

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

PRINTED: 02/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2020
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NAME OF PROVIDER OR SUPPLIER CHANDLER ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 342 CHANDLER ROAD DURHAM, NC 27707
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E 004	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.</p> <p>The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.</p>	E 004	<p>The unit Safety Chairperson or the designee will train all staff on the home specific Emergency Plan. The Communication Plan will include updated names and contact information for staff, patients, volunteers, patient physicians and other facilities. Training will be monitoring by the Administrator and Safety Chairperson to ensure staff are trained on Emergency plan when hired and on a yearly basis as Emergency plans change. In the future the Administrator will ensure the Emergency Preparedness Plan is reviewed and updated annually.</p>	4/25/20
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RECEIVED
MAR 10 2020
DHSR-MH Licensure Sect

Thomas J. [Signature] Administrator 03/09/20
TITLE (X6) DATE

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

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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E 004	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Preparedness (EP) plan was reviewed and updated at least annually. The finding is:</p> <p>The facility's EP plan was not reviewed or updated annually.</p> <p>Review on 2/25/20 of the facility's EP plan revealed no date was on the plan. Additional review of the plan did not include evidence of an annual review or update.</p> <p>Interview on 2/26/20 with the Qualified Intellectual Disabilities Professional (QIDP) revealed facility administrators are responsible for reviewing and/or updating the EP plan and he was not aware if the EP plan had been reviewed or updated over the past year.</p>	E 004		
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 observations, record review and interviews, the facility failed to ensure client #3's Individual Program Plan (IPP) included objectives to address his needs. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #3's IPP did not include objectives to</p>	W 227		

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W 227	<p>Continued From page 2 address his rate of eating needs.</p> <p>During dinner observations in the home on 2/25/20 at 5:12pm, client #3 consumed his food quickly while placing large amounts of food on his spoon. A staff seated next to him filled his cup with approximately a half cup of liquid at a time. The client drank very quickly at the meal. Throughout the meal, client #3 was prompted to "Slow down", "Take your time" and "Chew your food". The staff periodically tapped their finger on the table near the client's plate while stating, "Spoon, Spoon." Client #3 dropped his spoon twice but later ignored the prompts and continued to eat and drink at a rapid pace.</p> <p>During breakfast observations in the home on 2/26/20 at 8:20am, client #3 consumed his food quickly while placing large amounts of food on his spoon. His cup was filled with liquid and no staff sat next to him at the meal. The client did not receive any prompts to slow his rate of eating or drinking.</p> <p>Interview on 2/26/20 with Staff E revealed client #3 has a "tendency to eat fast" at meals and they give him verbal prompts to slow down.</p> <p>Review on 2/26/20 of client #3's IPP dated 3/5/19 revealed he receives a regular ground consistency diet "due to high risk of choking". The plan indicated, "Staff is encouraged to help [Client #3] slow down when eating with verbal prompts. [Client #3] also has a fork resting program to help slow down his rate." Additional review of the IPP revealed the client had completed an objective to eat at a moderate rate 80% of the time for 2 consecutive review periods on 4/8/18. Further review of the plan did not</p>	W 227	<p>The team will hold a team meeting to discuss client#3 needs regarding eating. The Habilitation Specialist will in-service staff on results of team meeting. The QP will revise the PCP to reflect the result of the the meeting. The clinical team will monitor to ensure client #3 needs are implemented through Meal-time Assessment completed 2 times per week for 1 month and then on a routine basis. In the future the QP will ensure the PCP contains stated specific objectives to meet client needs.</p>	4/25/20

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W 227	Continued From page 3 include a current objective to address client #3's rate of eating needs.	W 227		
W 240	<p>Interview on 2/26/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) confirmed client #3 had completed the rate of eating objective almost a year ago; however, no objective had been put in place since then even though client #3 continues to have needs in this area.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2's Individual Program Plan (IPP) included specific information to support his independence. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #2's IPP did not include specific instructions to support his ability to process his food to the appropriate consistency.</p> <p>During meal preparation observations in the home on 2/25/20 and 2/26/20, client #2's food was processed to a pureed consistency using a small food chopper. Client #2 was not involved with processing his food during any of these observations.</p> <p>Interview on 2/26/20 with Staff A revealed client #2 will "sometimes" operate the food chopper to</p>	W 240	<p>The team will hold a team meeting to discuss client#2 needs regarding food preparation. The Habilitation Specialist will in-service staff on results of team meeting. The QP will revise the PCP to reflect the result of the the meeting. The clinical team will monitor to ensure client #2 needs are implemented through Meal-time Assessment completed 2 times per week for 1 month and then on a routine basis. In the future the QP will ensure the PCP contains stated specific objectives to meet client needs.</p>	4/25/20

