

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

PRINTED: 11/15/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/13/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOLLINGSWOOD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>214 HOLLINGSWOOD DRIVE STATESVILLE, NC 28677</b>
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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
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W 288	<p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure techniques used to manage inappropriate behavior for 1 of 4 sampled clients (#3), were not used as a substitute for an active treatment program. The finding is:</p> <p>Observation in the group home on 11/12/19 at 4:20 PM revealed client #3 to watch television in the living room. Continued observation revealed staff A to verbally prompt client #3 to get her coat from her room for the dinner outing. Client #3 was observed to verbally report to staff A, "I cant, it's locked". Additional observation revealed staff A to leave the living room and return with a key, client #3 then followed the staff to the client's room and client #3 retrieved her coat from her closet.</p> <p>Review of records for client #3 on 11/13/19 revealed an individual support plan (ISP) dated 9/6/19. Review of the 9/2019 ISP revealed client #3 may at times require assistance to choose appropriate clothing. The ISP further identified client #3 may choose to wear pants that are too loose or seasonally inappropriate and this can bring about behaviors because she will refuse to change. Continued record review revealed a behavior support plan (BSP) dated 10/4/18. Review of the BSP revealed target behaviors of</p>	W 288	<p>The team has mini teamed and agreed client #3 should have her closet locked due to her target behaviors. The Behavior Analyst will addend client #3 BSP to include locking her bedroom closet as an intervention of target behaviors. This will be monitored by the Behavioral Analyst reviewing monthly behavior rates, quarterly QP Reviews, and completing routine chart reviews. In the future, the team will ensure all preventions or interventions are addressed in the BSP.</p>	12/14/2019
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**RECEIVED**  
**DEC 06 2019**  
DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Chris Hunt</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>12/4/19</i>
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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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NAME OF PROVIDER OR SUPPLIER  <b>HOLLINGSWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>214 HOLLINGSWOOD DRIVE STATESVILLE, NC 28677</b>		
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W 288	<p>Continued From page 1</p> <p>non-cooperation, loud vocalizations, attention seeking behavior, tantrum behavior and toileting accidents. Further review of the BSP did not reveal locking client #3's closet as an intervention or prevention strategy to support client #3 with inappropriate behavior.</p> <p>Interview on 11/12/19 with client #3 revealed the client to report she does not keep a key to her bedroom closet. Interview with the qualified intellectual disabilities professional (QIDP) on 11/13/19 revealed client #3's bedroom closet is kept locked as the client has behaviors related to changing clothes repeatedly and will dress seasonally inappropriate. Additional interview with the QIDP verified the use of locking client #3's closet is not part of the current behavior plan for the client.</p>	W 288			



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

November 20, 2019

Mr. Chris Houck, Facility Administrator  
RHA Health Services Inc  
190 Commerce Blvd.  
Statesville, NC 28625

Re: Recertification Completed November 13, 2019  
Hollingswood Group Home 214 Hollingswood Dr. Statesville, NC 28625  
Provider Number 34G248  
MHL# 049-025  
E-mail Address: [chouck@rhanet.org](mailto:chouck@rhanet.org)

Dear Mr. Houck:

Thank you for the cooperation and courtesy extended during the recertification survey completed November 13, 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 practice that does 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 December 14, 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.

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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.**

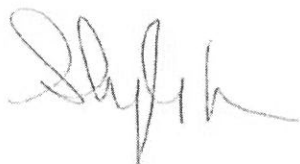
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

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 (828) 750-2702.

Sincerely,



Shyluer Holder-Hansen  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Enclosures

Cc: dhhs@vayahealth.com  
QM@partnersbhm.org  
DHSR\_Letters@sandhillscenter.org