

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

PRINTED: 05/07/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/03/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINEBROOK GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 ERKWOOD DRIVE</b> <b>HENDERSONVILLE, NC 28791</b>
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(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
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{W 249}	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide needed interventions in sufficient number and frequency to support the achievement of communication and behavioral objectives identified in the individual program plan (IPP) for 1 of 3 sampled clients (#5). The findings are:</p> <p>A. The facility failed to provide needed interventions to support the achievement of a behavioral objective identified in the IPP for client #5.</p> <p>Observations conducted in the group home throughout the 2/5/19 - 2/6/19 survey revealed client #5 was verbally prompted by staff to participate in leisure activities, meal preparation, setting table, eating meals, using bathroom, washing hands and medication administration among other activities. No use of a TEACCH schedule was observed at any time during the 2/5/19-2/6/19 survey.</p> <p>Review of the record for client #5, conducted on 2/5/19 and 2/6/19 revealed an IPP dated 1/16/19.</p>	{W 249}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 249}	<p>Continued From page 1</p> <p>Review of the 1/16/19 IPP revealed a Psychology Evaluation dated 1/14/19 which stated staff should encourage the use of a picture schedule to ensure a stable and predictable routine for client #5. Further review of the IPP revealed a behavior support plan (BSP) dated 2/1/19 which documented targeted behaviors included repetitive requests, agitation, difficulty transitioning, self injury, restlessness, aggression and disrupted sleep. Continued review of the BSP revealed prevention strategies/interventions for transition difficulties, agitation/aggression, repetitive requests and disrupted sleep should include the use of a TEACCH schedule with picture icons.</p> <p>Interview conducted on 2/6/19 with the qualified intellectual disabilities professional (QIDP) verified a TEACCH schedule should be utilized for client #5 as documented in the 1/16/19 IPP. Interview with the group home manager conducted on 2/6/19 verified staff are not currently utilizing a TEACCH schedule in the group home for client #5.</p> <p>B. The facility failed to provide needed interventions to support the achievement of a communication objective identified in the IPP for client #5.</p> <p>Observations conducted in the group home throughout the 2/5/19-2/6/19 survey revealed client #5 was verbally prompted by staff to participate in activities including using the bathroom and medication administration among others. No use of communication pictures or cards was observed during the survey.</p> <p>Review of the record for client #5, conducted on</p>	{W 249}			

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{W 249}	<p>Continued From page 2</p> <p>2/5/19 and 2/6/19 revealed an IPP dated 1/16/19. Review of the 1/16/19 IPP revealed a communication objective with an implementation date of 1/18/18 stating client #5 would select appropriate communication cards with 90% accuracy for two consecutive review periods. Continued review of the IPP for client #5 revealed a Communication Evaluation dated 12/20/17 recommending client #5 have a communication system available to him as he moves between settings so he may refer to it when having difficulty communicating via speech. Further review of the record for client #5 revealed a mini-team report dated 1/9/18 documenting the interdisciplinary team accepted the recommendations of the 12/20/17 Communication Evaluation, and further documented the habilitation specialist would design a communication program to be available as client #5 moves between settings.</p> <p>Interview conducted on 2/6/19 with the habilitation specialist verified staff should assist client #5 in the use of picture cards indicating medication administration, bathroom, food and drink as indicated in the communication objective implemented on 1/18/18. Interview conducted with the QIDP verified staff should utilize client #5's expressive communication picture cards during all appropriate opportunities.</p> <p>During the followup survey on 5/3/19 observations at the group home from 7:45 AM until observations ended at 9:00AM revealed client #5 to be verbally prompted to participate in various activities to include meal preparation, eating meals, washing hands and medication administration. Observations revealed client #5</p>	{W 249}			

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{W 249}	<p>Continued From page 3</p> <p>to transition to all activities with verbal and physical prompting of staff. No use of a TEACCH schedule was observed at any time during the follow-up survey.</p> <p>Review of internal documentation on 5/3/19 relative to the plan of correction for the recertification survey completed 2/6/19 revealed an in-service would be conducted by the facility habilitation specialist and behavior analyst to address client #5's communication needs and TEACCH schedule. Review of trainings on 5/3/19 revealed a training for client #5's communication needs and TEACCH schedule could not be located by the facility home manager or facility administrator during the follow up survey.</p> <p>Interview with the facility home manager (HM) on 5/3/19 revealed an in-service was completed although she was unaware of where the documentation of the training was. Further interview with the HM revealed staff should have used client #5's communication schedule for various activities during the morning routine. Interview with the facility administrator revealed he was unable to locate documentation of the in-service training completed for client #5's communication programming.</p>	{W 249}			