PRINTED: 03/25/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	TE SURVEY MPLETED		
		34G345	B. WING	B. WING			00/40/00 45	
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03	3/12/2019	
ROUSE'S GROUP HOME #6				5				
	O.COO! TIOME #0			s	TONEVILLE, NC 27048			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES ID			PROVIDER'S PLAN OF CORRECTION		T		
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI. TAG		(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RF.	(X5) COMPLETION DATE	
W 159	QIDP		1					
11 105	CFR(s): 483.430(a)		W ·	159	The state of the s	g from	05/10/19	
	0111(0): 400:400(a)				Senior QIDP on staff which will include	areas	30/10/13	
	Each client's active to	reatment program must be			of improvement including:			
	integrated, coordinate	ed and monitored by a			*Ensuring Continuum of the Service	<b>.</b>		
	qualified intellectual	disability professional			Implementation, Integration and Mod throughout the Active Treatment	ncation		
	qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on record review and staff interview the				Process		1	
	qualified intellectual disabilities professional				The QIDP and Interdisciplinary Team w	rili	04/12/19	
	(QIDP) failed to assu	re the active treatment	i		review and modify all client charts in Ho	use 6		
	programs for 3 of 3 s	ampled clients (#1, 3,4,)			to ensure each individual habilitation			
	were integrated, coor	dinated and monitored to			plan (IHP) is effective, and goals are implemented across all domains, both in the			
	assure program progress or revision if neo			-	n the			
	Owinstance of the control of				group home and in the day programs.			
	Continued review of records on 3/19/19 revealed the QIDP failed to assure individual habilitation				The QIDP and Interdisciplinary Team w	10	04/09/19	
	plane (IUD) was att	sure individual habilitation			review and update as needed Adaptive	111	0 1700/73	
	implemented serves	ective, and goals were all domains, both in the			Behavior Inventories (ABIs) assessmen	ts for		
	oroug home and in th	e day centers. Subsequent			each client in House 6. Current and/or i	pdated		
	review of the client re	cords for clients #1, #3,and			ABIs will be integrated into the H6 clien	t's IHP.		
	#4 on 3/19/19 reveal	ed the QIDP failed to include		- 1	Globally the OIDD and but it is			
	the Adaptive Behavio	r Inventorys (ABIs) which			Globally, the QIDP and Interdisciplinary will review and modify client charts in all	Team	05/10/19	
	measure skill aquistio	on were not present in the			residential and day program facilities to	ODOUED		
	client's records, nor w	vere these assessments			each individual habilitation plan (IHP) is	ciloule		
	reviewed or updated a	as needed within the past	1		effective, and goals are implemented ac	cross all		
	year.	•			domains			
	Per interview with the	QIDP on 3/3/19 the clients'			Globally, the QIDP and Interdisciplinary	Team	04/26/19	
	ABIs were in a storag	e unit for the past year and	-		will review and update as needed Adap	tive		
	have not been utilize	d to review new skills	1	ļ	Behavior Inventories (ABIs) assessmen	ts in all		
	needed, or skills that	had been accomplished by			residential and day program facilities. C	urrent		
	clients #1, #3, #4, or	in the previous year. Cross		1	and/or updated ABIs will be integrated in client's IHP.	nto the		
	reference with W 227				onomed if it.			
W 227	INDIVIDUAL PROGR	AM PLAN	W 2		Monthly, globally the Interdisciplinary Te	eam will	05/02/19	
	CFR(s): 483.440(c)(4	)			review, monitor, and revise training objet as needed client skills. New skills will be	ctives		
	The individual program	m plan states the specific			implemented or modified as needed.	7		
	objectives necessary to meet the client's needs,							
	as identified by the co	emprehensive assessment			Annually, the Associate QIDPs will com	plete	05/13/19	
required by paragraph (c)(3) of this section.				an updated ABI for clients prior to their	HP.			
BORATORY D	IRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	1		TITLE		(VC) DATE	
Debra Rouse					Chief Executive Officer	(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.

