

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: 34G336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2019
NAME OF PROVIDER OR SUPPLIER FOREST HILLS GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1913 FOREST HILLS DRIVE GREENVILLE, NC 27858	
(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
E 020	<p>Policies for Evac. and Primary/Alt. Comm. CFR(s): 483.475(b)(3)</p> <p>[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:]</p> <p>Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.</p> <p>*[For RNHCs at §403.748(b)(3) and ASCs at §416.54(b)(2):] Safe evacuation from the [RNHC] or [ASC] which includes the following: (i) Consideration of care needs of evacuees. (ii) Staff responsibilities. (iii) Transportation. (iv) Identification of evacuation location(s). (v) Primary and alternate means of communication with external sources of assistance.</p> <p>* [For CORFs at §485.68(b)(1), Clinics, Rehabilitation Agencies, OPT/Speech at §485.727(b)(1), and ESRD Facilities at §494.62(b)(2):] Safe evacuation from the [CORF; Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical</p>	E 020	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider or the truth of facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <p>E020 The PD will update the disaster preparedness plan to include specific evacuation location and written agreement between Forest Hill Group Home and the evacuation site.</p> <p>GHM will re-inservice staff on the disaster preparedness plan and include updated information on evacuation location and agreement. In-service will continue monthly at regularly scheduled month staff meetings.</p> <p>Plan to prevent re-occurrence: Monitoring will be conducted upon annual review of the plan by the PD and DOO.</p>	<p>4/5/2019</p> <p>4/5/2019</p>

DHSR - Mental Health
APR 05 2019
Lic. & Cert. Section

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

Cynthia B. Stevens

TITLE

Program Director

(X6) DATE

3/20/19

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 020	<p>Continued From page 1</p> <p>Therapy and Speech-Language Pathology Services; and ESRD Facilities], which includes staff responsibilities, and needs of the patients.</p> <p>* [For RHCs/FQHCs at §491.12(b)(1):] Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop specific policies and procedures to address emergency preparedness (EP) including evacuation locations based on a community and facility risk assessment. The finding is:</p> <p>The facility did not have an EP plan which included evacuation locations.</p> <p>Review on 3/11/19 of the facility's disaster preparedness plan dated 11/10/17, revealed the plan did not include specific information in regards to the facility's evacuation locations in the event of flood, fire, tornadoes, hurricanes, winter storms, bio terrorism, missing residents or other emergencies.</p> <p>During an interview on 3/11/19, staff stated they would contact the residential manager (RM) or qualified intellectual disabilities professional (QIDP) if an emergency arose that necessitated their evacuation from the facility. However, they could not state what locations would serve as emergency relocation shelters in such an event.</p> <p>During an interview on 3/12/19, the program director and director of operations confirmed the EP plan did not include any information pertaining to alternate evacuation locations.</p>	E 020			

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