

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

PRINTED: 11/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/19/2019
NAME OF PROVIDER OR SUPPLIER SCOTLAND FOREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 21760 ANDREW J. HWY MAXTON, NC 28364		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #6 had the right to be treated with dignity regarding wearing appropriate clothing. This affected 1 of 4 audit clients. The finding is:</p> <p>Client #6's dignity was not considered regarding wearing appropriate clothing.</p> <p>During observations at the day program and in the home on 11/19/19, client #6 was wearing jeans pants with unbuckled belt looped around the waist. The client ambulated with one hand holding on to the pant to prevent falling.</p> <p>Interview on 11/19/19 with staff revealed client #6 needed assistance verbal prompt to buckle his belt since sometimes he refuses to buckle the belt.</p> <p>Review on 11/19/19 of client #6's individual program plan (IPP) dated 1/8/19 revealed the client has the right to be treated with respect, consideration and dignity. Further review revealed client #6 Assesment Behavior Inventory (ABI) dated 1/19 revealed client #6 can buckle a belt with assistance.</p> <p>Interview on 11/19/19 with the qualified</p>	W 125	<p>W 125</p> <p>A new belt was purchased for Client #4. QP will inservice staff to make sure that they are vigilant of all clients proper appearances throughout the day and assist those who need / require assistance. Monitoring will occur through interaction assessments weekly and direct observation daily by the QP, Home Manager and Vocational Instructor.</p> <p>1/6/20</p> <p>DHSR-Mental Health</p> <p>DEC 13 2019</p> <p>Lic. & Cert. Section</p>		

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

TITLE

(X6) DATE

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 125	Continued From page 1 intellectual disability professional (QIDP) revealed Client #6 should be prompted to buckle his belt instead of holding to pants to prevent them from falling.	W 125			
W 213	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(ii) The comprehensive functional assessment must identify the client's specific developmental strengths. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #4's comprehensive functional assessment (CFA) identified his current developmental strengths. This affected 1 of 4 audit clients. The finding is: Client #4's CFA did not accurately reflect his strengths/abilities. During observations in the group home throughout the survey on 11/18-19/19, client #4 was assisted with transfer from and to wheelchair by staff. Review on 11/19/19 of client's #4 Individual Program Plan (IPP) dated 3/5/19 revealed the client can transfer independently. Further review revealed client uses wheelchair for mobility. Review on 11/19/19 of client's #4 transfer guideline dated 8/29/17 revealed client #4 require 2-person(s) lift. Review of Physical therapist (PT) dated 5/4/19 reveled client #4 needs total assistance with	W 213	W 213 QP met with the team and the Physical Therapy and agree that client #4 requires a 2-person(s) lift during transfer. This will be reflected in client #4 PCP. QP will review all PCP's to ensure all PCP's are correct with current transfer guidelines. Current transfer guidelines for client #4 will be in- service by the PT Assistance. During chart review the clinical team will review all clinical books to ensure they are updated with current documentation semi-annual until situation has resolved. 1/6/20		

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W 213	Continued From page 2 transfer.	W 213			
W 248	<p>Interview on 11/19/19 with staff G revealed client #4 requires a staff assistance with all his transfer.</p> <p>Interview on 11/19/19 with the qualified intellectual disability professional (QIDP) confirmed client #4 transfer with assistance. She further acknowledges all his documents should have the same information.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7)</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to assure outside services meet the needs of each client. This affected 2 of 4 audit clients (#1, #6). The findings are:</p> <p>1. Clients #1 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the home.</p> <p>During review on 11/18/19 at the day program of client #1's record revealed an individual program plan (IPP) dated 9/10/19 and BSP dated 4/27/19. This was the most current IPP and BIP on file at the home.</p> <p>Review on 11/18/19 of client #1's record at the</p>	W 248	<p>W 248</p> <p>QP met with the Psychology Assistant and agree that client #1 as well client #2 as all the other clients at the home current BSP and PCP will be updated in the home.</p> <p>During chart review the clinical team will review all clinical books to ensure they are updated with current documentation semi-annual until situation has resolved.</p> <p>1/6/20</p>		

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W 248	Continued From page 3 home revealed an IPP dated 11/7/17 and BSP dated 3/1/19. This was the most current IPP, BIP on file at the home During an interview on 11/19/19, the qualified intellectual disabilities professional (QIDP) confirmed they thought the she had the client's current IPP's and BIP's available at the home. 2. Clients #6 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available at the home. During review on 11/18/19 at the day program of client #3's record revealed an individual program plan (IPP) dated 10/8/19 and BSP dated 3/1/19 . This was the most current IPP and BIP on file at the home. Review on 11/18/19 of client #6's record at the home revealed an IPP dated 11/28/17 and BSP dated 5/31/18. This was the most current IPP, BIP on file at the home During an interview on 11/19/19, the qualified intellectual disabilities professional (QIDP) confirmed they thought she had the client's current IPP's and BIP's available at the home.	W 248			
W 249	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	W 249			

