

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

PRINTED: 03/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/28/2019
NAME OF PROVIDER OR SUPPLIER TIMBERLEA GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5691 MACK LINEBERRY ROAD CLIMAX, NC 27233		
(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>STAFF TRAINING PROGRAM 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 record review and interviews, the facility failed to report acts of neglect, abuse or mistreatment, this affected 2 of 2 sampled clients (#4, #6). The findings are:</p> <p>A complaint investigation conducted on 2/28/19 involved staff interviews that revealed allegations of mistreatment towards client #4 and client #6.</p> <p>Review of internal documents on 2/28/19 revealed facility incident reports and investigations for the last 6 months. Further review of documents did not reveal any incidents involving mistreatment of the clients residing in the group home had been reported by staff to administration to date.</p> <p>Interview on 2/28/19 with staff revealed a report from staff that client #4 requested to rest during a walking activity in the group home and the home manager to say "you don't need to stop, keep walking". Continued interview revealed staff saw client #6 attempt to hold on to the wall during a walking activity in the home and heard the home manager say "you don't need to hold the wall, you can walk". Staff interview further revealed these incidents were examples of comments made by the home manager towards the clients in the home.</p> <p>Additional interviews on 2/28/19 with 2 staff</p>	W 189			

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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W 189	Continued From page 1 members revealed staff had been trained by the facility to report incidents of neglect, abuse or mistreatment. Staff further reported the incidents were not reported due to fear of retaliation from the home manager, Sharon Harris. Continued interview with staff revealed Ms. Harris has stepped down to a regular staff position in the last 2 weeks. Interview on 2/28/19 with the President/CEO and qualified intellectual disabilities professional (QIDP) revealed they were unaware of these allegations. Further interview with administration revealed staff had not reported incidents involving maltreatment by Ms. Harris until the present day of the survey, 2/28/19. The QIDP revealed he was aware Ms Harris had several conflicts with staff that resulted in a decision to step down as group home manager to a regular staff position. Continued interview with the facility QIDP and the company CEO revealed neither had knowledge of incidents of mistreatment towards clients by the home manager and the incidents had not been reported to the administration by staff. Further interview with the QIDP and CEO confirmed an internal investigation would be started on the current survey date due to staff reports during survey interviews. Administration staff further verified the staff in question Ms. Harris, would be suspended until the completion of the internal investigation. Subsequent interview with the QIDP confirmed an in-service training for all staff on reporting all incidents that impact client care and well-being would be put in place immediately.	W 189			
W 287	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)	W 287			

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W 287	Continued From page 2 Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on record review and interviews the facility failed to ensure techniques to manage client behaviors were not used as a convenience for staff. The findings are: During the complaint investigation on 2/28/19, a review of facility policy revealed clients are free to be in any area of their home. Interviews with staff on 2/28/19 revealed on 1/12/19 and 1/13/19 the home manager (HM), Sharon Harris, asked clients to stay in their rooms. Interviews with staff further revealed clients were not allowed to come out into the TV room or other areas of the home until the HM told the clients to do so. Staff indicated this behavior towards the clients by the home manager occurred on several other occasions. Interview with additional staff revealed the home manager had asked clients to stay in their rooms, but was unable to specify dates when this had occurred. Interview on 2/28/19 with the qualified intellectual disabilities professional (QIDP) confirmed facility policy states clients are free to be in all areas of their home. Further interview with the company CEO and QIDP revealed the facility would be conducting an internal investigation regarding these reported actions of the home manager.	W 287			
W 487	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)	W 487			

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W 487	<p>Continued From page 3</p> <p>The facility must assure that each client receives enough food.</p> <p>This STANDARD is not met as evidenced by: Based on record review and verification by interview, the facility failed to assure that clients received snacks and second portions during meals for all clients in the home. The finding is:</p> <p>Review of client #2's record on 2/28/19 revealed a nutritional evaluation dated 2/27/18 stating "regular diet with seconds, allowed one extra food item". Continued review of the nutritional evaluation for client #2 revealed a target weight range (TWR) of 133 lbs to 163 lbs with a current weight of 135 lbs. Further review of client #2's record revealed a medical evaluation on 11/27/18 stating "[client #2] receives an Ensure supplement BID between meals and can have seconds if he remains hungry".</p> <p>Record review on 2/28/19 of client #6's record revealed a nutritional evaluation dated 11/27/11. Review of the 11/27/11 evaluation revealed "a regular diet". Further record review revealed a diet change on 5/16/18, "regular diet, may have seconds on one preferred item at each meal...needs to maintain weight".</p> <p>Interview on 2/28/19 with staff revealed on 1/12/19 to 1/13/19 clients in the group home were not allowed to to receive snacks and second helpings at meals. Additional staff interview on 2/28/19 revealed clients were not allowed to have snacks at various times, or second portions during meals. Continued interview revealed it was a general practice in the group home for the Group Home Manager, Sharon Harris to not allow</p>	W 487			

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W 487	Continued From page 4 seconds. Interview with the qualified intellectual disabilities professional (QIDP) confirmed all nutritional recommendations and diet plans for clients in the home should be followed by staff. The QIDP further verified seconds should be offered to all clients unless restricted by a physician.	W 487			