STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	03/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on record review and staff interview the qualified intellectual disabilities professioinal (QIDP) failed to assure the active treatment programs for 3 of 3 sampled clients (#1, 3,4,) were integrated, coordinated and monitored to assure program progress or revision if necessary. Continued review of records on 3/19/19 revealed the QIDP failed to assure individual habilitation plans (IHP) were effective, and goals were implemented across all domains, both in the group home and in the day centers. Subsequent review of the client records for clients #1, #3,and #4 on 3/19/19 revealed the QIDP failed to include the Adaptive Behavior Inventorys (ABIs) which measure skill aquistion were not present in the client's records, nor were these assessments reviewed or updated as needed within the past year. Per interview with the QIDP on 3/3/19 the clients' ABIs were in a storage unit for the past year and have not been utilized to review new skills needed, or skills that had been accomplished by clients #1, #3, #4, or in the previous year. Cross reference with W 227.	W 159		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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.	W 227		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	03/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 227	Continued From page 1	W 227		

This STANDARD is not met as evidenced by:
The team failed to ensure the person centered plan PCP) for 3 of 3 sampled clients (#1, #3, and #4) residing in the home addressed identified needs as evidenced by observations, record review and interviews. The findings are:

A. Clients #1 and #3 need formal fire drill programs.

Review on 3/13/19 of all fire drills conducted at the home during the 3/2018 to 2/2019 time period revealed staff had documented extended times (see below) to evacuate clients.

2/22/19 - 7 minutes - 1st shift - 1 staff - 4 clients
1/12/19 - 13 minutes - 3rd shift - 1 staff - 4 clients
12/19/18 - 7 minutes - 2nd shift - 1 staff - 4 clients
11/17/18 - 7 minutes - 1st shift - 1 staff - 4 clients
10/22/18 - 8 minutes - 3rd shift - 1 staff - 4 clients
9/30/18 - 8 minutes - 2nd shift - 1 to 2 staff- 5 clients
8/21/18 - 9 minutes - 2nd shift - 1 to 2 staff - 5 clients
7/8/18 - 8 minutes - 3rd shift - 1 staff - 5 clients
6/3/18 - 15 minutes - 2nd shift - 2 staff - 5 clients
5/28/18 - 8 minutes - 2nd shift - 2 staff - 5 clients
4/22/18 - 9 minutes - 1st shift - 1 to 2 staff - 5 clients
3/1/18 - 0 minutes documented - 2nd shift - 1 to 2 staff - 5 clients

Interview with staff A on 3/13/19 revealed clients #1 and #3 are difficult in fire drills. Further interview revealed neither client #1 nor client #3 have fire drill programs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	03/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 227	Continued From page 2	W 227		

Interview with the qualified intellectual disabilities professional (QIDP) on 3/13/19 confirmed neither client #1 nor client #3 have fire drill programs. Further interview with the QIDP confirmed clients #1 and #3 could benefit from fire drill programs.

B. Client #4 is in need of more formal programs.

Afternoon observations on 3/12/19 at the home revealed client #4 to be in his room or, intermittently, in the bathroom from 4:30 PM to 5:45 PM for a total time of 75 minutes. Further observations revealed client #4 to sit at the dining table with his meal at 5:50 PM.

Morning observations on 3/13/19 at the home revealed client #4 to be in his room or, intermittently, in the bathroom from 6:45 AM to 7:30 AM for a total time of 45 minutes. Further observations revealed client #4 to briefly talk with the surveyor, then to load onto the home's van at 7:50 AM.

Interview on 3/12/19 with staff (A) revealed client #4 spends much of his time in his room. Further interview revealed client #4 has programs to clean his room, clean the bathroom, brush his teeth, straighten his closet, and time management.

Review on 3/13/19 of client #4's PCP (dated 2/23/19) revealed the following programs: clean room, brush teeth, clean bathroom, straighten closet, and time management. Continued review revealed client #4 "has expressed a desire to live independently in a house or apartment. Rouses is working with [Client #4] to develop the socialization and daily living skills necessary to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	03/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 227	Continued From page 3 fulfil this goal." Subsequent review on 3/13/19 of client #4's current adaptive behavior inventory (ABI) revealed the following needs: meal preparation, vocational skills, supportive employment opportunity, physical fitness, continued training to improve appropriate conversations and interactions, and continued training to maintain money management skills. Interview on 3/13/19 with the QIDP confirmed client #4 will spend a great deal of time in his room. Further interview with the QIDP confirmed client #4 could benefit from more programs.	W 227		
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. This STANDARD is not met as evidenced by: The team failed to ensure strategies listed in the behavior support plan (BSP) for client #5 were implemented with sufficient frequency to support achievement of the objectives evidenced by record reviews and interviews. The finding is.: Review of client #4's Person Centered Plan (PCP) revealed a BSP dated 8/5/18 which contained a strategy for dealing with client #4's behaviors which stated "staff should never	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	03/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 249	Continued From page 4	W 249		

associate participation in group home or day centre activities with "good behavior". Continued review of the BSP stated "when a community activity is planned for the people in his group home, staff should assume client #4 will be taking part in the activity." Continued review of an incident dated 01/29/19 revealed client #4 became angry when staff changed his scheduled time to see his girlfriend. Further review of the incident report reveal client #4 eloped from the group home but returned shortly using verbal and physical aggression to express his anger toward staff. Continued review of the incident report revealed client #4 calmed down when police were called, and remained calm throughout the evening, apologizing for his behaviors. Subsequent review of the incident report revealed client #4 was "held back from participating in planned activities for the next 3 days missing a bowling outing, shopping trip and another client get together at "The Lot."

Interview with client #4 revealed he was "held back from participating in group home activites because he got mad at a staff and threw a chair because staff would not let him see his girlfriend because of a change in the van schedule." Further interview on 3/12/19 with the the facility qualified intellectual disabilities professional coinfirmed "she and the team felt client #4 needed consequences and should lose outings for the next 3-4 days after the incident on 1/291/9." Continued interview with the QIDP confirmed she "did not know the strategies in client #4's BSP stated "never to associate participation in activities with "good behavior". Therefore the QIDP did not implement strategies and interventions as written in client #4's BSP to support the achievement of the objectives of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G345	A. BUILDING _____ B. WING _____	03/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME #6	5820 NC HIGHWAY 135 STONEVILLE, NC 27048

(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 249	Continued From page 5 client #4's behavior support plan.	W 249		