

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2019
NAME OF PROVIDER OR SUPPLIER QUAIL ROOST GROUP HOME, (ICF/MR)			STREET ADDRESS, CITY, STATE, ZIP CODE 102 QUAIL ROOST DRIVE CARRBORO, NC 27510	
(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 247	<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: The facility failed to assure the individual support plans (ISPs) for 5 of 5 sampled clients (#1, #3, #4, #5 and #6) included opportunities for client choice and self-management regarding meal preparation and household chores as evidenced by observations, interviews and record verification. The finding is:</p> <p>Afternoon observations in the group home on 7/22/19 revealed staff completed most of the cooking for supper and household chores in the home. For example, staff was observed to start and cook supper without client assistance at 4:24 PM. The only client assistance was noted to be client #1 helping with making a mini pizza and opening cans of pears even after client #5 was observed to ask if she could help cook and told "no" at 4:38 PM.</p> <p>Further afternoon observations revealed staff to complete household chores without giving the clients opportunities for self-management and the chance to learn new skills. Staff was observed to wash lunch dishes and load the dishwasher at 3:50 PM, wipe the table 4:55 PM, fold laundry 5:18 PM and carry the food to the table for supper at 5:40 PM. The only participation in household chores was noted to be client #5 setting the table independently for supper.</p> <p>Continued morning observations on 7/23/19 revealed staff making breakfast without staff assistance at 7:05 AM and processing client #1's</p>	W 247	<p>The Supervisor of Support Services will retrain employees on the expectations of active treatment with all household responsibilities/chores and preparing all meals. The retraining will be completed at the next team meeting and the information will be reviewed with team members that were not able to attend the meeting. The Supervisor of Support Services will complete an observation at each meal time including the preparation for the meal at least once a month (for each mealtime) and review the observation with the employees involved. The Director of ICF/IID Services will monitor the completion of the meal observations monthly.</p> <p style="text-align: center;">RECEIVED AUG 16 2019 DHSR-MH Licensure Sect</p>	8/22/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Kee Director of ICF/IID Services

8/8/19

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.

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NAME OF PROVIDER OR SUPPLIER QUAIL ROOST GROUP HOME, (ICF/MR)			STREET ADDRESS, CITY, STATE, ZIP CODE 102 QUAIL ROOST DRIVE CARRBORO, NC 27610		
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W 247	Continued From page 1 food at 7:12 AM. No client participation was observed with cooking even though client #5 asked to help when staff began cooking in the kitchen. Subsequent morning observations revealed staff completed most chores without client participation including loading the dishwasher at 7:50 AM and wiping the table at 8:38 AM.	W 247			
W 249	Review of client #5's ISP dated 8/8/18 revealed the client has a training objective to prepare her lunch on the weekend with the ISP noting she shows great interest in cooking. Interview with the qualified intellectual disabilities professional (QIDP) and the ICF-IID director revealed each of the clients can participate to some extent with cooking and completing chores. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: The facility failed to assure objectives and guidelines contained in the individual support plans (ISPs) for 2 of 5 sampled clients (#1 and #6) were implemented as prescribed as evidenced by observations, interviews and record verification. The findings are:	W 249	The Supervisor of Support Services will retrain employees on Client #6's Behavior Support Plan. The retraining will be completed at the next team meeting and the information will be reviewed with team members that were not able to attend the meeting. The Supervisor of Support Services will complete at least two shift observations a month to ensure all support plans are followed. The Director of ICF/IID Services will monitor the completion of shift observations monthly.	8/22/19	

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W 249	Continued From page 2 A. The facility failed to assure client #6's behavior support plan (BSP) was implemented as prescribed. Afternoon observations in the group home on 7/22/19 revealed client #6 to sit in her living room chair holding a book and her stuffed animals from 3:20 PM until supper at 5:40 PM. During the 140 minutes of observations the client was observed to sit unengaged and occasionally talking loudly or yelling. Staff were observed to verbally prompt the client loudly from kitchen or dining room where they were working with other clients to be quiet and look at her book. Morning observations on 7/23/19 again revealed client #6 to sit in her living room chair for a shorter period of time from 6:45 AM until 7:35 AM. However, during this 50 minute period client #6 was observed to be louder and more repetitious in her talking and yelling. Staff were again observed to prompt her only by verbally redirecting her from the kitchen area of the home by telling her to be quiet, have a "quiet face" and look at her book. Review of client #6's ISP dated 6/5/19 revealed a BSP dated 7/25/18 to address the client's behavioral outbursts of yelling, banging hands, striking walls, making a sputtering noise, name calling, door slamming and stomping to another room. Review of the BSP, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed staff should engage the client in a respectful soft quiet tone to "use your inside voice please" after making sure that the client is paying attention to what the staff is saying. The BSP also notes that interventions for the behavior should begin when the client starts the behavior and not wait for the client's	W 249		

