

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

PRINTED: 07/28/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOREST CREEK GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5117 FOREST CREEK DRIVE</b> <b>RALEIGH, NC 27606</b>		
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W 000	INITIAL COMMENTS	W 000			
W 130	<p>A revisit was conducted on 7/25/19 for all previous deficiencies cited on 4/15-16/19. All deficiencies have not been corrected, and new noncompliances were found. The facility is not in compliance with all regulations surveyed.</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 observations, record review and interviews, the facility failed to ensure privacy for 1 of 3 (#6) audit clients. The finding is:</p> <p>Client #6 were not afforded privacy while using the bathroom.</p> <p>During morning observations at the home on 7/25/19 at 6:27am, client #6 was standing in the bathroom without any clothes on, while he was brushing his teeth. Additional observations revealed the door to the bathroom remained open. Further observations revealed there were two staff (A and B) in the home. At no time was client #6 prompted to close the bathroom door.</p> <p>During an interview on 7/25/19, Staff A stated client #6 is independent with closing the bathroom door for privacy.</p> <p>During an interview on 7/25/19, Staff B stated client #6 "knows he need to shut the door for privacy."</p>	W 130			

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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W 130	Continued From page 1  Review on 7/25/19 of client #6's individual program plan (IPP) dated 1/10/19 stated, "[Client #6] should be afforded privacy at all times, give him several prompts to close the bathroom door when he enters it."  Review on 7/25/19 of client #6's community/home life assessment dated 12/2018 revealed he needs verbal cues to observe privacy.  During an interview on 7/25/19, the qualified intellectual disabilities professional (QIDP) confirmed staff should have prompted client #6 to shut the bathroom door for privacy.	W 130			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#2) was provided the opportunity of choice. The finding is:  Client #2 was not afforded choice and freedom of movement in his home environment.  During morning observations in the home on 7/25/19 at 7:12am, Staff A gently pushed client #2 out of the kitchen as he was walking in. Further observations at 7:13am, Staff A again gently pushed client #2 out of the kitchen while he was walking in. Further observations revealed Staff A telling client #2 to go "sit down" while pointing to the couch.	W 247			

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W 247	Continued From page 2  Review on 7/25/19 of client #2's communication update dated 6/28/18 stated, "Recommendations:...2. Acknowledge all of [Client #2's] communicative intent at all times...."  Review on 7/25/19 of training held in the home dated 4/30/19 for allowing the clients free movement within their home, Staff A was on the list.  During an interview on 7/25/19, the qualified intellectual disabilities professional (QIDP) confirmed client #2 is allowed free movement within his home.	W 247			
W 455	<b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)  There must be an active program for the prevention, control, and investigation of infection and communicable diseases.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that the infections control prevention procedures were carried out. This potentially affected all the clients residing in the home. The finding is:  Precautions were not taken to promote client health and prevent possible cross-contamination.  During morning observations in the home on 7/25/19 at 6:49am, Staff A verbally prompted client #5 to wash his hands prior to preparing the toast for breakfast. Client #5 quickly passed his left hand under the water, grabbed a paper towel	W 455			

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W 455	Continued From page 3 and wiped his face. Further observations revealed client #5 opened a loaf of bread, took 4 pieces out and placed in the toaster. At no time was client #5 prompted to wash both his hands with soap and water and then dry them.  During an interview on 7/25/19, Staff A gave no response when asked two times if client #5 adequately washed his hands.  Review on 7/25/19 of client #5's community/home life assessment dated 3/2019 revealed he can lather his hands thoroughly, rinse and dry hand hands independently. Further review revealed client #5 needs to be verbally cued to wash his hands before food preparation.  During an interview on 7/26/19, the qualified intellectual disabilities professional (QIDP) revealed staff know they are to verbally prompt the clients to was their hands and if they are not doing it independently, staff can physically prompt them.	W 455			
W 460	<b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of diet. This affected 2 of 3 audit clients	W 460			

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W 460	<p>Continued From page 4 (#2, #6). The findings are:</p> <p>Clients #2 and #6 diets consistencies were not followed.</p> <p>a. During breakfast observations in the home on 7/25/19 at 7:03am, client #2 picked up a whole piece of toast can put the entire piece in his mouth. Further observations revealed there was no knife at client #2's place setting. At no time was client #2 prompted to cut up his toast.</p> <p>During an interview on 7/25/19, Staff A revealed there are issues at breakfast because of the "lack of staff." Further interview revealed the person who works on 1st shift called out sick.</p> <p>During an interview on 7/25/19, Staff B revealed client #2's diet order is current and should be followed.</p> <p>Review on 7/25/19 of client #2's diet order dated 3/21/19 stated, "...all foods cut into bite size pieces 1/2- 1 inch pieces."</p> <p>During an interview on 7/25/19, the qualified intellectual disabilities professional (QIDP) revealed staff should have followed client #2's diet order.</p> <p>b. During breakfast observations in the home on 7/25/19 at 7:05am, client #6 had consumed 2 and 1/2 pieces of toast and two bowls of cereal.</p> <p>During an interview on 7/25/19, Staff A revealed there are issues at breakfast because of the "lack of staff." Further interview revealed the person who works on 1st shift called out sick.</p>	W 460			

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W 460	<p>Continued From page 5</p> <p>During an interview on 7/25/19, Staff B revealed client #6's diet order is current and should be followed.</p> <p>Review on 7/25/19 of client #5's diet order dated 3/21/19 revealed, "...may have seconds of one item at meals."</p> <p>During an interview on 7/25/19, the QIDP revealed staff should have followed client #6's diet order.</p>	W 460			