

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2019
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NAME OF PROVIDER OR SUPPLIER WASHINGTON STREET EAST GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 407 WEST WASHINGTON STREET LA GRANGE, NC 28551
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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>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR 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 observations, record review and interviews, the facility failed to ensure a technique to address the inappropriate behaviors of 1 of 3 audit clients (#3) was included in an active treatment program. The finding is:</p> <p>A technique to manage client #3's noncompliant behavior was not part of an active treatment plan.</p> <p>During observations in the home on 12/9/19 at 5:19pm, client #3 was observed sitting on the couch watching TV. Client #3 stood up and starting walking around the room. Staff B told client #3 to sit back down and when he kept walking, Staff B starting counting 1...2...2 and a 1/2. Client #3 went and sat back down on the couch. At 5:24pm, client #3 got up from the couch and started walking towards the dining room/kitchen. Staff B told client #3 to sit down again and started counting 1...2. At 5:26pm, client #3 was standing in the living room and Staff B told him to sit down again and started counting 1...2.</p> <p>Review on 12/9/19 of client #3's individual program plan (IPP) revealed that client #3 is supported by a mental health plan for the identified target behaviors of physical aggression, self-injurious behavior, threats, leaving assigned area, screaming/yelling, rolling on the floor,</p>	W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Facility will ensure that all staff are in-serviced on Nova, IC's Behavior Management practices and individual consumer IPPs.</p> <p>Upon hire and on an annual basis, Nova, IC. (globally) will conduct in-services regarding Behavior Management practices for all staff.</p> <p>Annually and on an as-needed basis, consumer's IPP's will be updated and staff will be in-serviced on each consumer's plans.</p> <p>Staff's interventions/implementation of the IPP will be reviewed on a weekly basis.</p> <p>Responsible Persons: QAC/RM, RSS, RSM, QP</p> <p>Frequency/Monitoring Initially, annually, and as deemed necessary.</p> <p style="text-align: right;">DHSR - Mental Health JAN 2 2020 Lic. & Cert. Section</p>	2-8-20
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Cynthia Edwards 12/19/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

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 288	<p>Continued From page 1 tantrums, kicking and profanity.</p> <p>Review on 12/10/19 of client #3's mental health plan does not indicate that staff are to utilize a counting approach to control noncompliant behaviors.</p> <p>Interview on 12/9/19 with Staff B revealed that this approach is part of client #3's mental health plan and staff use it to get client #3 to listen. Staff B stated that client #3 listens better because he knows if staff count past 2 he will not be allowed to have his next snack and has to wait until the next snack time.</p> <p>Interview on 12/9/19 with the qualified intellectual disabilities professional (QIDP) revealed that the counting technique is not an official part of client #3's mental health plan but helps to keep him from having behaviors.</p> <p>Additional interview on 12/10/19 with the residential services manager and QIDP confirmed that this technique is not a part of the mental health plan.</p>	W 288		2-8-20	

W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the system of administering medications as ordered was implemented. This affected 1 of 3 audit clients</p>	<p>W 368 DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The facility will ensure that all drugs are administered in compliance with the physician's orders.</p> <p>The facility will conduct an in-service to ensure that the medication administration process is followed completely.</p> <p>The facility will monitor the medication administration process and ensure that staff are compliant with physician's orders.</p> <p>Responsible Persons: QP, RSS, and RSM</p>	2-8-20
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<p>W 368</p> <p>Continued From page 2 (#5) The finding is:</p> <p>1. Client #5 did not receive her Ziprasidone capsule as ordered.</p> <p>During evening medications administration in the home on 12/9/19 at 5:14pm, client #5 consumed her Ziprasideone capsule with water. Further observations revealed the residential services supervisor reading off the bubble pack for the Ziprasidone capsule is to be taken with food.</p> <p>During an interview on 12/9/19 the residential services supervisor revealed the bubble pack for client #5's Ziprasideone capsule does state "take with food." Further interview revealed the residential services supervisor is "not sure" if client #5 takes her Ziprasidone capsule with food or not.</p> <p>Review on 12/10/19 of client #5's November 2019 physician orders revealed, "...by mouth every evening with supper *take with food*."</p> <p>During an interview on 12/10/19 the residential services manager revealed client #5's physician orders were not followed as ordered.</p> <p>W 382</p>	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked.</p>	<p>W 368</p> <p>W 382</p> <p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility will keep all drugs and biological locked except when being prepared for administration.</p> <p>All staff will be in-serviced on this standard to ensure compliance initially upon hire and on an annual basis.</p> <p>The facility will monitor on a weekly basis to ensure compliance.</p> <p>Responsible: Persons: RSS, RSM, QP Frequency: Initially, Weekly, and Annually</p>	<p>2-8-20</p>
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WASHINGTON STREET EAST GROUP HOME

