revealed the client eats a minced diet with double portions. Subsequent review of the PCP revealed no training objectives to address meal preparation.</p> <p>Review of client #6's ABI dated 3/30/18 revealed the client to have partial independence with various tasks to include pouring from a small pitcher, using a knife for cutting, using the dishwasher, preparing a beverage, emptying garbage, folding towels and sheets, straightening his room and sweeping floors.</p> <p>Interview on 2/19/19 with staff revealed client #6 did not have a program to use the food processor. Further interview on 2/19/19 with the QIDP and substantiated by an ABI dated 3/30/18 revealed client #6 could benefit from training in meal preparation to increase his independent living skills and identified needs in the PCP.</p> <p>C. Client #5's self-help skill needs identified in her ABI were not utilized.</p> <p>Afternoon observations conducted on 2/18/19 in the home between 4:30 PM to 5:55 PM revealed client #5 to assist in the kitchen with meal preparation, use the food processor to blend clients' food, sweep, gather items and at one point to alert staff a peer had obtained and removed slices of loaf bread from the kitchen. Further observations revealed while client #5</p>	W 227			

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W 227	<p>Continued From page 5</p> <p>verbally engaged with the surveyor and staff, she easily performed the tasks with minimal staff direction.</p> <p>Morning observations conducted on 2/19/19 in the home between 7:30 AM to 9:00 AM revealed client #5 to assist in the kitchen with meal preparation tasks, to retrieve items in the home and take the items to the group home's van. Further observations revealed while client #5 verbally engaged with the surveyor and staff, she easily performed the tasks with minimal staff direction.</p> <p>Interviews conducted with client #5 on 2/18/19 and 2/19/19 revealed she enjoys helping out in the kitchen and working at the vocational center.</p> <p>Interview on 2/18/19 and 2/19/19 with staff (2) revealed client #5 likes helping out in the kitchen, folding towels at the vocational center and enjoys socially engaging with others.</p> <p>Review on 2/19/19 of client #5's PCP dated 1/9/19 revealed formal goals to include prepare meat dish, iron shirt, and make change for \$1.00. Further review of client #5's PCP revealed she enjoys listening to music in her room on her Walkman, talking on the phone with family, getting attention, going home, reading magazines, playing cards, looking at books, having conversation with others, going on community outings, and eating in the other room away from the dining table.</p> <p>Review on 2/19/19 of client #5's ABI last dated 1/2/19 revealed the following needs: use the library to locate books, identify danger/safety sign information, answer the telephone, use the cash</p>	W 227			

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W 227	<p>Continued From page 6</p> <p>register, perform and order inventory, plan/prepare/identify needed items for shopping list for the store, and make her own daily schedule.</p> <p>Interview on 2/19/19 with the QIDP verified client #5 enjoys socially engaging with others and may have met her meal preparation goals through informal programing conducted by staff. Further interview with the QIDP verified client #5 could benefit from additional formal objectives.</p> <p>D. Client #9's self-help needs identified in her ABI were not utilized.</p> <p>Afternoon observations conducted on 2/18/19 in the home between 4:30 PM to 5:35 PM revealed client #9 to sit in the home's living room areas, to walk around the dining room area and to enter the kitchen area and obtain several whole slices of loaf bread and consume chunks of the whole slices of bread as she exited the kitchen area. Continued observations between 5:35 PM to 5:45 PM revealed client #5 to place all client clothing protectors by each client's place settings on the dining table. Subsequent observations at 5:50 PM revealed client #9 to sit at the dining table awaiting the dinner meal.</p> <p>Morning observations conducted on 2/19/19 in the home between 7:30 AM to 9:00 AM revealed client #9 to sit in the home's living room areas, to take medications, to eat breakfast, to dispose of breakfast items after the client finished eating, and to get onto the group home's van.</p> <p>Review of records for client #9 on 2/19/19 revealed a PCP dated 6/28/18. Review of the client's PCP revealed formal goals to include:</p>	W 227			