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W 240	Continued From page 4 assist with processing his food. Review on 2/25/20 of client #2's IPP dated 9/18/19 revealed he consumes a pureed food consistency. Additional review of the plan did not include specific information regarding the client's ability to assist with processing his food. Interview on 2/26/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #2 can assist with processing his food by pressing the button on the device. Additional interview confirmed the client's IPP does not include specific information regarding his abilities in this area.	W 240		
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, record reviews and interviews, the facility failed to ensure 3 of 3 audit clients (#2, #3, #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of food preparation, family style dining, adaptive equipment use and program implementation.	W 249	A.The Habilitation Specialist will in-service staff on all clients ABI and strengthes/needs revelant to meal preparation and family style dining. The Clinical Team will complete 2 Meal Time Assessment per week for 1 month to ensure staff are encouraging independence and participating in meal preparation and family style dining. In the future the QP will ensure staff are trained to provide active treatment and encourage independence.	4/25/20

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W 249	<p>Continued From page 5</p> <p>The findings are:</p> <p>A. Clients were not involved with food preparation.</p> <p>During dinner preparation observations in the home on 2/25/20, all food items (i.e. green beans, frozen beef patties, instant mashed potatoes) were prepared by Staff B. With the exception of client #2 and another client briefly stirring in a pot on the stove, clients were not prompted or assisted to perform any cooking tasks.</p> <p>During breakfast preparation observations in the home on 2/26/20, all food items (i.e. oatmeal, scrambled eggs, toast) were prepared by Staff A. Clients were not prompted or assisted to perform any cooking tasks.</p> <p>Interview on 2/26/20 with Staff A revealed clients will "sometimes" assist with tasks in the kitchen but will often refuse.</p> <p>Review on 2/26/20 of client #2's Adaptive Behavior Inventory (ABI) dated 8/30/19 revealed cannot independently prepare beverages, frozen foods, canned foods, vegetables, meat dishes, combination dishes, salads and sandwiches. The ABI identified needs in the area of meal preparation.</p> <p>Interview on 2/26/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) confirmed all of the clients should be assisting with meal preparation tasks and staff should be prompting them to do so.</p> <p>B. Clients were not involved with all aspects of family style dining.</p>	W 249	<p>A. The QP will in-service all staff on active treatment in the home setting. Home Manager will ensure a schedule of activities and chores are provided in the home which promotes individuals skills and interest. Monitoring will be through 2 interactions assessments in the home per week for the next month by the clinical staff and then on a routine basis. In the future, the Interdisciplinary team will ensure active treatment is occurring in the home setting.</p>	4/25/19

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W 249	<p>Continued From page 6</p> <p>During breakfast observations in the home on 2/26/20 at 8:20am, client #3's food was placed on his plate for him without any prompts to serve himself. The client was not prompted to pass serving bowls or platters at the meal. At the meal client #2's eggs were pureed and placed in a dish for him and his first serving of oatmeal was also served to him without his assistance.</p> <p>Interview on 2/26/20 with Staff A revealed clients "sometimes" assist with family style dining in the morning and all of the clients can participate.</p> <p>Review on 2/26/20 of client #3's ABI dated 2/22/19 revealed he can independently serve himself from a bowl/platter and pass bowls/platters.</p> <p>Review on 2/26/20 of client #2's ABI dated 8/30/19 indicated he can independently serve himself from a bowl/platter and pass bowls/platters at meals.</p> <p>Interview on 2/26/20 with the QIDP confirmed clients should be involved with family style dining tasks at meals.</p> <p>C. Client #4's Behavior Support Plan (BSP) was not implemented as written.</p> <p>During evening observations in the home on 2/26/20 from 3:30pm - 5:10pm, client #4 slept on a recliner in the living room of the home. During this time, various staff provided sporadic verbal prompts to wake up or go to his bedroom. The client ignored the prompts and continued to sleep on the recliner.</p>	W 249	<p>B.The Habilitation Specialist will in-service staff on all clients ABI and strengthes/needs revelant to meal preparation and family style dining. The Clinical Team will complete 2 Meal Time Assessment per week for 1 month to ensure staff are encouraging independence and participating in meal preparation and family style dining. In the future the QP will ensure staff are trained to provide active treatment and encourage independence.</p> <p>C.The Behavioral Analyst will ensure the current BSP for client #4 and all other individuals are provided for all settings. The Behavioral Analyst will ensure staff are inservice/trained on the most current BSP and the implementation. BSP monitoring will take place through Interaction Assessments completed by the Clinical Team at least 2 times per week for the next 30 days and then on a routine basis. In the future the Qualified Professional will ensure staff are trained and implement PCP as prescribed.</p>	<p>4/25/20</p> <p>4/25/20</p>

