

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

PRINTED: 08/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOREST BEND GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 S OAK STREET</b> <b>BREVARD, NC 28712</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	
W 186	<p><b>DIRECT CARE STAFF</b> CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure sufficient direct care staff were available to manage and supervise 1 of 6 clients in the home (#5) in accordance with their person centered plan (PCP). The finding is:</p> <p>During a complaint investigation survey on 8/14/19, review of records for client #5 revealed multiple psychiatric hospital visits since the 6/2019 recertification survey. Review of nursing notes revealed hospital visits for client #5 since the 6/2019 survey were: 7/20/19-7/22/19, 7/29/19-7/30/19, and 8/3/19. Further review of nursing documentation revealed on 7/30/19 the interdisciplinary team (IDT) identified the need for 1:1 supervision of client #5, and staff were working on obtaining 1:1 support with enhanced pay.</p> <p>A review of internal incident reports since the 6/2019 recertification survey revealed incidents of physical aggression by client #5 towards staff occurred on 7/2/19, 7/29/19, 8/1/19 and 8/3/19. Further review of internal incident reports for 7/29/19, 8/1/19 and 8/3/19 revealed documentation by the qualified intellectual disabilities professional (QIDP) that the facility</p>	W 186			

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.

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

PRINTED: 08/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOREST BEND GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 S OAK STREET</b> <b>BREVARD, NC 28712</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	
W 186	<p>Continued From page 1 was looking into 1:1 supervision and alternative placement.</p> <p>Continued record review for client #5 revealed a person centered plan (PCP) dated 1/8/19. Review of the PCP revealed a behavior support plan (BSP) dated 2/1/19 for target behaviors of non-cooperation, appropriate social skills, agitation/anxiety, threatening behavior, taking items belonging to others and AWOL. Subsequent review of internal documents for client #5 revealed a BSP addendum on 6/17/19 and 6/21/19. Review of the 6/17/19 BSP addendum revealed additional interventions to address behaviors of client #5 to include: Staff ratio is being increased, a crisis plan calling for additional staff is in place and an order for increased medication administration of Klonopin is in place for administration. Review of internal documents further revealed an in-service training of staff dated 7/30/19 relative to client #5's BSP and new addendums.</p> <p>Interview with the facility administrator and the facility nurse on 8/14/19 revealed client #5 was hospitalized on 8/3/19 and remained in the hospital for psychiatric treatment. Continued interview with the facility administrator verified the 6/17/19 BSP addendum for client #5 identified the need to increase staffing in the facility. Further interview with the facility administrator revealed it had been an issue to increase staff in the facility and the prevention measure had not been implemented consistently since the 6/17/19 BSP addendum date.</p>	W 186			