

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/13/2020
NAME OF PROVIDER OR SUPPLIER FORSYTH GROUP HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 216 LINVILLE SPRINGS ROAD KERNERSVILLE, NC 27284		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview the person centered plans (PCPs) failed to have sufficient training objectives to address meal preparation and educational/pre-vocational deficits for 2 of 3 sampled clients (#3 and #5). The findings are:</p> <p>A. The PCP dated 7/24/2019 for client #3 failed to include training to address meal preparation deficits. For example:</p> <p>Afternoon observations in the group home on 2/12/2020 from 4:15 PM to 4:50 PM revealed client #3 was seated on a sofa in the living room watching television. During this time, while staff asked him to participate in a ball toss activity, he briefly complied and quickly returned to watching television. Morning observations at the group home on 2/13/2020 from 6:40 AM to 7:20 AM revealed client #3 seated on a sofa in the living room watching television. Further observations revealed at 7:21 AM client #3 briefly participated in a meal prep activity. Then at 7:24 AM client #3 was seated at his dining table place setting awaiting for the breakfast meal to begin.</p> <p>Review of records for client #3 on 2/13/2020 revealed a PCP dated 7/24/2019 with training objectives to include: shampoo hair, guidelines</p>	W 227			

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 227	<p>Continued From page 1</p> <p>for toothbrushing and eating, apply deodorant, put on shirt, identify needed items and a BSP. Further review of client #3's PCP revealed an adaptive behavior inventory (ABI) dated 7/10/2019 which noted client #3 has meal preparation skill deficits which includes setting the table with dishes already selected and preparing a sandwich. In addition, a personal independence need noted on the ABI dated 7/10/2019 identified client #3 has a deficit in selecting leisure activities to occupy free time.</p> <p>Interview on 2/12/2020 with staff A revealed client #3 mostly sits on the sofa in the living room and it is difficult getting him to participate in activities.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) confirmed client #3 did not have sufficient training objectives relative to address meal preparation deficits. Further interview confirmed client #3 could benefit from objectives necessary to meet client #3's meal preparation skill deficits.</p> <p>B. The PCP dated 3/27/2019 for client #5 failed to include training to address educational/pre-vocational deficits. For example:</p> <p>Afternoon observations at the group home on 2/12/2020 from 4:15 PM to 4:45 PM revealed client #5 sat on a sofa in the living room watching television. During this time, a side table of small, multiple pastel colored blocks was placed in front of client #5, he appeared disinterested and continued to watch television. Morning observations at the group home on 2/13/2020 from 6:40 AM to 7:20 AM revealed client #5 sat on a sofa in the living room asleep or watched television. During this 40 minute time frame staff</p>	W 227			

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W 227	Continued From page 2 did not prompt client #5 to participate in any activities. Continued observations revealed client #5 seated at his place setting at the dining table. Review of records for client #5 on 2/13/2020 revealed a PCP dated 3/27/2019 with training objectives to include: put clothes in proper storage, count objects, toothbrushing and eating guidelines, sign work, fold shirts and a BSP. Further review of client #5's PCP revealed an adaptive behavior inventory (ABI) dated 3/13/2019 which noted needs to identify own printed name, print alphabet letters, print his first name and full name. Interview with the qualified intellectual disabilities professional (QIDP) confirmed client #5 did not have sufficient training objectives relative to address educational/pre-vocational deficits. Further interview confirmed client #5 could benefit from objectives necessary to meet his educational/pre-vocational skill deficits.	W 227			
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 and interviews, the facility	W 249			

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W 249	<p>Continued From page 3</p> <p>failed to assure 1 non-sampled client (#6) received a continuous active treatment program consisting of needed interventions and services as identified in the person centered plan (PCP) in the area of adaptive equipment. The finding is:</p> <p>Morning observations on 2/13/2020 of medication administration at 7:57 AM revealed staff E used hand over hand to assist client #6 with punching his pill cards. Further observations revealed staff E crushed client #6's medications which included: Amitiza, Baclofen, Gabapentin, Quetiapine, Zoloft, Vitamin D3 and Fish Oil. Continued observations revealed staff E poured client #3's crushed medications into a medication cup of applesauce. Subsequent observations revealed staff E then spoonfed client #3 his mixture of crushed medications and applesauce with a regular plastic spoon.</p> <p>Interview on 2/13/2020 at 8:12 AM with Staff E revealed client #6 has an adaptive spoon and he can feed himself with his adaptive spoon. Further interview with staff E confirmed client #6 should have been allowed to feed himself his mixture of crushed medications and applesauce. Continued interview revealed due to challenging morning routines and time constraints, they utilize a regular plastic spoon to administer morning medications.</p> <p>Interview on 2/13/2020 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 has an adaptive spoon and he can feed himself. Further interview confirmed client #6 should have been allowed to feed himself the mixture of crushed medications and applesauce with his adaptive spoon.</p>	W 249			

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W 475 W 475	Continued From page 4 MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 1 of 3 sampled clients (#1) was provided with appropriate utensils to enable the client to eat as independently as possible in accordance with their highest functioning level. The finding is : Dinner observations on 2/12/2020 in the group home at 5:10 PM revealed client #1 consuming his regular meal consisting of Hamburger Helper casserole, collard greens and whole toasted sliced bread. Further observations revealed client#1 had a regular fork and spoon during this meal. At no time did staff offer or provide client #4 with a knife. Breakfast observations on 2/13/2020 in the group home at 7:25 AM revealed client #1 consuming his regular meal consisting of scrambled eggs and croissant sandwich rolls. Further observations revealed client #1 had a regular fork during this meal. At no time did staff offer or provide client #1 with a spoon and knife. Review on 2/13/2020 of client #1's record revealed a person centered plan (PCP) dated 6/21/2019. Further review of client #1's PCP revealed an adaptive behavior inventory (ABI) document dated 6/1/2019. Continued review of the ABI revealed client #1 can appropriately use utensils, which includes a knife.	W 475 W 475			

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W 475	Continued From page 5 Interview on 2/13/2020 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 requires no adaptive equipment or a modified diet to eat his meals. Further interview confirmed client #1 can appropriately use all utensils. Continued interview confirmed client #1 should be provided with a place setting consisting of a knife, fork and spoon during all meals.	W 475		