

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/05/2020
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NAME OF PROVIDER OR SUPPLIER LEWIS FORK HOMES I AND II	STREET ADDRESS, CITY, STATE, ZIP CODE 1358 & 1388 LEWIS FORK BAPTIST CHURCH RD FERGUSON, NC 28624
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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 000	INITIAL COMMENTS	W 000		
W 189	<p>Intake #NC00160269</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure each employee was provided with continuing training to enable the effective, efficient and competent performance of job duties for 2 of 6 clients (#2 and #5). The findings is:</p> <p>Observations in Lewis Fork I on 2/5/2020 between 8:15 AM and 8:40 AM revealed client #2 to sleep in his room with the door open. Observation at 8:35 AM revealed client #5 to enter a hallway bathroom, stand directly at the commode and to use the bathroom without turning on the light or closing the door. Continued observation of client #5 revealed the client to exit the bathroom without washing his hands. Subsequent observation revealed client #5 to walk to the kitchen, remove lunch items from the refrigerator and place the items in a cooler.</p> <p>Observation at 8:50 AM revealed client #2 to exit his room and walk to the bathroom. Continued observation revealed client #2 to complete his shower and hygiene routine in the bathroom with staff with the door partially open. Further observation revealed throughout client #2's</p>	W 189	<p>W 189 The QP will in-service all staff on the current training objectives and behavior support plan for each person supported. In addition a chart will be created with updated objectives and behavior support plans for each person supported so each staff not familiar will have access to their programming and identified needs prior to working in the group home. The administrator will in-service staff on any identified areas of concern marked on Interaction Assessment will be addressed at the time seen and by training in-services at the monthly mandatory house meeting to correct any deficiencies. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure that staff are assisting the people we support in following privacy protocol.</p> <p>In the future the QP will ensure all staff are provided initial and continued training that will enable then to perform job duties effectively, efficiently, and with competent performanc.</p>	3-31-20

DHSR - Mental Health

MAR 1 2020

Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Lurray Rominger

Regional Administrator 2/24/20

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.

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

PRINTED: 02/14/2020
FORM APPROVED
OMB NO. 0938-0391

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W 189	<p>Continued From page 1</p> <p>hygiene activities, the bathroom door remained partially open as clients and surveyors walked by.</p> <p>Review of internal documentation on 2/5/2020 revealed interaction assessments completed on 1/21/2020 at 11:00 AM and 11:40 AM. Further review of the 1/21/20 assessments revealed observations that documented staff did not perform skills satisfactorily relative to: creating opportunities to instruct people on their rights such as privacy, the integration of formal objectives from each client's person centered plan, ensuring activities are organized, goal oriented and choices are given and that staff encouraged independence in all activities, asking permission before providing help if needed while providing the least amount of assistance that was required.</p> <p>Interview on 2/5/2020 with staff A revealed that although she had worked in the home before, she was unfamiliar with current programs of clients in the group home. Interview staff C revealed that he was helping out because of shortage of staff in the group home. Staff C also confirmed he had not been trained on current behavioral or active treatment needs of client's in the group home.</p> <p>Interview with the qualified intellectual development professional (QIDP) on 2/5/20 revealed the 1/21/20 observation assessments in the group home had not been followed up on to address identified training needs of staff. Continued interview with the QIDP confirmed the bathroom door for client #2 should have been closed during shower and hygiene activity. The QIDP further confirmed client #5 should have been monitored for privacy with toileting and to ensure handwashing after toileting. Additional</p>	W 189		

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W 189	Continued From page 2 interview with the QIDP verified training on client programs and needs should have been provided to all staff who were new to working in the home.	W 189		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

February 17, 2020

Ms. Luray Rominger, Facility Administrator
RHA Health Services, Inc.
176 Wildcat Road
Deep Gap, NC 28618

DHSR - Mental Health

MAR 1 2020

Lic. & Cert. Section

Re: Complaint Investigation Survey February 5, 2020
Lewis Fork I and II
Provider Number #34G120
MHL# 097-011
E-mail Address: lrominger@rhanet.org
Complaint Intake #NC00160269

Dear Ms. Rominger:

Thank you for the cooperation and courtesy extended during the complaint investigation survey completed on February 5, 2020.

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 practice that does 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 deficiency was cited.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is April 5, 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.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 17, 2020
RHA Health Services, Inc.
L. Rominger

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 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

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2664.

Sincerely,



Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
dhhs@vayahealth.com
_DHSR_Letters@sandhillscenter.org