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W 227	Continued From page 7 wash face, toothbrushing, rinse dishes, stay on tasks, identify coins, remove dishes from table and a behavior support plan. Further review of client #9's PCP revealed she needs assistance to identify warning and danger information signs. Review of client #9's ABI updated 6/5/18 revealed the following needs: physical recreation, leisure activities and hobbies, personal awareness, operate dishwasher, laundry, and vacuum. Interview on 2/18/19 with staff (1) revealed client #9 walks around the dining room area and throughout the home and mostly sits in the home's living room areas. Interview on 2/19/19 with the QIDP verified client #9 could benefit from additional formal training objectives.	W 227			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of facility fire evacuation records and interview, the facility failed to conduct quarterly fire drills for all shifts of personnel as required. The finding is: Review of the fire drill reports for the home (Rockcreek) from 2/5/18 to 1/24/19 revealed 3 evacuation drills (2/5/18, 5/15/18 and 8/8/18) were held for second shift personnel during the review period. Further review of fire drills revealed 4 evacuation drills (3/5/18, 9/21/18, 11/7/18 and 12/31/18) were held for third shift personnel during the annual review period. Subsequent review of the facility's fire drill reports	W 440			

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W 440	Continued From page 8 revealed there were no second shift fire drill for the fourth quarter of the review year and no third shift fire drill for the second quarter of the review period.	W 440			
W 448	<p>Interview with the qualified intellectual disabilities professional (QIDP) verified that evacuation drills for the second and third shift personnel were not conducted quarterly for the review year. Therefore, the facility failed to hold evacuation drills for each quarter for each shift of personnel, during the review year as required.</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv)</p> <p>The facility must investigate all problems with evacuation drills, including accidents.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to investigate all problems with fire drills including the reason for the extended time needed for home evacuation. The finding is:</p> <p>Review on 2/19/19 of all fire drills conducted at the home (Lakewood) during the 2/2018 to 2/2019 time period revealed staff had documented extended times to evacuate clients in the home. Further review of the facility's fire drill reports revealed if an evacuation exceeded three minutes, the facility must institute additional procedures for a plan of action. Continued review revealed the following fire drills conducted during the 2/2018 to 1/2019 time period:</p> <p>1/15/19 - 7:04 minutes - 2nd shift - 2 staff - 6 clients</p>	W 448			

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W 448	<p>Continued From page 9</p> <p>12/14/18 - 4:09 minutes - 3rd shift - 1 staff - 6 clients</p> <p>11/8/18 - 3:30 minutes - 1st shift - 2 staff - 6 clients</p> <p>10/23/18 - 3:05 minutes - 2nd shift - 2 staff - 6 clients</p> <p>9/13/18 - 5:48 minutes - 3rd shift - 2 staff - 6 clients</p> <p>8/6/18 - 2:49 minutes - 2nd shift - 2 staff - 6 clients</p> <p>7/10/18 - 0 minutes documented - 1st shift - 3 staff - 6 clients</p> <p>6/27/18 - 0 minutes documented - 3rd shift - 1 staff - 6 clients</p> <p>5/10/18 - 2:57 minutes - 2nd shift - 2 staff - 6 clients</p> <p>4/5/18 - 3:00 minutes - 1st shift - 2 staff - 6 clients</p> <p>3/5/18 - 6:57 minutes - 3rd shift - 1 staff - 6 clients</p> <p>2/6/18 - 4:00 minutes - 1st shift - 2 staff - 6 clients</p> <p>Interview on 2/19/19 with staff (2) regarding fire drill evacuations at the home revealed staff experiences difficulties getting some clients to evacuate the home (Lakewood). Further interviews revealed staff are trained to complete and submit documentation to facility management regarding fire drill evacuation difficulties in the home (Lakewood).</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/19/19 revealed no written documentation regarding a plan of action for the extended fire drills at the home (Lakewood). Further interview with the QIDP confirmed the need to investigate the reasons causing the delayed evacuations in order to ensure all clients living in the home will remain safe.</p>	W 448			

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W 449 W 449	Continued From page 10 EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills and take corrective action. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to assure corrective action was taken regarding evacuation during fire drills for 1 non-sampled client (#3). The finding is: Review of the facility (Rockwell) fire drill records on 2/19/19 revealed 4 of 10 evacuation drills within the past year documented client #3 "refused" to evacuate. Two of the four drills were conducted on 3rd shift. The other two drills were during first shift including documentation for an emergency preparedness (EP) "Live Disaster Drill" conducted on 2/3/19 at 3:50 pm which revealed client #3 refused to evacuate to the shelter destination. Client #3 is ambulatory and requires minimal assistance in evacuating. Review of client #3's person centered plan (PCP) dated 8/29/18 did not include a program for fire and safety in evacuation. A behavior support plan (BSP) dated 8/22/18 revealed client #3 has a target behavior of noncompliance. The BSP did not include directives to support client #3 with refusing to evacuate during fire or disaster drills. During an interview on 2/19/19 the qualified intellectual disabilities professional (QIDP) confirmed there is no program in place for client #3 that addresses refusing to evacuate during disaster drills.	W 449 W 449			