STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G133	A. BUILDING _____ B. WING _____	C 08/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST BEND GROUP HOME	47 S OAK STREET BREVARD, NC 28712

(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	DIRECT CARE STAFF CFR(s): 483.430(d)(1-2) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. 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. 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: 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. 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	W 186	The allocated hours for the home were completed by the Regional Administrator and Administrator. The Administrator will in-service the QIDP and Home Manager on the staffing patterns and ratio of the home. The Administrator will monitor hours daily via the Daily Hours Report to ensure staffing patterns and ratios are being provided. In the future the Administrator will ensure staffing patterns are provided and followed to meet client needs in accordance with their Person Centered Plans. RECEIVED SEP - 3 2019 DHSR NH L & C Black Mountain / WRO	10-13-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
John Carithers	Administrator	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.

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W 186	Continued From page 1 was looking into 1:1 supervision and alternative placement. 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. 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.	W 186		