Facility ID: 960838

If continuation sheet Page 1 of 6

04/08/19

Chief Executive Officer

PRINTED: 03/25/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (2		(X1) PROVIDER/SUPPLIER/CLIA	W27 1 11 11	Time -		OMB NO	<u>VO. 0938-0391</u>	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
			A BUILU	A BUILDING			COMPLETED	
		34G345	B. WING	B. WING				
NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	03	/12/2019		
ROUSE'S	GROUP HOME #6				820 NC HIGHWAY 135			
	CITOGL HOME #0			STONEVILLE, NC 27048				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID				T	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION		
.,,0	THE SECTION OF L	SO IDENTIFTING INFORMATION)	TAG	;	CROSS-REFERENCED TO THE APPROPRIA	ATE	DATE	
			<u> </u>		DEFICIENCY)			
W 227	Continued From page	. 1		_				
	Tom page	• •	W	227				
	This STANDARD is n	ot met as evidenced by:			771 1 4 14 14 1			
	The team failed to en	sure the person centered			The Interdisciplinary Team met to discu Client #1 and Client #3 difficult time in	iss	03/18/19	
	plan PCP) for 3 of 3 si	ampled clients (#1, #3, and			drills. The team determined that both C	iire Tiont		
	#4) residing in the ho	ome addressed identified			#1 and Client #3 would benefit from a f	ormai		
	review and interviews.	y observations, record		fire drill program.				
	Toriow and interviews.	The infulngs are:			The train and the control of the con			
	A. Clients #1 and #3 n	eed formal fire drill			The team assigned Obj # Fire Drill Evacuation for Client #1 and Obj F		03/22/19	
	programs.				Drill Evacuation for Client #3.	ıre		
	in tendencing a promise to transport makes pro-				•			
	Review on 3/13/19 of all fire drills conducted at the home during the 3/2018 to 2/2019 time period				Globally, the QIDP and Interdisciplinary	,	04/16/19	
					Team will review and update the clients	s'	0 1,7 1,5,7 1,0	
	(see below) to evacua	umented extended times			needs, including need for formal fire dri	II.		
	(see pelow) to evacua	ie clients.			Monthly, globally the Interdisciplinary T	oam	05/11/19	
	2/22/19 - 7 minutes - 1	st shift - 1 staff - 4 clients	1		will review, monitor, and revise training		03/11/19	
	1/12/19 - 13 minutes - 3rd shift - 1 staff - 4 clients				objectives as needed client skills. New	skills		
	12/19/18 - 7 minutes -	2nd shift - 1 staff - 4 clients			will be implemented or modified as nee	ded.		
	11/17/18 - 7 minutes -	1st shift - 1 staff - 4 clients			Annually or as client needs change, the		04/30/19	
	10/22/18 - 8 minutes -	3rd shift - 1 staff - 4 clients			QIDPs and Interdisciplinary team will	,	04/30/19	
	clients	nd shift - 1 to 2 staff- 5			complete and access client's needs price	or to		
		nd shift - 1 to 2 staff - 5			their IHP.			
	clients							
ļ	7/8/18 - 8 minutes - 3r	d shift - 1 staff - 5 clients						
	6/3/18 - 15 minutes - 2	nd shift - 2 staff - 5 clients				1		
	5/28/18 - 8 minutes - 2	nd shift - 2 staff - 5 clients						
		st shift - 1 to 2 staff - 5						
	clients 3/1/18 - 0 minutes documented - 2nd shift - 1 to 2				•			
	staff - 5 clients	umented - 2nd shift - 1 to 2				1	}	
	Ononio					-		
	Interview with staff A or	n 3/13/19 revealed clients						
1	#1 and #3 are difficult i	n fire drills, Further	1				ļ	
1	interview revealed neiti	her client #1 nor client #3						
	have fire drill programs							

