

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

PRINTED: 04/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2019
NAME OF PROVIDER OR SUPPLIER COUNTRY COVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 28 HILLPARK DRIVE HENDERSONVILLE, NC 28739		
(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 observation, record review and interviews, the facility failed to ensure each employee was provided with continuing training to enable the effective, efficient and competent performance of job duties for 1 of 3 sampled clients (#1) and 1 non-sampled client (#6). The findings are:</p> <p>A. The facility failed to ensure each staff was provided with training to ensure the proper liquid consistency was provided for client #1.</p> <p>Observations conducted in the group home on 3/25/19 at 4:00 PM revealed client #1 was seated in a chair next to the kitchen counter of the home with two cups of beverage in front of him. Client #1 was then observed to take sips of the beverage from one of the cups over a period of five minutes. Continued observation revealed one cup contained a thickened liquid and the other contained regular thin- consistency liquid. At 4:35 PM, the surveyor asked the home manager which cup contained the appropriate beverage consistency for client #1. The home manager was then observed to discard the regular thin-consistency beverage stating client #1 should have thickened liquids, and further stated the regular thin-liquid beverage belonged to another client.</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	<p>Continued From page 1</p> <p>Review of the record for client #1, conducted on 3/25/19 and 3/26/19, revealed a person centered plan (PCP) dated 3/13/19 which included a physician's order dated 2/15/19 prescribing a heart-healthy diet of pureed consistency and nectar-thick liquids. Further review of the 3/13/19 PCP for client #1 revealed documentation stating client #1's prescribed diet should be followed at all times, and further revealed a Speech Pathology Evaluation dated 12/20/17 documenting client #1 required a pureed diet with nectar-thick liquids due to delayed swallowing and silent aspiration.</p> <p>Interview conducted with the qualified intellectual disabilities professional (QIDP) on 3/26/19 verified client #1 should not have access to or be offered beverages which have not been thickened to a nectar-thick consistency at any time.</p> <p>B. The facility failed to ensure each staff was provided with training to ensure the proper lift/transfer techniques were utilized for client #6.</p> <p>Observations conducted in the group home on 3/25/19 at 5:20 PM revealed Staff A entered the bedroom of client #6, who was reclining on her bed. Staff A was then observed to close client #6's bedroom door and emerge 1 minute later with client #6, who was seated in her wheelchair. The two other staff present in the home were observed to be in the dining room assisting other clients to begin their supper meal. Further observations conducted on 3/25/19 throughout evening observations revealed a Hoyer lift was located in the hallway outside of client #6's bedroom.</p> <p>Review of the record for client #6, conducted on</p>	W 189			

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W 189	Continued From page 2 3/26/19, revealed a PCP dated 4/19/18 which included a physician's order stating staff was to utilize a Hoyer lift or a two-person transfer for client #6. Further review of the 4/19/18 PCP for client #6 revealed a Physical Therapy Evaluation dated 12/21/18 documenting staff should continue to use a two-person lift or a Hoyer lift when transferring client #6, and further stated client #6 could not ambulate or perform a stand-pivot transfer.	W 189			
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 that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to assure the person centered plan (PCP) for 1 of 3 sampled clients (#3) included training in personal skills for communication of basic needs. The finding is:	W 242			

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W 242	Continued From page 3 Observations in the group home during the 3/25-26/19 survey revealed client #3 to be mostly non-verbal and communicating basic needs with gestures and minimal sign language. All staff members in the home were observed prompting client #3 verbally, with gestures, and occasional sign language. Examples of activities being prompted included: dining, medication administration, leisure activities, dressing, and loading on the van for day programming. Review of the record for client #3 on 3/26/19 revealed a person centered plan (PCP) dated 2/5/19. The PCP included current objectives for toileting, using a walker, exercise, showering, brushing teeth and wearing a leg and body brace. Further review of the PCP did not reveal a current communication objective. Continued review of the PCP revealed mild to moderate hearing loss. The PCP contained a speech and language assessment dated 6/1/17 which included recommendation for client #3 to include "pictures of routine activities related to his schedule as well as of more abstract content such as feeling should be made available for him to use to communicate".	W 242			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management.	W 247			

