

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

PRINTED: 04/11/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/02/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ARCHES-HORIZONS RESIDENTIAL CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 BETHABARA PARK BOULEVARD WINSTON SALEM, NC 27106</b>		
(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 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. The finding is:</p> <p>Review on 4/1/19 of the facility's EPP manual titled "Horizons Emergency Preparedness Manual" with an effective date of 2/16/18 revealed no client specific information pertaining to individual support plans (ISPs) and behavior support plans (BSPs). Further review revealed no specific information regarding client identification, personal care and adaptive equipment needs.</p> <p>Interview on 4/2/19 with the qualified intellectual disabilities professional (QIDP) verified client specific information should be included in EPP to enable persons unfamiliar with each client to provide appropriate, safe care during an</p>	E 007	<i>See attached</i>		

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  E 015	<p>Continued From page 1 emergency evacuation.</p> <p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>[(b) Policies and procedures. [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>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they</p>	E 007  E 015	<p><i>See attached</i></p>	

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E 015	<p>Continued From page 2</p> <p>evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by: Based on observations, review of facility records, and interviews the facility failed to implement the emergency preparedness plan (EPP) relative to the provisions of sustenance needed for clients and staff. The finding is:</p> <p>Observations on 4/1/19 and 4/2/19 of the facility's designated area of emergency supplies identified by a posted wall sign noting "Emergency Supplies" revealed 3 flat canned soup cases, 4 instant oatmeal cases, several cases of enteral feeding containers, several containers and cases of water supplies.</p> <p>Review on 4/1/19 of the facility's EPP manual titled "Horizons Emergency Preparedness Manual" with an effective date of 2/16/28 revealed a general list of supply needs to include bedding, towels, flashlights, medical and First Aid care needs. Further review revealed no policy or information pertaining to the sustenance provision needs for clients and staff.</p> <p>Interview on 4/1/19 with the qualified intellectual disabilities professional (QIDP) revealed they</p>	E 015			

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E 015	Continued From page 3 currently have a 5-7 day supply of emergency foods. Further interview revealed the facility's current emergency supply of food had recently undergone rotation processes and this explains why there is only canned soup and instant oatmeal.	E 015			
W 130	<p>Interview on 4/2/19 with the QIDP and the Director of Nursing (DON) confirmed a sufficient, variety of non-perishable food items should be maintained in the facility's designated area of emergency supplies at all times to ensure provisions of sustenance for clients and staff.</p> <p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure privacy of 3 of 3 sampled clients #1, #8, and #9 during medication administration. The finding is:</p> <p>Observations conducted on 4/2/19 at 7:25AM to 8:00 AM in the home revealed clients #1, #8, and #9 were in a common room, the den, along with other clients to include clients #2, #3, #4, #7, and client #10 as they were having their breakfast. Continued observations revealed client #9 to receive her medications via G tube at 7:25 AM in the den with other clients present and without the use of a screen or other mode of privacy. Further observation at 7:45AM revealed client #1 to receive her medications with other clients present</p>	W 130	<i>See Attached</i>		

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W 130	Continued From page 4 in the den without the use of a privacy screen or another privacy method. Subsequent observation of client #8's medication administration via G-J tube at 8:00AM revealed client #8 was administered his medications in the great room with all clients present and without the use of a privacy screen or another mode of privacy.  Interview with the facility nurse and the qualified intellectual disabilities professional (QIDP) on 4/2/19 confirmed a screen or another mode of privacy should be provided for all clients during the treatment and care of personal needs to include the administering of individuals' medications.	W 130			
W 448	<b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(2)(iv)  The facility must investigate all problems with evacuation drills, including accidents.  This STANDARD is not met as evidenced by: Based on facility record reviews and interviews, the facility failed to provide an analysis related to the timeliness of evacuations during 6 of the 12 evacuation drills conducted during the the past year. The findings is:  Review on 4/1/19 of the facility evacuation drill records revealed the records of evacuations conducted on 3/29/19 for 3rd shift, 1/2019 for 3rd shift, 9/18/19 for 3rd shift, 7/31/18 for 1st shift, 6/28/18 for 3rd shift, and 5/7/18 for 2nd shift had not been completed with evacuation times. Therefore the facility was not able to evaluate and analyze the timeliness of these evacuation drills.	W 448	<i>See attached</i>		

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W 448	Continued From page 5 Interview conducted on 4/2/19 with the facility qualified intellectual disabilities professional (QIDP) and the facility director of nursing verified these evacuation drills were incomplete and did not allow for the proper analysis of the evacuation process.	W 448			



100 Horizons Lane • Rural Hall, NC 27045 • (336) 767-2411 • Fax (336) 661-2185

Plan of Correction (POC) Horizons Residential Care Center- Arches

Survey Completion Date: 04/02/2019

Submitted Date: 4/19/2019

**Introduction**

Thank you for your recent visit to Horizons Residential Care Center. We appreciated the feedback that you shared with us. We have used your feedback to address areas of need and improvement in our delivery of services to our clients. Please see our specific actions, detailed below, to rectify the deficiencies that were noted. We look forward to your continued input and involvement with our agency.

