STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G192	A. BUILDING _____ B. WING _____	08/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORSYTH GROUP HOME #2	8460 BELEWS CREEK ROAD BELEWS CREEK, NC 27009

(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 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) [(b) Policies and procedures. [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: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical	E 015	E 015 The Qualified Professional will In-service the Home Manager on ensuring an adequate water supply is available in the home at all times to meet the facility Emergency Plan requirements. The clinical team will monitor 2x a week for one month and then on a routine basis through Environmental Assessments. In the future, the Qualified Professional will ensure staff are trained to ensure an adequate water supply is available in the home at all times. By: 10/6/19 DHSR - Mental Health SEP – 3 2019 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonya Hardy-Moore | TITLE: QP | (X6) DATE: 8/30/19

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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E 015	Continued From page 1 supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement the emergency preparedness policy relative to the provision of subsistence needs for clients and staff. The finding is: Review of the facility's emergency preparedness plan (EP), conducted on 8/5/19, revealed a policy relative to the provision of subsistence needs for clients and staff which was updated 10/18. Continued review of this policy revealed documentation stating the facility should maintain at least a three day supply of non-perishable food and water, to include a minimum of 24 gallons of water. Observation of the emergency food and water supply present in the group home on 8/5/19 revealed an adequate supply of emergency food, however, no emergency water supply was available. Interview with staff B revealed she was unaware the water supply was inadequate and stated the supply most likely had not been replenished since the evacuation drill on 3/19. Further interview revealed the group home manager is responsible for making sure the EP supplies for the home are adequate. Interview with the qualified individual disabilities	E 015		

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E 015	Continued From page 2 professional (QIDP) on 8/6/18 verified 24 gallons of water should be available in the group home as specified in the facility's emergency preparedness plan.	E 015		
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 and interviews, the facility failed to assure 2 of 3 sampled clients (#3 and #6) the opportunity and choice to eat/drink a requested food item (coffee). The findings are: A. Observations conducted during the morning of 8/6/19 revealed client #6 to enter the kitchen area of the group home at 7:05 AM and ask staff A to assist him to make coffee. Staff A stated "not now... it is not time for coffee". Staff A instead instructed client #6 to return to his room or "have a seat in the living room". Continued observation revealed client #6 to sit in the living room area for 10 minutes and again ask staff A for "coffee" at 7:15 AM. Further observation revealed Staff A to ignore client #6's second request for coffee. Continued observations at 7:25 AM revealed staff C to enter the group home and begin her shift of work. Further observations at 7:30 AM revealed client #6 to ask Staff C to assist him to make his morning coffee. Continued observations revealed staff C to assist client #6 to make coffee at 7:45 AM. Subsequent observations revealed client #6 to have his coffee at 7:55 AM, 45 minutes after he first requested assistance to make his morning coffee.	W 247		

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W 247	Continued From page 3 Interview with Staff A at 7:50 AM revealed there was no reason client #6 could not have been given coffee, "I was just waiting for our breakfast staff to come in and make coffee". Interview with Staff C at 7:45 AM on 8/6/19 revealed there was no reason client #6 should not have been assisted with making coffee on his first request at 7:05AM, as many times coffee is started very early for clients. Continued interview with Staff C revealed client #6 should have been assisted to make coffee at 7:05 AM when he first requested coffee. Interview with the qualified intellectual disabilities professional (QIDP) on 8/6/19 confirmed client #6 should have been allowed to exercise choice and self management by being assisted with making his coffee at 7:05 AM and not waiting until a second staff allowed him to make his coffee at 7:45 AM. B. Observations conducted during the morning of 8/6/19 at 7:15 AM revealed client #3 sitting in the living room listening to his music. Continued observations at 7:20 AM revealed client #3 to state "I am thirsty". Further observations revealed Staff E to bring client #3 a glass of water. Continued observations at 7:20 AM revealed client #3 to state "I want some coffee". Further observations at 7:23 AM revealed Staff E to ignore client #3's request for coffee and continue to offer him water, which he accepted and drank. Subsequent observation at 7:25AM revealed client #3 to again request "coffee", which Staff E ignored. Client #3 was not offered any coffee until he came to the breakfast table at 8:05 AM.	W 247	W 247 The clinical team will meet to determine the need for training to use the coffee maker and exercise choice and self-management for people supported #3 and #6. The Habilitation specialist will ensure the recommendations are addressed in the form of a formal program as needed. The habilitation specialist will in-service all staff to ensure the programs and recommendations are implemented per the team meeting. The Qualified Professional will revise the person centered plan to include the results of the team meeting. The clinical team will monitor via interaction assessments x2 a week for period of one month and then on a routine basis to ensure staff are implementing the programs as required. In the future, the Qualified Professional will ensure all Person Centered Plans include objective training to address identified needs. By: 10/6/19	

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W 247	Continued From page 4 Interview with the facility QIDP on 8/6/19 confirmed client #3 should have been allowed to exercise choice and self management by being assisted with making his coffee at 7:20 AM and not waiting until staff allowed him to make his coffee at 8:05 AM. Therefore, clients #3 and #6 were not allowed to exercise choice and self management, but were only given the opportunity to make and drink coffee as allowed by staff.	W 247		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 22, 2019

Shelia Shaw, Facility Administrator
RHA Services, Inc.
1701 Westchester Drive, Suite 940
Highpoint, NC 27262

Re: Recertification Survey Completed August 6, 2019
Forsyth Group Home #2, Belews Creek Road, Belews Creek, NC 27009
Provider Number 34G192
MHL# 034-043
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the recertification survey completed August 6, 2019. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is October 6, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
52 Old US Highway 70
Black Mountain, NC 28711

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at 8282-750-2710.

Sincerely,

Diane Crawford

Diane Crawford, MA, BSW, QDDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
_DHSR_Letters@sandhillscenter.org
File