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W 247	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 6 of 6 clients in the home were provided opportunities for choice and self management relative to dining tasks (#1, #2, #3, #4, #5 and #6) and dining choice (#3). The findings are:</p> <p>A. The facility failed to assure choice and self management related to dining skills for 6 of 6 clients in the home. For example:</p> <p>Observations in the group home on 3/25/19 at 5:20 PM revealed clients #1, #2 and #3 to be seated at the dining table for the evening meal. Clients #4, #5 and #6 were not yet seated at the dining table. At 5:23 PM, Staff C poured soft drink from a pitcher for all six clients without assistance from the clients. Further observations at 5:30 PM revealed Staff C pouring water from a pitcher for client #4 after he was seated at the table, and plating all food items for client #1 without client assistance. Client #5 was observed assisting with hand over hand plating of food and hand over hand feeding. Client #6 was observed assisting with hand over hand serving.</p> <p>Continued observations on 3/26/19 at 7:23 AM revealed Staff A taking drink cups to the dining table for all clients and then take drink pitchers to the table, without client assistance. Further observations at 7:35 AM revealed Staff A in the kitchen plating oatmeal and bananas, and then taking the plates to the dining table for all six clients without client assistance.</p> <p>Review of the record for client #1 on 3/26/19 revealed a person centered plan (PCP) dated 2/5/19, which included an adaptive behavior</p>	W 247			

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W 247	<p>Continued From page 5</p> <p>assessment (ABI) dated 1/30/19. The ABI indicated the client was totally independent with pouring from a pitcher, setting the table and serving self.</p> <p>Review of the record for client #2 on 3/26/19 revealed a PCP dated 3/7/19. The PCP indicated the client "is able to do a lot for himself". The PCP included an ABI dated 1/28/19 which indicated the client was totally independent with pouring from a pitcher and partially independent with setting the dining table.</p> <p>Review of the record for client #3 on 3/26/19 revealed a PCP dated 2/5/19. The PCP indicated the client "loves to help in the kitchen". The PCP included an ABI dated 1/30/19. The ABI indicated the client was totally independent with pouring from a small pitcher, totally independent with serving self and totally independent with setting the table.</p> <p>Review of the record for client #4 on 3/26/19 revealed a PCP dated 6/7/18, which included an ABI dated 6/8/18. The ABI indicated the client was totally independent with pouring from a small pitcher and totally independent with setting the table.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/26/19 confirmed that all clients in the home are capable of at least hand over hand participation with most dining activities, and confirmed all clients should assist with these activities to assure choice and self management.</p> <p>B. The facility failed to assure choice and self management related to dining preferences for client #3. For example:</p>	W 247			

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W 247	Continued From page 6 Observations in the group home on 3/26/19 at 7:32 AM revealed client #3 sitting down at the dining table and beginning to eat the breakfast meal of oatmeal and chopped banana pieces. At 7:37 AM, the group home manager verbally and with gestures prompted the client to the medication room for medication administration. Client #3 appeared hesitant to get up from the dining table and the group home manager continued to prompt the client to the medication room. Continued observations at 7:40 AM revealed client #3 to get up from the dining table and walk to the medication room. Further observations at 7:51 AM revealed client #3 returning to the table and finishing his breakfast. It should be noted, the oatmeal was not re-heated. Review of the record for client #3 on 3/26/19 revealed a PCP dated 2/5/19. The PCP indicated that routine is very important and "he loves peace and quiet while eating". The PCP also stated the client is "very fixated on completing the task he is doing". Interview with the QIDP on 3/26/19 confirmed that client #3 should have been offered the opportunity for choice and self management by being allowed to finish eating prior to medication administration.	W 247			
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	W 249			

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W 249	<p>Continued From page 7</p> <p>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 observation, record review and interview, the interdisciplinary team failed to ensure 1 of 3 sampled clients (#1) received a continuous active treatment program consisting of needed interventions in sufficient number and frequency to support the achievement of a communication objective. The finding is:</p> <p>Observations conducted throughout the 3/25/19-3/26/19 survey revealed client #1 was non-verbal. Further observations revealed client #1 participated in activities including eating, drinking, toileting, taking medications, leisure activities and household chores, among others. Staff was observed to use verbal and gestural prompts to communicate with client #1 throughout survey observations.</p> <p>Review of the record for client #1, conducted on 3/26/19, revealed a person centered plan (PCP) dated 3/13/19 which included a communication objective implemented on 2/19/18 stating client #1 would select appropriate communication cards with 90% accuracy for three consecutive review periods. Further review of the communication objective for client #1 revealed documentation stating client #1's communication cards including cards depicting "go home", "drink", "medicine", "bathroom", "eat" and "bath" should be available at all times and use should be encouraged.</p>	W 249			

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W 249	Continued From page 8 Interviews conducted on 3/26/19 with the qualified intellectual disabilities professional and the habilitation specialist revealed staff should utilize client #1's picture communication cards during all opportunities throughout his daily routine.	W 249			