All the best, \_\_\_\_\_

Matthew James

Operations Director, Horizons Residential Care Center

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**APR 25 2019**

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Black Mountain / WRO**

**Tag and POC**

**E007.** In response to this deficiency- Horizons has detailed evacuation plans which outline the specific documents that need to be evacuated along with the clients and emergency supplies. Both the Active Charts and the Medicaid/guardian contact info is kept in the nurses rooms in the event an evacuation is necessary and the documents needs to be evacuated. Both the

Active Chart (which contains the IPP, BIP, guidelines for care, adaptive equipment needs, all current evaluations, recent medical information and much more) and Medicaid information/guardian contact information will accompany the resident being evacuated to the final site (Atrium facility or hospital). Due to the complex care needs of the people living at Horizons, a duplication of this information into another notebook would not be useful in a disaster situation. It would only impose another object to be evacuated which duplicates information already being evacuated. All care documents, guidelines, plans, etc. is also stored in our online Electronic Health Record (Therap), which is integrated with the Information Health Exchange, so that physicians and other service providers will be able to access health information immediately upon assuming care for the resident. All residents will be accompanied by a staff in the event of a full scale evacuation. Further, Horizons has established a strong partnership with the Triad HealthCare Coalition who has sophisticated tracking systems in place in the event a large scale disaster occurs and our resident and staff are transported to multiple hospitals (our current MOU is with Wake Forest Baptist Hospital system, but with the Triad HealthCare Coalition (THCC) we have access to all hospitals if needed). The transportation is in large part coordinated by the Triad HealthCare Coalition collaboration. We will be held responsible for what the THCC does or does not do. Tracking bracelets are used during these events



and Horizons management staff will have access to the tracking system to continuously monitor the location and condition of each resident, during such an event. In addition to these current practices, Horizons will update the emergency manuals to include on the backside of the parent/guardian contact sheet a “get to know me” page with quick support information about 1) communication mode, 2) unique supports during an evacuation, 3) nourishment information, 4) safety concerns to monitor for (seizures, falls, aggression, etc.), 5) transportation modality, 6) likes/dislikes, and 7) places to find more comprehensive support information. This is to be completed by June 1<sup>st</sup>, 2019. The complex support plans of the people living at Horizons and how failing to ensure access to the active chart and Electronic Health Record would actually pose undue risk because the available information would not be comprehensive enough to ensure their well-being of the people with complex medical, physical, and communication supports. This is why Horizons mandates the evacuation of the active chart and ensure electronic health record access anywhere wifi/hotspot is available.

**E015.** In response to this deficiency, Horizons wishes to share some additional information. During the survey, the survey team was not made aware of the Atrium facility where all emergency food provisions are stored for the most part. The Atrium facility keep the abundance of emergency food, formula, water, and other preparation supplies. The Atrium facility is the first

emergency evacuation site for Arches residents. In the event of a multi-campus evacuation, the Triad HealthCare Coalition and Horizons Management teams are prepared to transport needed supplies to the final evacuation site. The list of Bulk and Non-Bulk items for evacuation will be updated to include perishable items such as food, formula, and water.

However, the majority of Horizons residents are on a formula based diet and those individual dietary plans are subject to frequent change. For this reason, Horizons will not specify each formula and the quantity, but rather the amount of days of back-up formula kept for each resident. The majority of these supplies will continue to be stored at the Atrium facility, which is within 15 minutes of the Arches.

**W130.** In response to this deficiency, Horizons will ensure the rights of all clients by facilitating privacy during treatment and medication administration. Horizons will update the medication administration policy to include practices that will ensure the privacy and dignity of the clients, by using dividers, alternate setting or other materials, during medication administration. All nursing staff will be in serviced on the policy update and practice standard by June 1<sup>st</sup>.

**W448.** In response to this deficiency, Horizons will schedule fire drills/evacuation drills at varying times across each shift quarterly. Further, Horizons will update its Fire Drill form to include a sign-off by the Safety

Committee members after monthly reviews. Required fields including evacuation times will be mandated and checked after each completed drill. Drills with no evacuation time indicated will be re-run. Strengths and areas of need will be identified post review and a copy will be kept with the Safety Committee Officer, as well as shared with the Facility Administrator and staff participating in the drills. If campus or facility wide trends are noted, comprehensive re-training will be scheduled for staff.

### **Conclusion**

Thank you again for the detailed feedback that supports our improvement of service delivery. While external feedback is important to ensure the provision of excellent services, we as an organization understand the necessity to continuously monitoring internally and address areas of need. We value the input of both external and internal sources that lead to better quality of life outcomes for the individuals our agency supports. We hope you find the detailed plans of correction sufficient.

All the best,

Matthew James

Operations Director, Horizons Residential Care Center