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W 249	Continued From page 4 plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that 1 of 4 audit clients (#5) received a continuous active treatment program consisting of needed interventions as identified in the Individual Program Plan (IPP) in the area of hygiene. The finding is: Client #5 hand hygiene was not afforded. During observations in the home the on 11/19/19 client #5 had a scratch on the right cheek lateral to the eye. Further observation revealed the client finger's nails were long especially the pointing and middle fingers and were jagged. Interview on 11/19/19 with staff C revealed client #5 finger nail should be trimmed short every Wednesday. Review on 11/19/19 of the facility's incident report dated 11/18/19 revealed client #5 had scratched himself on the right cheek on 11/18/19. Interview on 11/19/19 with the qualified intellectual disabilities professional (QIDP) revealed Client #5 nail should be trimmed short and filed on weekly basis.	W 249	W 249 The team met and agreed that nursing will implement a nail clipping program for client #5 as well as all other clients nails to be clipped /trimmed weekly and as need. Monitoring will occur through direct observation by Nursing, Home Manager and QP weekly until situation has resolved. 1/6/20		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed	W 436			

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W 436	<p>Continued From page 5</p> <p>choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 4 audit clients (#1, #5, #6) adaptive equipment were maintained in clean condition in the area of wheelchair and glasses.</p> <p>1. Client #5's wheelchair was not cleaned</p> <p>Observations throughout the survey at the day program and in the home on 9/18-19/19 revealed that Client #5 utilized wheelchair for mobility. The wheelchair had food encrustation on the cushion and on the frame.</p> <p>Review on 11/19/19 of Client #5's IPP dated 3/5/19 indicated that he uses wheelchair for mobility</p> <p>Interview on 9/19/19 with the staff C revealed client #5 utilizes wheelchair for mobility and it should be cleaned daily by third shift staff. She further acknowledged the condition of the chair did not indicate cleaning was done daily.</p> <p>Interview on 11/19/19 with the qualified intellectual disabilities professional (QIDP) revealed client #5 utilizes a wheelchair for mobility and it should be cleaned daily during third shift. She further acknowledged the chair had food encrustation and it should be cleaned daily.</p>	W 436	<p>W 436</p> <p>#1 and #2 The team met and agree that the Home Manager will in-service all the staff on the shift responsibility of making sure that client #5 and client #6 as well as all wheelchairs are cleaned nightly as well as daily of all food debris that may occur from spillage. Monitoring will occur by the Home Manager and QP through direct observation weekly until situation has resolved.</p> <p>1/6/20</p>		

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W 436	<p>Continued From page 6</p> <p>2. Client #6's wheelchair was not cleaned</p> <p>Observations throughout the survey at the day program and in the home on 9/18-19/19 revealed that Client #6 utilized a wheelchair for mobility. The wheelchair had food encrustation on the cushion and on the frame.</p> <p>Review on 11/19/19 of client #5's IPP dated 1/8/19 indicated that he uses wheelchair for mobility</p> <p>Interview on 9/19/19 with the staff C revealed client #5 utilizes wheelchair for mobility and it should be cleaned daily during third shift. She further acknowledged the condition of the chair did not indicate cleaning was done daily</p> <p>Interview on with the qualified intellectual disabilities professional (QIDP) revealed client #5 utilizes the wheelchair for mobility and it should be cleaned daily by third shift staff. She further acknowledged the chair had food encrustation and it should be cleaned daily.</p> <p>3. Client #1 was not prompted to wear his eyeglasses.</p> <p>During observations in the home on 11/18/19 from 3:32pm until 7:35pm client #1 was watching TV, playing games strained reading the menu and eating dinner. At no time was client #1 prompted to wear her eyeglasses.</p> <p>During observations in the home on 11/19/19 from 6:25am until 8:47am, client #1 was not prompted to wear her eyeglasses.</p>	W 436	<p>#3.</p> <p>The team met and agreed that the Habilitation Specialist will implement a formal program for staff to prompt Client # 1 upon awaking and getting dressed for the day to wear his eyeglasses. QP will include in Client #1 PCP that he need to be prompted to wear his eyeglasses daily. Monitoring will occur through Interaction assessment weekly By Habilitation Specialist until Situation has resolved.</p> <p>1/6/20</p>		

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W 436	<p>Continued From page 7</p> <p>During an interview on 11/19/19, staff F revealed client #1 should wear his eyeglasses when he is reading and watching TV</p> <p>Review on 11/19/19 of client #1's eye exam dated 9/24/19 indicated, "...continue wearing glasses."</p> <p>During an interview on 11/19/19, the qualified intellectual disabilities professional (QIDP) confirmed client #1 should have had his eyeglasses on; he needs them on all the time. Further interview revealed client #1 should be prompted to wear his glasses all the time.</p>	W 436			

December 06, 2019

Mental Health Licensure and Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718

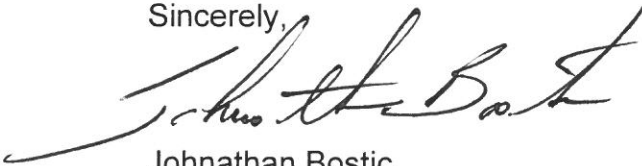
Re: Scotland Forest Group Home 21769 Andrew Jackson Hwy, Maxton, NC
28364

Mrs. Williams:

Enclosed is a copy of the Plan of Correction of the survey that was conducted at
the 21769 Andrew Jackson Hwy, Maxton, NC 28364 on 11/18/19 til 11/19/19.

If there are any questions, please feel free to call Johnathan Bostic or Deloris
Monroe, QP at (910) 844-9664.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnathan Bostic", written in a cursive style.

Johnathan Bostic,
Administrator