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	T AVON AND				3 NO. 0938-0391	
	FCORRECTION	IDENTIFICATION NUMBER:	1		E CONSTRUCTION		E SURVEY PLETED	
			W. DO!	/ING_				
		34G345	B. WING	<i>i</i>		1 03	rin main	
NAME OF P	PROVIDER OR SUPPLIER			8	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	/12/2019	
ROUSE'S	GROUP HOME #6				5820 NC HIGHWAY 135			
	T SUBMARY CT			s	STONEVILLE, NC 27048			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		KF.	(X5) COMPLETION DATE	
W 227	Continued From page 2		W	227	,	***************************************		
	professional (QIDP) o client #1 nor client #3 Further interview with	alified intellectual disabilities on 3/13/19 confirmed neither that have fire drill programs. In the QIDP confirmed clients after from fire drill programs.						
	B. Client #4 is in need of more formal programs.  Afternoon observations on 3/12/19 at the home revealed client #4 to be in his room or, intermittently, in the bathroom from 4:30 PM to 5:45 PM for a total time of 75 minutes. Further observations revealed client #4 to sit at the dining table with his meal at 5:50 PM.  Morning observations on 3/13/19 at the home revealed client #4 to be in his room or, intermittently, in the bathroom from 6:45 AM to 7:30 AM for a total time of 45 minutes. Further				The QIDP and Interdisciplinary Team will update Client# 4's Adaptive Behavior Inventories (ABIs) assessments to ensure Client #4s needs are addressed.		04/11/19	
					The QIDP and Interdisciplinary Team will revand modify Client #4's individual habilitation plan (IHP) and goals to ensure it is effective, goals are implemented across all domains, buthe group home and in the day programs. Client and its daily schedule will be updated to reflect channels daily schedule.	and oth in ent #4s ges in	05/13/19	
and the second s	observations revealed the surveyor, then to I 7:50 AM.	d client #4 to briefly talk with load onto the home's van at		PRESENTATION	Monthly, the Interdisciplinary Team will review monitor, and revise Client #4s training objection needed to ensure his needs are met. New skip to implemented or modified as needed.	ives as	0409/19	
	#4 spends much of his interview revealed clie	with staff (A) revealed client is time in his room. Further ent #4 has programs to the bathroom, brush his closet, and time			Annually, the Associate QIDPs will complete updated ABI for Client #4 prior to his IHP.	an	05/13/19	
	2/23/19) revealed the room, brush teeth, cleations, and time mana revealed client #4 "has independently in a houworking with [Client #4]	client #4's PCP (dated following programs: clean ean bathroom, straighten agement. Continued review s expressed a desire to live use or apartment. Rouses is 4] to develop the viving skills necessary to		The state of the s				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		E SURVEY IPLETED	
		34G345	B. WING			03	/12/2019	
NAME OF PROVIDER OR SUPPLIER  ROUSE'S GROUP HOME #6  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			l ID	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 NC HIGHWAY 135 STONEVILLE, NC 27048				
PRÉFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF	ΞIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E ATE	(X5) COMPLETION DATE	
W 227	client #4's current ada (ABI) revealed the foll preparation, vocation employment opporture continued training to conversations and interding to maintain or Interview on 3/13/19 of the conversations and interding to maintain or Interview on 3/13/19 of the conversations and send interding to maintain or Interview on 3/13/19 of the conversations and send interding to maintain or Interview on 3/13/19 of the conversations and send interventions of the conversations interventions and send interven	equent review on 3/13/19 of aptive behavior inventory lowing needs: meal al skills, supportive nity, physical fitness, improve appropriate iteractions, and continued iteractions, and confirmed great deal of time in his ew with the QIDP confirmed trom more programs.  ENTATION ) isciplinary team has individual program plan, sive a continuous active		227	The QIDP and Interdisciplinary Team will en strategies listed in the behavior support plar for client #5 are implemented with sufficient frequency to support achievement of the objection evidenced by record reviews and interviews  Staff of House 6 and Day Program will receive service training on following and implementative behavior support plan (BSP) for client #4	i (BSP) jectives . ive in- ation of 5 with	03/15/19	
	The team failed to er behavior support plan implemented with su achievement of the ol record reviews and in Review of client #4's (PCP) revealed a BSI	P dated 8/5/18 which for dealing with client #4's			sufficient frequency to support achievement objectives evidenced by record reviews and interviews.  Globally all Residential and Day Program St. will receive in-service training on following ar implementation of the behavior support plan (BSP) for client #5 with sufficient frequency t support achievement of the objectives evided by record reviews and interviews.	aff nd i	05/10/19	
	,							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION (X:		X3) DATE SURVEY COMPLETED	
		34G345	B. WING	B. WING			12/2019	
NAME OF PROVIDER OR SUPPLIER  ROUSE'S GROUP HOME #6				58	IREET ADDRESS, CITY, STATE, ZIP CODE 320 NC HIGHWAY 135 TONEVILLE, NC 27048			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TÀG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 227	client #4's current add (ABI) revealed the following preparation, vocation employment opportunce to conversations and intraining to maintain multiple in the conversation of the conversations and intraining to maintain multiple in the conversation of the conversatio	equent review on 3/13/19 of aptive behavior inventory lowing needs: meal al skills, supportive nity, physical fitness, improve appropriate eractions, and continued noney management skills.  with the QIDP confirmed great deal of time in his ew with the QIDP confirmed t from more programs.	W	227				
W 249	each client must rece treatment program co interventions and ser and frequency to sup	) isciplinary team has ndividual program plan, ilve a continuous active	W	249	The QIDP and Interdisciplinary Team will er strategies listed in the behavior support plat for client #5 are implemented with sufficient frequency to support achievement of the objection of the objective and interviews and interviews. Staff of House 6 and Day Program will receive service training on following and implement the behavior support plan (BSP) for client # sufficient frequency to support achievement objectives evidenced by record reviews and interviews.	ive in- ation of 5 with	03/15/19 03/15/19 04/10/19	
	The team failed to el behavior support plar implemented with su achievement of the crecord reviews and in Review of client #4's (PCP) revealed a BS contained a strategy	not met as evidenced by: nsure strategies listed in the n (BSP) for client #5 were ufficient frequency to support bjectives evidenced by nterviews. The finding is.:  Person Centered Plan P dated 8/5/18 which for dealing with client #4's ed "staff should never			Globally all Residential and Day Program SI will receive in-service training on following a implementation of the behavior support plar (BSP) for client #5 with sufficient frequency support achievement of the objectives evide by record reviews and interviews.	nd n to	05/10/19	