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W 249	<p>Continued From page 3 behavior get louder and escalate.</p> <p>Further review of the BSP revealed proactive procedures revealed client #6 functions at her best when she is engaged in meaningful and interactive activities. The facility failed to assure client #6's BSP was implemented as prescribed by failing to keep the client engaged in meaningful activities during the 7/22-23/19 survey and failing to respond to her yelling outburst timely and in the appropriate calm and quiet manner as prescribed.</p> <p>B. The facility failed to assure client #1's meal time guidelines and PT recommendations were implemented as prescribed during the 7/22-23/19 survey. For example:</p> <p>1. Afternoon observations on 7/22/19 in the group home beginning with snack at 3:10 PM revealed client #1 to sit at the table until 4:40 PM drinking from her adaptive cups except for 10 minutes while helping helping in the kitchen. During the time the client was sitting at the table, the client was observed to have drink spillage down her chin and neck. Staff was observed to occasionally ask the client how she was doing but failed to notice the spillage and assist the client with wiping her mouth expect for the QIDP at 3:21 PM while passing through the dining room.</p> <p>Morning observations in the group home on 7/23/19 revealed client #1 to eat at the table without staff present from 7:50 AM until 8:35 AM. During the 45 minutes of observations client #1 was noted to again have drink spillage on her face and neck without staff prompting the client to wipe her mouth or assisting the client to do so. In addition, observations while the client was eating</p>	W 249	<p>The Supervisor of Support Services will retrain employees on all clients' meal guidelines and specifically on Client #1's meal guidelines including using a napkin and the assistance needed during meals. The Supervisor of Support Services will review Client #1's PT evaluation and importance of using her foot rests and footbox when sitting at the dining room table. The retraining will be completed at the next team meeting and the information will be reviewed with team members that were not able to attend the meeting. The Supervisor of Support Services will complete an observation at each meal time including the preparation for the meal at least once a month (for each mealtime) and review the observation with the employees involved. The Supervisor of Support Services will complete at least two shift observations a month to ensure all PT recommendations are followed. The Director of ICF/IID Services will monitor the completion of the meal adn shift observations monthly.</p>	8/22/19	

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W 249	<p>Continued From page 4</p> <p>her breakfast revealed the client making moaning noises due to not being able to find her food to scoop. Staff were noted not to be sitting with the client or checking on the client with frequency to assure the client's needs were being taken care of.</p> <p>Review of client #1's ISP dated 5/1/19 revealed mealtime guidelines dated 7/7/19 which note that staff should visually check on client #1 while she is eating to assure she is okay and is not having any trouble scooping her food. In addition, staff should attempt to see if client #1 will use a napkin but then be sure to follow-up with a napkin to assure her dignity is preserved.</p> <p>2. Review of client #1's ISP revealed a physical therapy (PT) evaluation dated 2/2/19 which notes that due to client #1's poor circulation in her feet and toes that staff should have the client sit in her wheelchair with her elevated leg rest at least half of the day while at the day program. Observations during the 7/22-23/19 survey revealed the client to only use her wheelchair for transporting longer distances and going to the day program. Further observations revealed the client's legs were observed to dangle from her wheelchair seat as her foot rests were not attached to the wheelchair.</p> <p>In addition, observations in the group home revealed the client's feet to dangle from her dining room chair. The client was noted to have a foot box to place her feet on but staff were not consistent in assuring the client was using the foot box to help with the client's circulation. Interview with QIDP and the ICF-IID Director revealed the client does not spend half of her day at the day program in her wheelchair but instead</p>	W 249			

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W 249	Continued From page 5 uses other seating options to elevate her feet. Further interview revealed the client should have her foot rests attached to her wheelchair and use her foot box every time she is seated at the table.	W 249			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: The facility failed to assure food served to 2 of 5 sampled clients (#1 and #2) was served at the appropriate temperature as evidenced by observation and interview. The finding is: Morning observations in the group home on 7/23/19 revealed staff preparing breakfast at 7:05 AM which included eggs, toast and canned fruit. Further observations at 7:12 AM revealed staff processing eggs and toast together in a blender for client #1 according to her diet. Staff was then observed to plate the egg and toast mixture and leave it on the counter. Continued observation at 7:19 AM revealed 3 peers to eat breakfast with another peer to eat at 7:35 AM after taking her medications. Subsequent observations at 7:52 AM revealed client #1 to be assisted with sitting at the table before staff handed her the plate with the processed egg and toast from the counter. Staff were not observed to reheat client #1's food before serving it to client #1, 40 minutes after it was prepared. Additional observations at 8:20 AM revealed client #2 to finish with her morning routine and sit	W 473	The Supervisor of Support Services will retrain all employees to ensure all food is served at appropriate temperature. The retraining will be completed at the next team meeting and the information will be reviewed with team members that were not able to attend the meeting. The Supervisor of Support Services will complete an observation at each meal time including the preparation for the meal at least once a month (for each mealtime) and review the observation with the employees involved. The Director of ICF/IID Services will monitor the completion of the meal observations monthly.	8/22/19	

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W 473	Continued From page 6 at the dining room table for breakfast. Staff was observed to bring the serving bowls of eggs and toast to the client from the counter in the kitchen. Staff was not observed to reheat which sat on the counter for over an hour before being served to client #2. Interview with the qualified intellectual disabilities professional and ICF-IID director revealed staff should have reheated the clients' food to assure it was at the appropriate temperature before being served.	W 473			



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FAX
COVER
SHEET

To: NC DHHS - Division of Health Service Regulation Mental
Health Licensure & Certification Section
Fax Number: (919) 715-8078

From: Debbie Klein - Quail Roost/RSI

Date: 8/16/19

Pages (including cover sheet): 8

Message:

Plan of Correction - Quail Roost
Group Home.
Please call or email if you have questions.

dklein@rsi-nc.org
(919) 942-7391 ext 130.

Thanks,
Debbie Klein

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