407 WEST WASHINGTON STREET
LA GRANGE, NC 28551

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W 382	<p>Continued From page 3</p> <p>The finding is:</p> <p>The medications were left unsecured and unsupervised.</p> <p>During morning medication observations in the home on 12/10/19 at 7:11am, Staff A exited the medication room to get the facility's phone to call the nurse to ask her a question. Further observations revealed the cabinet where the medications are stored was left unlocked.</p> <p>During an interview on 12/10/19, Staff A revealed he had been trained to ensure the cabinet where the medications are located should remain locked.</p> <p>During an interview on 12/10/19, the qualified intellectual disabilities professional (QIDP) revealed staff have been trained to ensure the cabinet where the medications are stored is kept locked when they are not being dispensed.</p>	W 382		2-8-20
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, record review and interviews, the facility failed to ensure client #3's diet was provided as indicated. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #3's food consistency was not provided as indicated.</p>	W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>The facility will ensure that each consumer receives diets as prescribed. The facility will ensure that each consumer's diet is in-serviced and reviewed as deemed necessary.</p> <p>The facility will ensure that staff are able to competently follow dietary recommendations by monitoring on a weekly basis.</p> <p>Responsible Persons: RSS, RSM, and QP</p> <p>Frequency: Initially, Weekly, and as deemed necessary.</p>	

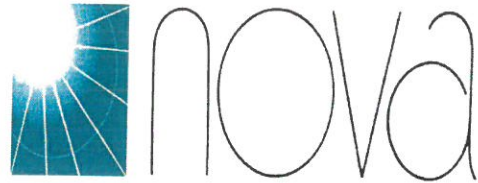
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W 460	<p>Continued From page 4</p> <p>During observations in the home on 12/9/19 at 12:14pm, client #3 was observed to get several slices of apples out of the bowl and place them in his small bowl. The apple pieces were sliced the long way, making each slice approximately 3-4 inches in length. From 12:32pm to 12:40pm, client #3 was observed to eat several apple slices.</p> <p>During observations in the home on 12/9/19 at 7:43am, client #3 was observed to chose a banana as his fruit for breakfast. The banana was cut into three pieces. The residential services manager prompted Staff A to assist client #3 with cutting the banana into smaller pieces. Staff A was observed to cut two of the pieces of banana in half, leaving one piece approximately the size of 1/3 of a whole banana. During the observation, client #3 was observed to eat the pieces of banana mixed in his cheerios. At 7:56am, client #3 was observed to put the largest piece of the banana into his mouth and eat it.</p> <p>Review on 12/9/19 of client #3's individual program plan (IPP) revealed that client #3's diet order is raw fruits and vegetables should be cut into 1/2 inch pieces.</p> <p>Review on 12/10/19 of client #3's record revealed a physician's order dated 11/1/19 through 11/30/19 that states client #3's raw fruits and vegetables should be cut into 1/2 inch pieces. Further review of client #3's record revealed a nutrition evaluation dated 1/9/19 revealed client #3's diet order is raw fruits and vegetables should be cut into 1/2 inch pieces. Client #3's comprehensive functional assessment dated</p>	W 460	2-8-20
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W 460	<p>Continued From page 5</p> <p>1/29/19 states "skills such as cutting foods using a knife require a higher level of assistance."</p> <p>Interview on 12/10/19 with the residential services manager confirmed that client #3's raw fruits and vegetables should be 1/2 of an inch in size. The residential services manager reported that the apple slices should have be cut into smaller, 1/2 inch pieces and the banana could have been cut smaller.</p>	W 460		2-8-20
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BEHAVIORAL HEALTHCARE CORPORATION

.....lighting the way to new beginnings

December 19th, 2019

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

Re: Recertification Survey
Facility: Washington St.
MHL: 054-038

Dear Ms. Eugina Barnes,

We, Nova, IC., truly appreciate you for conducting our annual survey at our Washington Street East Group Home located in Goldsboro, NC. We appreciate your input, patience, and knowledge. We always take surveys as an opportunity to learn, grow, and make improvements for the wellbeing of the population we serve. Thank you for all that you do to ensure efficiency, quality, and growth.

Furthermore, I, Candra Edwards, Program Director, received a copy of the Statement of Deficiencies via e-mail. I have attached the Plan of Correction for Nova, IC.'s Washington Street East Group Home.

Should you have questions, comments, or concerns, please feel free to contact me at your earliest convenience.

Very Respectfully,

A handwritten signature in black ink that reads "Candra Edwards".

Candra Edwards
Program Director, MSW, LCSW-A

Nova, IC.

Thursday, December 19th, 2019



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

December 12, 2019

Candra Hill, Administrator
NOVA
2307 Norwood Avenue
Goldsboro, NC 27534

Re: Recertification Survey December 9 - 10, 2019
Washington Street East Group Home, 407 Washington Street, LaGrange, NC 28551
Provider Number 34G 309
MHL# 054-038
E-mail Address: candrahill@nova-ic.org

Dear Ms. Hill:

Thank you for the cooperation and courtesy extended during the recertification survey completed on December 10, 2019.

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 practices that do 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 **February 8, 2020**.

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.

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***

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.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 12, 2019
Candra Hill, Administrator
NOVA

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

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Eugina Barnes at 919-819-8182.

Sincerely,

Eugina Barnes

Eugina Barnes, BSW, QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: DHSR@Alliancebhc.org
DHSRreports@eastpointe.net
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources
LME/MCO
File