

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

PRINTED: 09/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2019
NAME OF PROVIDER OR SUPPLIER ROBERT E LEE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1519 ROBERT E LEE DRIVE WILMINGTON, NC 28412	
(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 229	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(i)</p> <p>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure objectives for 2 of 4 audit clients (#1, #4) were written in terms of a single behavioral outcome. The findings are:</p> <p>Client's (#1, #4) objectives were not written in terms of a single behavioral outcome.</p> <p>a. Review on 9/24/19 of client #1's Individual Program Plan (IPP) dated 2/19/19 revealed the following objectives were not written with single behavioral outcomes:</p> <p>"When provided materials and instruction, [Client #1] will stand in line and move up appropriately when making a purchase for 5 consecutive sessions."</p> <p>"When provided with materials and instructions, [Client #1] will wipe table and countertops with 100% independence for 5 consecutive sessions."</p> <p>"When provided materials and instruction, [Client #1] will clean and cut his nails utilizing picture cues with 100% gestures for 10 sessions."</p> <p>b. Review on 9/24/19 of client #4's IPP dated 7/9/19 revealed the following objectives were not written with single behavioral outcomes:</p>	W 229	<p>W229 The QP will write all objectives with a single behavioral outcome. All current objectives will be revised that fail to meet the standard. This will be reviewed monthly by the QA Coordinator to ensure future programs meet the standard. This will be completed by 11/14/19.</p> <p style="text-align: right; color: blue; font-weight: bold;">DHSR-Mental Health</p> <p style="text-align: right; color: red; font-weight: bold;">OCT 16 2019</p> <p style="text-align: right; color: blue; font-weight: bold;">Lic. & Cert. Section</p>	

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

TITLE

(X6) DATE

Edward W. W. W.

Executive Director

10/8/19

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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W 229	Continued From page 1 "When provided with materials and instructions, [Client #4] will read and complete the labeling (pt. 1) worksheet with 100% independence for 5 sessions." "When provided materials and instruction, [Client #4] will name side effects of his medications and learn names with 100% independence for 10 consecutive sessions." "When provided materials and instructions, [Client #4] will make standard coins and bills combinations with 100% independence for 5 consecutive sessions." Interview on 9/25/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objectives were not written with single behavioral outcomes.	W 229			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a technique to manage client #2's inappropriate behavior was included in a formal active treatment plan. This affected 1 of 4 audit clients. The finding is: Client #2's reinforcers for good behavior were kept locked.	W 288			

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W 288	<p>Continued From page 2</p> <p>During morning observations in the home on 9/25/19 at 6:18am, Staff G asked client #2 if she would like to look at one of her magazines. The client stated, "Yes". The staff proceeded to unlock a closet in a back office of the home, retrieved a magazine and gave it to the client.</p> <p>Interview on 9/25/19 with Staff G revealed client #2's magazines are kept in the locked closet because another client in the home will take them if they are kept in her bedroom.</p> <p>Interview on 9/25/19 with the Qualified Intellectual Disabilities Professional (QIDP) indicated there is a client in the home who likes to take items from other client's bedrooms; however, client #2's magazines were not kept locked for that reason. Additional interview indicated the locked closet contains various reinforcers (i.e. magazines, candy, bubble gum, etc.) which are given to client #2 when she has good behaviors. The QIDP noted this was also included in client #2's behavior plan.</p> <p>Review on 9/25/19 of client #2's Behavior Support Plan (BSP) dated 1/28/19 revealed an objective to have no more than 2 instances of agitation per month for 9 out of 12 months. The plan addressed physical aggression, non-compliance, verbal aggression and destruction. Additional review of the plan indicated client #2 receives reinforcers for the absence of identified behaviors. Further review of the plan did not include a technique of locking away the client's reinforcers.</p> <p>Further interview on 9/25/19 with the QIDP confirmed client #2's current BSP does not indicate her reinforcers should be kept locked.</p>	W 288	<p>W288 Cape Fear Group Homes will ensure that each individual served has access to their personal items and reinforcers. This will include reviewing Behavior Intervention Plans and developing processes to keep each person's belongings safe and accessible. The QP and GHM will do a monthly check on this and QA will review at least quarterly. This will be completed y 11/24/19.</p>		

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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, interviews and record review, the facility failed to ensure client #5 received a modified diet as prescribed. This affected 1 of 4 audit clients. The finding is:</p> <p>Client #5's modified diet consistency was not followed as ordered.</p> <p>During dinner observations in the home on 9/24/19 at 6:07pm, Staff D placed client #5's barbeque pork chop pieces, green beans and mashed potatoes in a small chopper and ground each food item. Chicken broth was also added to the food while in the processor. Once completed, the mashed potatoes and green beans resembled soup while the pork chop was loose with bites of meat throughout.</p> <p>Interview on 9/24/19 with Staff D revealed client #5 receives a pureed diet and his food should look like "soup". Interview on 9/25/19 with Staff B indicated the client's food should be "smooth" and resemble "baby food".</p> <p>Review on 9/25/19 of client #5's physician's orders dated 5/22/19 and 7/1/19 revealed an order for a "Pureed diet, with thin liquids."</p> <p>Interview on 9/25/19 with the facility's nurse confirmed client #5 should receive a pureed diet which means his food items should be like "baby</p>	W 460		

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W 460	Continued From page 4 food". Additional interview indicated all staff were trained on preparation of the client's pureed diet consistency. The nurse acknowledged the client's meal should not have visible bites of food once prepared to the appropriate consistency.	W 460	W460 Cape Fear Group Homes will ensure all staff are trained on implementing each individual served dietary plan. This will be completed by the dietician and/or nursing staff. This will be monitored weekly by the Group Home Manager, QP and QA Coordinator. This will be completed by 11/24/19.		



P.O. Box 4203 Wilmington, NC 28406 Phone (910) 251-2555 FAX (910)-251-0590

10/8/19

Ms. Wilma Worsley-Diggs M.Ed., QIDP
Facility Survey Consultant 1
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh NC 27699-2718

Dear Ms. Worsley-Diggs,

Thank you for the time and courtesy in completing the annual survey for our group home at 1519 Robert E Lee Drive on September 25th and 25th 2019. We are working to correct the issue that was identified in your time with us and these will be completed before 11/14/19. We look forward to you returning for a follow up review after this date.

Sincerely,

Ed Walsh

Executive Director

Cape Fear Group Homes Inc.

DHSR-Mental Health

OCT 16 2019

Lic. & Cert. Section