

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

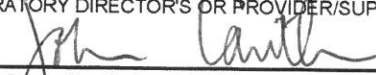
PRINTED: 02/24/2020
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G237 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/19/2020 |
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| NAME OF PROVIDER OR SUPPLIER PINEBROOK GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791 |
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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 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 vocational deficits for 3 of 3 sampled clients (#2, #3 and #6). The findings are:</p> <p>A. The PCP dated 9/5/19 for client #2 failed to include training to address vocational deficits in community integration. For example:</p> <p>Observation at the vocational program on 2/18/20 revealed client #2 to not be present at the site due to a vocational schedule that identified the client to be scheduled for community volunteer work. Observation in the group home on 2/19/20 revealed client #2 to complete a morning routine and prepare for scheduled community volunteer work at meals on wheels.</p> <p>Review of records for client #2 on 2/19/20 revealed a PCP dated 9/5/19 with training objectives to address beverage preparation, oral hygiene, dry hands, dinning and a vocational objective to attend to task. Continued review of client #2's vocational objective revealed the client will attend to a task for a 5 minute period with 80% accuracy for 3 consecutive review periods. Additional review of client #2's vocational objective revealed materials for the objective to</p> | W 227 | <p>A Team Meeting will be held to discuss the client #2, #3, and #6 vocational deficits in community integration. The Habilitation Specialist will in-service the staff on the results of the Team meeting. The Qualified Professional will revise the PCP to include results of the Team Meeting. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure clients are provided opportunity for training in vocational skills in the community. In the future the Qualified Professional will ensure the PCP contains objectives to meet client's needs.</p> | 4-19-20 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE Administrator | (X6) DATE 3/2/20 |
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that certain 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 include activities in the classroom.</p> <p>A review of a vocational center census revealed over a three month time period client #2 attended the vocational site a total of 13 days. Further review of the vocational center census revealed client #2's attendance at the vocational site to indicate in 12/2019: 4 days, 1/2020:4 days, and 2/2020: 3 days (as of the current survey date).</p> <p>Interview with the facility administrator on 2/18/20 revealed client #2 was not at the vocational site on the current survey date as the client was in the community conducting community integration activity through volunteer work. Interview with the facility home manger on 2/19/20 verified client #2 would be participating in community integration on the current survey date with volunteer work at meals on wheels. Interview with the qualified intellectual disabilities professional (QIDP) verified client #2 participates multiple days a week in the community in various community activities and volunteer opportunities. Subsequent interview with the QIDP confirmed client #2 did not have a current training objective relative to addressing vocational deficits with community integration.</p> <p>B. The PCP dated 5/31/19 for client #3 failed to include training to address vocational deficits in community integration. For example:</p> <p>Observation at the vocational program on 2/18/20 revealed client #2 to not be present at the site due to a vocational schedule that identified the client to be scheduled for community volunteer work. Observation in the group home on 2/19/20</p> | W 227 | | |

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| W 227 | <p>Continued From page 2</p> <p>revealed client #3 to complete a morning routine and prepare for scheduled community volunteer work at meals on wheels.</p> <p>Review of the record for client #3 on 2/19/20 revealed a PCP dated 5/31/19 with training objectives to address bathing, dressing, packing a lunch and a vocational objective to attend to a work task. Continued review of client #3's vocational objective revealed the client will attend to a task for up to a 15 minute period with 80% accuracy for 3 consecutive review periods. Additional review of client #3's vocational objective revealed documentation for the objective to include activities in the classroom.</p> <p>A review of vocational center census revealed over a three month time period client #3 attended the vocational site a total of 13 days. Further review of the vocational center census revealed client #3's attendance at the vocational site to indicate in 12/2019: 3 days, 1/2020: 5 days, and 2/2020: 5 days (as of the current survey date).</p> <p>Interview with the facility administrator on 2/18/20 revealed client #3 was not at the vocational site on the current survey date as the client was in the community conducting community integration activity through volunteer work. Interview with the facility home manger on 2/19/20 verified client #3 would be participating in community integration on the current survey date with volunteer work at meals on wheels. Interview with the qualified intellectual disabilities professional (QIDP) verified client #3 participates multiple days a week in the community in various community activities and volunteer opportunities. Subsequent interview with the QIDP confirmed client #3 did not have a current training objective</p> | W 227 | | |
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| W 227 | <p>Continued From page 3 relative to addressing vocational deficits with community integration.</p> <p>C. The PCP dated 7/3/19 for client #6 failed to include training to address vocational deficits in community integration. For example:</p> <p>Observation at the vocational program on 2/18/20 revealed client #6 to not be present at the site due to a vocational schedule that identified the client to be scheduled for community volunteer work. Observation in the group home on 2/19/20 revealed client #6 to complete a morning routine and prepare for scheduled community volunteer work at meals on wheels.</p> <p>Review of the record for client #6 on 2/19/20 revealed a PCP dated 7/3/19 with training objectives to address communication, grooming, exercise, and a vocational objective to sort objects. Continued review of client #6's vocational objective revealed a program for client #6 to sort 5 different objects by shape into the correct slot with 80% accuracy for two progress periods. Additional review of client #6's vocational objective revealed documentation for the objective to be completed in the classroom and at the group home.</p> <p>A review of vocational center census revealed over a three month time period client #6 attended the vocational site a total of 3 days. Further review of the vocational center census revealed client #6's attendance at the vocational site to indicate in 12/2019: 0 days, 1/2020: 2 days, and 2/2020: 1 day (as of the current survey date).</p> <p>Interview with the facility administrator on 2/18/20 revealed client #6 was not at the vocational site</p> | W 227 | | | |