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W 249	Continued From page 8 adaptive dining equipment. Review on 2/25/20 of client #4's IPP dated 12/19/19 revealed he utilizes a divided plate at meals. Interview on 2/6/20 with the QIDP and HM revealed they were not aware of any adaptive dining equipment for client #4.	W 249			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive Behavior Support Plans (BSP) for 1 of 3 audit clients (#3) was only conducted with the written informed consent of the legal guardian. The findings are: Client #3's BSP did not include written informed consent from the guardian. Review on 2/25/20 of client #3's BSP dated 11/30/18 revealed an objective refrain from taking food, elopement, pica and rectal digging for a period of 3 consecutive months. The plan identified the use of Luvox, Haldol, Amantadine, Naltrexone and Risperdal. Further review of the record included a consent for the BSP signed on 12/22/18. The plan also noted, "I understand that my consent is valid for one year unless withdrawn sooner." The record did not include a current	W 263	The QP will obtain all consents with all necessary guardian, signatures and dates for client #3. The Clinical Team will monitor to ensure all proper signatures are on each consent through regular Peer Chart Reviews conducted at least quarterly and QP quarterly review. In the future the Qualified Professional will ensure that all restrictive BSP have written informed consent.	4/25/20	

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W 263	Continued From page 9 written informed consent for the BSP from client #3's guardian.	W 263		
W 288	<p>Interview on 2/26/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed a current written informed consent had not been obtained from client #3's guardian.</p> <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 record review and interview, the facility failed to ensure a technique to manage client #4's inappropriate behavior was included in an active treatment program. This affected 1 of 3 audit clients. The finding is:</p> <p>A medication to address client #4's insomnia was not included in a formal active treatment program.</p> <p>Review on 2/25/20 of client #4's physician's orders dated 1/7/20 identified the orders for Naltrexone, Zyprexa, Trazadone, Atarax, Halcion, Alprazolam, Vistaril and Melatonin.</p> <p>Review on 2/25/20 of client #4's Behavior Support Plan (BSP) (revised 10/7/19) revealed objectives to refrain from exhibiting property damage and SIB for a period of 6 consecutive months and to get an average of 8 hours of sleep per month through 10/1/20. Additional review of the BSP identified the use of Naltrexone, Zyprexa,</p>	W 288	<p>The Psychologist will ensure all restrictive drugs are incorporate into all individuals behavioral support plans, including client #4. The Interdisciplinary team will monitor behavior support plans through quarterly chart reviews and annual PCP meetings to ensure we are in compliance. The QP will ensure in the future all behavioral intervention are reflected in a BSP, including current restrictive interventions.</p>	4/25/20

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W 288	Continued From page 10 Trazadone, Atarax, Halcion, Alprazolam and Vistaril to address inappropriate behaviors, sleep behaviors and to conduct medical exams/treatments. The BSP did not identify the use of Melatonin to address client #4's insomnia.	W 288		
W 460	Interview on 2/26/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 ingests Melatonin to address insomnia and the medication should be included in his BSP. FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure client #2's diet consistency was followed as indicated. This affected 1 of 3 audit clients. The finding is: Client #2's diet consistency was not provided as indicated. During breakfast observations in the home on 2/26/20 at 8:20am, client #2 consumed two servings of oatmeal and a serving of scrambled eggs. The eggs were pureed in a food chopper and were smooth and moist. The oatmeal was not pureed in the food chopper and was thick and dry with visible lumps. Interview on 2/26/20 with Staff A revealed client #2's food is served pureed and all food items should be "smooth".	W 460	The QP will inservice staff on the client #2 diet consistency and ensure they're implemented during mealtimes. Monitoring will take place through Mealtime Assessments completed at least 2 times per week for the next 30 days by the Clinical Team and then on a routine basis to ensure diet consistency are follow. In the future, the team will ensure staff are properly trained on implementing diet consistency.	4/25/20

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W 460	Continued From page 11 Review on 2/25/20 of client #2's Individual Program Plan (IPP) dated 9/18/19 revealed the client consumes a pureed diet. Interview on 2/26/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) confirmed client #2 receives a pureed food consistency which means all of his food should be smooth and like "baby food". Additional interview confirmed client #2's oatmeal should have been pureed prior to serving.	W 460			



RHA Health Services, LLC
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FAX TRANSMISSION

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

To:	<i>Ms Wilma Diggs</i>	Fax:	<i>919 715-4078</i>	
From:	<i>Perry G. Kinnear</i>	Date:	<i>3/9/20</i>	
Re:	<i>Plan of correction</i>	Pages:	(Including Cover)	
CC:			<i>13</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent	For Review	As Requested	Please Reply	Please Recycle

Additional Comments: _____

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