

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/27/2020
FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES
OMB NO. 0938-0391

FORM CMS-2567(02-99) Previous Versions Obsolete

Block ID: R0012

Facility ID: 945399

If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G283	(X2) FULL-SCALE CONSTRUCTION A BLDG _____ B WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2020
NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF			STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540	
(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 000	INITIAL COMMENTS A revisit was conducted on 1/24/20 for all previous deficiencies cited on 11/13/19. Two of the deficiencies were recited and no new area of noncompliance was found. The facility remains out of compliance.	W 000	The facility will ensure that updated information is provided to the day program work site- to include but not limited to updated individual program plans (IPP) for all cleints attending Wake Enterprises.	3/20/20
{W 120}	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure outside services met the needs of 2 of 3 audit clients (#1, #6). The finding is: A copy of each client's (#1, #6) current Individual Program Plan (IPP) was not available at the day program work site. Review on 1/24/20 of documents at the day program revealed an IPP for client #6 dated 3/15/17 and an IPP for client #1 dated 6/22/17. Review on 1/24/20 of client #1's record revealed an IPP dated 6/22/19 and client #6's record revealed an IPP dated 10/31/19. Interview on 1/24/20 with the day program supervisor revealed a copy of client #1's and client #6's most current IPP had not been provided by the facility. Interview on 1/24/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the	{W 120}	For Clients #1 and #6, the QP will provide a copy of the updated IPPs. The QP will verify with the Outside day program Supervisor the status of IPP and BSP documents for all applicable clients from the facility. As necessary, the QP will provide updated documents to the outside day program for all clients. The QP will maintain an in-service sheet on file to verify the IPP was delivered and in-service conducted to outside day program site. QP and/or Director will verify quarterly through contact with the outside service the status of current IPP and BSP documents.	3/20/20 3/20/20

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DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *[Signature]* (X6) DATE: *January 31 2020*

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) FULL-SCALE CONSTRUCTION A BLDG _____	(X3) DATE SURVEY COMPLETED D
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		34G283	B WING	01/24/2020		
NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF			STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540			
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{W 120}	<p>Continued From page 1 day program should have current copies of each client's IPP.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(II)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a restrictive Behavior Support Program (BSP) was only conducted with the written informed consent of a legal guardian. This affected 3 of 3 audit clients (#1, #3, #6). The findings are:</p> <p>The restrictive BSP for 3 of 3 clients did not include a current written informed consent.</p> <p>a. Review on 1/24/20 of client #1's record revealed a BSP dated 8/21/19. The BSP addressed aggression, property destruction, self-injurious behavior, severe disruption, inappropriate sexual behavior and threats to harm himself. Additional review of the plan included the use of Latuda and Neurontin. Further review of the record did not include a current written informed consent for the BSP.</p> <p>b. Review on 1/24/20 of client #3's record revealed a BSP dated 9/1/19. The BSP addressed inappropriate sexual behavior and making false allegations/false statements. Additional review of the plan identified the use of Geodon. Further review of the record did not</p>	{W 120}	<p>The facility will ensure that written informed consent is secured for all clients with behavior support plans incorporating the use of psychoactive medications and/or other restrictions. The consent will include reference of risk of treatment and lack of treatment and the right to refuse treatment.</p> <p>For Clients #1, #3 and #6 the QP will secure written informed consent from the guardian on the behavior support plans (BSP) noted.</p> <p>The QP will review all clients' BSPs as applicable to ensure written informed consent to the behavior support plan to include use of psychoactive medications, risk and benefits to treatment and right to refuse treatment.</p> <p>The QP and/or ICF Director will monitor monthly to ensure compliance.</p>	3/20/20		
{W 263}					3/20/20	
						3/20/20

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Client ID: R0011

Facility ID: 945339

If continuation sheet Page 3 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G283	WING A WING B WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 01/24/2020
NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF			STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		
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{W 263}	<p>Continued From page 2 include a written informed consent for the BSP.</p> <p>a. Review on 1/24/20 of client #6's record</p>	{W 263}			

revealed a BSP dated 9/26/19. The BSP addressed aggression, property destruction, inappropriate verbalizations and taking food/beverages. Additional review of the BSP identified the use of Abilify and Kapvay. The record did not include a current written informed consent signed by the guardian.

Interview on 1/24/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current written informed consent had been obtained for clients #1, #3 and #6.



COMMUNITY INNOVATIONS, INC.

www.communityinnovations.com

1100 Holly Springs Road Suite 100- HOLLY SPRINGS, NC 27540

PHONE: (919) 577-6749 FAX: (919) 557-6740

FACSIMILE TRANSMITTAL SHEET

TO: Wilma Worsley-Diggs FROM: Tony Beckwith

COMPANY: Mental Health Licensure DATE: 2.3.2020

FAX NUMBER: (919) 715-8078 TOTAL NO. OF PAGES INCLUDING COVER: 5

PHONE NUMBER: (919) 855-3858

NOTES/COMMENTS:

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THANK YOU.

January 31, 2020

Ms. Wilma Worsley-Diggs, M.Ed., QIDP
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: follow-up survey completed January 24, 2020
Trotters Bluff, 912 Avent Ferry Road
Holly Springs, NC 27540
MHL#092-131, Provider # 34G283

Dear Ms. Worsley-Diggs:

See attached hard copy of the plan of correction (POC) for the Trotters Bluff follow-up survey. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact me directly or Julia Johnson. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

Tonya Beckwith, QP - Community Innovations