

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

PRINTED: 08/16/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2019
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NAME OF PROVIDER OR SUPPLIER ERWIN #2	STREET ADDRESS, CITY, STATE, ZIP CODE 202 WEST B STREET ERWIN, NC 28339
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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
E 020	<p>Policies for Evac. and Primary/Alt. Comm. CFR(s): 483.475(b)(3)</p> <p>[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:]</p> <p>Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.</p> <p>*[For RNHCs at §403.748(b)(3) and ASCs at §416.54(b)(2):] Safe evacuation from the [RNHCI or ASC] which includes the following: (i) Consideration of care needs of evacuees. (ii) Staff responsibilities. (iii) Transportation. (iv) Identification of evacuation location(s). (v) Primary and alternate means of communication with external sources of assistance.</p> <p>* [For CORFs at §485.68(b)(1), Clinics, Rehabilitation Agencies, OPT/Speech at §485.727(b)(1), and ESRD Facilities at §494.62(b)(2):] Safe evacuation from the [CORF; Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical</p>	E 020		

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

Robert Blue

TITLE

Administrator

(X6) DATE

8/28/19

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.

ERWIN #2 GROUP HOME PLAN OF CORRECTIONS
For
Recertification Survey conducted August 12-13, 2019

E 020 Policies for Evac. and Primary/Alt. Comm. CFR(s): 483.475 (b) (3)

The facility will develop specific policies and procedures to address emergency preparedness, which includes specific plans where to relocate the Clients in case of an emergency evacuation.

The facility emergency preparedness plan will include an agreement with alternate lodging specific to where the Clients would evacuate in the event of an emergency.

Revisions made to Erwin #2 Group Home's Emergency Preparedness Plan will be re-inserviced by the Safety Committee Chairperson to the Benson Unit Staff members.

The RHA Corporate Safety Committee will monitor/assess the Erwin #2 Group Home's Emergency Preparedness Plan quarterly to ensure all components outlined in the Plan has corresponding and or relevant documentation.

Completion Date: 10/12/19

W 153 STAFF TREATMENT OF CLIENTS
CFR(s): 483.420(d)(2)

The Facility will ensure all allegations of mistreatment, neglect or abuse, as well as unknown injuries of unknown sources are reported immediately to the administrator or to other in accordance with State law through established procedures.

The Facility/Provider will submit a written summary of the Investigation findings within (5) working days of learning of the incident.

The Quality Assurance Specialist (QA) will complete a re-inservice on Incident Reporting and Investigations of Abuse, Neglect, and Exploitation with all Clinical Staff.

The Quality Assurance and Quality Improvement Team will monitor all allegations of abuse and Incident Reporting during monthly Quality Assurance/Quality Improvement meetings.

Completion Date: 10/12/19

W154 STAFF TREATMENT OF CLIENTS
CFR(s): 483.420 (d)(3)

The Facility will secure/gather evidence that all alleged violations are thoroughly investigated.

The Quality Assurance Specialist (QA) will complete a re-inservice on Incident Reporting and Investigation of Abuse, Neglect, and Exploitation with all Clinical Staff.

The Quality Assurance and Quality Improvement Team will monitor all allegations of abuse and Incident Reporting during monthly Quality Assurance/Quality Improvement meetings.

Completion Date: 10/12/19

W249 PROGRAM IMPLEMENTATION
CFR(s): 483.440 (d)(1)

The Facility will ensure patterns of interactions are supported clinical core team will review the Behavior Support Plans (BSP) of Clients #1 and #5 to determine whether additional clarification, interventions, or revisions are needed. After the review of the Clients' #1 and #5 Behavior Support Plans and necessary revisions are made, the Staff will be retrained on the Plans to ensure they are knowledgeable of the appropriate of the skills needed to address the Clients #1's and 5's targeted behaviors.

Monitoring of the implementation of the BSP will occur through behavioral interactions assessments, interaction/engagement assessments, and mealtime assessments completed at the Vocational Center as well as at the Erwin #2 Group Home. Monitoring of the effectiveness of the BSP will be accomplished through the quarterly QIDP reviews and through chart reviews (two/year minimum), completed by any of the following clinical and management staff. (QMRP, Habilitation Specialist, Vocational Program Manager, Nurse, OT/PT Habilitation Assistant, QA Specialist or Administrator.

These assessments will be completed by any of the following clinical or management staff: QIDP, Behavior Specialist, Administrator, Habilitation Specialist, Home Manager, OT/PT Habilitation Assistant, or Vocational Program Manager.

Completion Date: 10-12-2019



August 28, 2019

Kimberly C. McCaskill, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

RE: Plan of Correction for Recertification Survey Conducted
August 12-13, 2019
Erwin II Group Home: 202 West B Street, Erwin, NC 28339

Ms. McCaskill:

Enclosed is the Plan of Correction for the tags cited during your recent survey at the Erwin II Group Home.

If there are any questions or concerns with this POC contact me at 919-894-5124, ext. 116 or pbell@rhanet.org.

Sincerely,

A handwritten signature in black ink that reads 'Pauline H. Bell'. The signature is written in a cursive style with a long, sweeping underline that extends to the left.

Pauline H. Bell

Enclosures

Cc: File