

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

PRINTED: 02/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/27/2020
NAME OF PROVIDER OR SUPPLIER CHRISTY WOODS GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 10100 MT. OLIVE ROAD MOUNT PLEASANT, NC 28124		
(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 201	<p>ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(4)(i)</p> <p>If a client is to be either transferred or discharged, the facility must have documentation in the client's record that the client was transferred or discharged for good cause.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to demonstrate good cause for discharging 1 of 1 client (#3) from the facility. The finding is:</p> <p>Observations at the group home on 1/27/2020, upon facility entry to investigate this complaint, revealed clients (#1, #3, #4 and #5) were engaged in various activity to include: watching television and receiving medications. Further observations revealed client #2 returned to the group home from an outing. All clients appeared well cared for and properly nourished.</p> <p>Review of internal facility documents on 1/27/2020 relative to client #3 revealed an admission date of 5/2/1980. Continued review of records for client #3 revealed a discharge notification letter dated 10/8/2019 addressed to client #3's guardian from the facility's Executive Director. Further review of the discharge notification letter revealed effective 60-days from 10/8/2019, the facility would discharge client #3 from the facility on 12/7/2019. Additional review of the discharge notification letter revealed the facility would assist client #3's guardian in finding suitable placement options for client #3. Subsequent review of the discharge notification letter revealed no cause for client #3's 60-day</p>	W 201			

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 201	<p>Continued From page 1 discharge.</p> <p>A review on 1/27/2020 of mini team reports relative to client #3's planned discharge revealed reports dated 9/25/2019 and 10/8/2019 of which client #3's guardian was not present. Review of the 9/25/2019 mini team report revealed the team discussed the continued expression of dissatisfaction by client #3's guardian with the facility's care of the client. Subsequent review revealed the team decided to contact client #3's LME/MCO for direction and discharge processes. Review of the 10/8/2019 mini team report revealed communication with the LME for approval of client #3's discharge and that administration had sent a discharge notification letter to the guardian and LME of client #3 dated 10/8/19.</p> <p>Continued review of internal facility documents on 1/27/2020 relative to the discharge of client #3 revealed guardian meeting minutes dated 10/17/2019. Review of the 10/17/2019 meeting minutes revealed the attendance of facility management and client #3's guardian. Further review of the 10/17/2019 meeting minutes revealed discussion to include client #3's guardian did not know why client #3 was being discharged from the facility and the facility to reference guardian dissatisfaction with care and not following formal internal policy to address concerns as justification for discharge. Further review on 1/27/2020 of internal facility documents revealed a conflict resolution/grievance policy/procedure signed and dated 1/11/2019 by client #3's guardian and the QIDP assistant. Review of the internal conflict resolution policy revealed a client's guardian must submit a written document regarding complaints or concerns of</p>	W 201		

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W 201	<p>Continued From page 2</p> <p>dissatisfaction to administration for investigation. Interview with the QIDP on 1/27/20 revealed client #3's guardian had not formally submitted written documentation relative to dissatisfaction of services.</p> <p>Additional review of internal facility documents on 1/27/2020 revealed a letter dated 11/21/19 pertaining to suitable placement for client #3 addressed to client #3's guardian. Review of the 11/21/2019 letter revealed a referenced meet and greet at a nearby facility that occurred on 11/20/2019 with client #3's guardian and the facility. Further review of the 11/21/2019 letter revealed the facility visited would require an admission process beyond the approaching planned 12/7/2019 discharge date and the facility would continue to look for suitable placement options for client #3.</p> <p>Interview on 1/27/2020 with the facility QIDP and the assistant QIDP revealed client #3's guardian has continued throughout the years to verbally express dissatisfaction with the facility's care and active treatment rendered to client #3. Further interview with the QIDP revealed the facility had not ever formally addressed the expression of dissatisfaction with client #3's guardian. The QIDP further verified until 10/17/2019, ten days after sending a letter of discharge for client #3, the facility had not formally addressed the possibility of discharge with the guardian. Interview with the QIDP verified the facility is able to properly render quality care and active treatment to ensure client #3's health and safety. Additional interview with the QIDP verified that due to the continued verbal expressions of dissatisfaction relative to the facility's service quality and active treatment by client #3's</p>	W 201			

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W 201	<p>Continued From page 3</p> <p>guardian, the facility planned discharged of client #3. Subsequent interview with the QIDP revealed because client #3's guardian had signed (dated 6/21/2019) the facility's parent/guardian agreement to follow the facility's rules regarding dissatisfaction and complaints, this was the facility's documentation for cause of client #3's resulting planned discharge.</p> <p>Additional interviews on 1/27/2020 with the facility QIDP and the assistant QIDP confirmed no documentation pertaining to facility policy/protocol on client discharge could be found. Further interview with the facility QIDP confirmed she had contacted at least 20 suitable facilities to support continued care of client #3 with discharge. The QIDP and the QIDP assistant reported as of the current survey date that client #3 remains at the group home because client #3's guardian has refused to pickup client #3 from the group home and the facility had received a letter, dated 11/20/2019, which cited improper rationale for client #3's discharge from the family attorney. Conclusively, the facility QIDP confirmed they did not have good cause to discharge client #3, pursuant to ICF/IID regulations.</p>	W 201			