	(X3) DATE SURVEY COMPLETED		
34G345 B. WING			
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  S820 NC HIGHWAY 135  STONEVILLE, NC 27048	03/12/2019		
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FREE COM	(X5) COMPLETION DATE		
Continued From page 4 associate participation in group home or day contre activities with "good behavior". Continued review of the BSP stated "when a community activity is planned for the people in his group home, staff should assume client #4 will be taking part in the activity." Continued review of an incident dated 01/29/19 revealed client #4 became angry when staff changed his scheduled time to see his gliffriend. Further review of the incident report reveal client #4 eloped from the group home but returned shortly using verbal and physical aggression to express his anger toward staff. Continued review of the incident report revealed client #4 calmed down when police were called, and remained calm throughout the evening, apologizing for his behaviors. Subsequent review of the incident report revealed client #4 was "held back from participating in planned activities for the next 3 days missing a bowling outing, shopping trip and another client get together at "The Lot."  Interview with client #4 revealed he was "held back from participating in group home activites because he got mad at a staff and threw a chair because staff would not let him see his griffriend because staff would not let him see his griffriend because staff would not let him see his griffriend confirmed "she and the team felt client #4 needed consequences and should lose outings for the next 3-4 days after the incident on 1/291/9." Continued interview with the QIDP confirmed she "did not know the strategies in client #4's BSP stated "never to associate participation in activities with "good behavior". Therefore the QIDP did not implement strategies and interventions as written in client #4's BSP to support the achievement of the objectives of			

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	34G345 B. WING			03/12/2019			
NAME OF PROVIDER OR SUPPLIER  ROUSE'S GROUP HOME #6			STREET ADDRESS, CITY, STATE, ZIP CODE 5820 NC HIGHWAY 135 STONEVILLE, NC 27048				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 249	Continued From page client #4's behavior s		W 249				