

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 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}	<p>The Behavior Analyst and Habilitation Specialist will in-service staff on client #5's Behavior Support Plan and Communication Objective. The clinical team will monitor 2x a week for 1 month and then on a routine basis through Interaction Assessments and observations to ensure staff are implementing client #5 Behavior Support Plan and Communication Objective as prescribed. In the future the QIDP will ensure interventions and services in sufficient number and frequency are implemented to support achievement of the objectives identified in the Person Centered Plan.</p> <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>MAY 13 2019</b></p> <p style="text-align: center;"><b>DHSR NH L &amp; C</b> <b>Black Mountain / WRO</b></p>	6-3-2019
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE **5/10/19**

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.