STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G020	A. BUILDING _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUSE'S GROUP HOME	5949 NC 135 STONEVILLE, NC 27048

(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 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 1 sampled client (#14) and 5 of 6 non-sampled clients in group home 3 (#5, #13, #15, #16 and #26) and 1 sampled client (#7) and 5 non-sampled clients in group home 4 (#2, #3, #9, #10 and #12) were provided opportunities for choice and self-management relative to beverage options. The finding is: A. Observations in group home 3 on 9/10/19 at 6:19 AM revealed all clients sitting at the table passing bowls of food items and pitchers, placing the food and beverages on plates and in cups. Further observation revealed clients to have either cereal or oatmeal, scrambled eggs, an English muffin, orange juice (OJ) and water. Continued observation at 6:38 AM revealed client #13 to go to the refrigerator and pour milk in his bowl of cereal (personal preference) then return to his seat continuing to eat. Observation of the breakfast menu for 9/10/19 revealed the meal to consist of: oatmeal, scrambled eggs, an English muffin and beverage options of water, OJ, milk and coffee. At no time were clients #5, #14, #15, #16 or #26 offered milk or coffee. Record review for each client in group home 3 and verified by the qualified intellectual disabilities professional (QIDP) revealed no diet restrictions for consuming milk or coffee.	W 247	Staff will be in-serviced on ensuring choice and self-management are incorporated at every opportunity throughout clients' continuum of care and active treatment programming. Weekly, QIDPS, Associate QIDPS, Lead Staff, Day Program Coordinators and Med Tech will perform observations in the day programs and residential settings to ensure choice and self management opportunities and teachable moments are incorporated throughout each clients' day. Weekly, QIDPS, Associate QIDPS, Med Tech and Day Program Coordinators will perform mealtime assessments to ensure choice and self management opportunities are incorporated during mealtime.	10/25/19 11/06/19 11/01/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Debra R. Rouse	Executive Director	09/28/19

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 247	Continued From page 1 Interview with the QIDP on 9/10/19 revealed all 6 clients in group home 4 should have been offered the opportunity of choice and verified beverage options on the breakfast menu should have been offered to all clients. B. Observation in group home 4 on 9/10/19 at 6:32 AM revealed all clients sitting at the table passing bowls of food items and pitchers, placing the food and beverages on plates and in cups. Further observation revealed clients to have oatmeal with raisins and brown sugar, scrambled eggs, an English muffin, OJ and water. At 6:43 AM client #7 motioned to staff H for something else to drink. Staff H asked client #7 if she meant "coffee?". Client #7 nodded "yes" to indicate coffee was the beverage she was requesting, staff H quickly stated, "We are not having coffee today". Observation of the breakfast menu for 9/10/19 revealed the meal to consist of: oatmeal, scrambled eggs, an English muffin and beverage options of water, OJ, milk and coffee. At no time were clients #5, #7, #14, #15, #16 or #26 offered milk or coffee. Record review for each client in group home 4 and verified by the QIDP revealed no diet restrictions on consuming milk or coffee. Interview with staff H revealed that "half of the pot is usually thrown away after the meal". When asked if any other clients drank coffee, staff H revealed that earlier client #10 had independently prepared and drank a cup of instant coffee prior	W 247		

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W 247	Continued From page 2 to breakfast. At no time were clients #5, #7, #9, #10, #16 and #12 offered milk or coffee. Interview with the QIDP on 9/10/19 revealed staff H should have assisted client #7 in getting a cup of coffee. Further interview with the QIDP revealed all 6 clients in group home 4 should have been offered the opportunity of choice and verified beverage options on the breakfast menu should have been offered to all clients.	W 247		
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 plan. This STANDARD is not met as evidenced by: Based on observations, review of records and interviews the facility failed to ensure objectives listed in the individual program plan (IPP) were implemented as prescribed for 1 of 5 non-sampled clients (#9). The findings are: The facility failed to ensure ambulation guidelines for client #9 were implemented as prescribed. For example:	W 249	QIDP provided retraining of staff H on client's (9) PT Guidelines for Fall Prevention and Safety. Staff was instructed to follow clients' IPPs as written and approved by the interdisciplinary team, including but not limited guidelines, client objectives and other interventions and services as needed. Weekly, QIDPS, Associate QIDPS, Med Tech and Day Program Coordinators will perform observations of client #9 and other RGH clients' objectives to ensure objectives is being implemented as written in the clients' IPP. Medical and QIDP staff will perform re-training of staff in each RGH setting (residential and day program) to ensure all guidelines for clients are implemented as proscribed.	09/10/19 10/31/19 11/04/19

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W 249	Continued From page 3 Observation of client #9 at group home 4 on 9/9/19 at 4:30 PM revealed the client to be sitting in the living room seated at the table, involved in an activity and wearing a lift vest. Throughout the observations client #9 wore her lift vest and ambulated with assist of staff I or staff J without difficulty. Observations of client #9 at group home 4 on 9/10/19 at 6:30 AM revealed her sitting in the living room and was not wearing her lift vest. The lift vest was seen lying on a table in the living room. At 6:33 AM, staff H assisted client #9 to ambulate and sit down at the dining table to eat breakfast. Throughout observations during breakfast and after the meal client #9 at no time was wearing her lift vest and at no time did staff H attempt to place the lift vest on client #9. Record review of client #9's IPP dated 4/10/19 revealed she is 62 years old with diagnosis of cerebral palsy and severe intellectual disability. Client #9 has fall and safety guidelines. Further review revealed an initial physical therapy (PT) evaluation dated 7/30/15 and included an assessment of client #9's gait stating, "due to an unsteady gait and weakness client #9 continues to be at risk for falls". Recommendations revealed client #9 to "continue fall prevention and safety guidelines, revise as needed, ambulate with assistance and order new lift vest and it should be worn at all times except for bathing and sleeping.". Client #9 recently had her annual update meeting on 4/12/19. PT recommended to continue fall prevention and safety guidelines and the current informal program with no changes for using the lift vest. Interview on 9/10/19 at 6:40 AM with staff H	W 249		

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W 249	Continued From page 4 revealed she could not say when client #9 should be wearing her lift vest. Further interview revealed "I wait to put her vest on so she can ambulate with me as independently as possible and not be pulled on". Interview with the qualified intellectual disabilities professional (QIDP) on 9/10/19 revealed client #9 has been wearing the lift vest for several years and initially a formal program was put in place that eventually became an informal program. Further interview revealed client #9 should always be wearing her lift vest unless she is in bed sleeping or bathing and staff have been trained on the program. Continued interview with the QIDP revealed staff H should have put client #9's lift vest on when assisting her with dressing and wear at all times except during bathing or sleeping.	W 249		