

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: 34G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/25/2019
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NAME OF PROVIDER OR SUPPLIER FOREST CREEK GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 FOREST CREEK DRIVE RALEIGH, NC 27606
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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 000	INITIAL COMMENTS	W 000		
W 130	<p>PROTECTION OF CLIENTS RIGHTS 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	<p>The deficiency will be corrected by the following actions:</p> <p>A. The clinical supervisor will ensure all staff are aware of clients ISP's goals regarding privacy.</p> <p>B. The clincial supervisor will in service the staff regarding privacy and staff positioning in the home during transistion times.</p> <p>C. The clincial supervisor will monitor 1x a week to see if goals and or objectives are being obtained.</p> <p>D. The house manager will monitor 1x a week to see if goals and or objectives are being obtained.</p>	

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DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jeffrey Gallaher</i>	TITLE <i>Program Manager</i>	(X6) DATE <i>8/9/19</i>
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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 130	Continued From page 1	W 130			
W 247	<p>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."</p> <p>Review on 7/25/19 of client #6's community/home life assessment dated 12/2018 revealed he needs verbal cues to observe privacy.</p> <p>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.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>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:</p> <p>Client #2 was not afforded choice and freedom of movement in his home environment.</p> <p>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.</p>	W 247	<p>The deficiency will be corrected by the following actions:</p> <p>A. Clinical supervisor will in service and train staff at Forest Creek regarding clients rights to include, but not limited to, the freedom to move about the milieu. This training will also include active treatment for each consumer based on their stated goals and on what is documented in the ISP.</p> <p>B. Direct support professionals will document thier training on form F10.10 cleint specific competencies that form will then be filed in the training binder at Forest Creek Group Home.</p> <p>C. Clinical Supervision will be monitor staff 1x weekly.</p> <p>D. Home manager will monitor staff 1x weekly.</p>		

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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	INFECTION CONTROL 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	<p>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.</p> <p>During an interview on 7/25/19, Staff A gave no response when asked two times if client #5 adequately washed his hands.</p> <p>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.</p> <p>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.</p>	W 455	<p>This deficiency will be corrected by the following actions:</p> <p>A. The clincial supervisor will review, train, and in service staff on OSHA guildlines and safety precautions and review proper hand washing to avoid cross - contamination during meal times.</p> <p>B. Clinical supervisor will monitor for OSHA and safety precautions during meal times 2x a month.</p> <p>C. Home Manager will monitor for OSHA and safety precautions during meal times 2x a month.</p>	
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>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</p>	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	<p>The noted deficiencies will be corrected by the following actions:</p> <p>A. The Home Manger and Clinicial Supervisor will in-service, train, and monitor support staff during meal times to ensure specialized diet plans needs and appropriate food item sizes are being followed for each of the clients needs.</p> <p>B. Home manager will monitor 1x meal times a week to ensure staff are following diet and preparation plans.</p> <p>C. Clinical supervisor will monitor 1x meal time a week to ensure staff are following diet and preparation plans.</p>	
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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			

August 9, 2019

Eugina Barnes
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Follow Up Survey Completed July 25, 2019
Forest Creek Group Home, 5117 Forest Creek Drive, Raleigh, NC 27606
Provider Number: 34G 114
MHL Number: MHL-092-044

Dear Mrs. Barnes,

Thank you for your time and the feedback given during the survey you completed on July 25, 2019. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve the services we provide.

Enclosed you will find the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 216. Again, thank you for your time and patience.

Sincerely,



Jeffrey Gallagher
Program Manager, CANC

Enclosures