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| W 227 | Continued From page 4 on the current survey date as the client was in the community conducting community integration activity through volunteer work. Interview with the facility home manger on 2/19/20 verified client #6 would be participating in community integration on the current survey date with volunteer work at meals on wheels. Interview with the qualified intellectual disabilities professional (QIDP) verified client #6 participates multiple days a week in the community in various community activities and volunteer opportunities. Subsequent interview with the QIDP confirmed client #6 did not have a current training objective relative to addressing vocational deficits with community integration. | W 227 | | |
| 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 5 of 6 sampled clients (#1,#2, #3, #4, and #5) were provided opportunities for choice and self management relative to meal preparation. The findings are: Observations in the group home on 2/18/20 from 4:17 PM through 5:10 PM revealed the home manager to rinse and put dishes and cooking utensils into the dishwasher as well as getting serving bowls from a cabinet. The home manager was also observed processing hamburger patties, peas and potatoes in a food processor. Further observation during this time period revealed Staff B in the kitchen area | W 247 | The Qualified Professional will in-service staff on client choice and self-management relevant to meal preparation and family style dinning. The Habilitation Specialist will in-service staff on formal training objectives relevant to meal preparation, client's skill level per the ABI, and encouraging independence during meal preparation. The clinical team will monitor through Meal Time Assessments two times a week for one month and then on a routine basis to ensure staff are providing choices, encouraging independence and implementing training objective relevant to meal preparation. In the future the Qualified Professional will ensure staff are trained to implement prescribed objectives identified in the Person Centered Plan and to provide opportunities for choice and self-management. | 4-19-20 |

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| W 247 | <p>Continued From page 5</p> <p>pouring gravy mix into water, opening cans of sliced apples and pouring them into a bowl and throwing the cans into the trash. Staff B was also observed to stir items on the stove and to pour water into a pot to put on the stove, as well as taking butter to and from the refrigerator. Client's #3 and #5 were observed in the kitchen for a significant period during this time frame. The only client assistance observed during the dinner meal preparation included client #6 stirring gravy mix and water for approximately 30 seconds, and client #5 stirring a lemonade mix for approximately 10 seconds.</p> <p>Continued observations on 2/19/20 from 6:45 AM through 7:50 AM revealed client #5 to choose a breakfast drink packet from the pantry and assist with stirring it into milk. Client #2 was observed stirring cream of wheat with hand over hand assistance. Client #6 was also observed stirring cream of wheat while in the kitchen area. Further observation in the kitchen during this period revealed client's #2 and #4 to assist with modifying sausage links by pushing a button on a food processor.</p> <p>Review of the record for client #1 on 2/19/20 revealed a person centered plan (PCP) dated 5/7/19. Review of the PCP revealed the plan to indicate the client enjoys staying busy and "will help with almost anything". Continued review of the PCP revealed the plan to include an adaptive behavior inventory (ABI) dated 5/29/19 which indicated client #1 is totally independent preparing salads, cooking food in the microwave and the oven, and preparing a dinner meal.</p> <p>Review of the record for client #2 on 2/19/20 revealed a PCP dated 9/5/19. Review of the PCP</p> | W 247 | | |

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| W 247 | <p>Continued From page 6</p> <p>revealed the plan to include an ABI dated 5/28/19 which indicated client #2 is partially independent with preparing breakfast, lunch and supper meals.</p> <p>Review of the record for client #3 on 2/19/20 revealed a PCP dated 5/31/19. Review of the PCP revealed the plan to include an ABI dated 4/5/19 which indicated the client is totally independent with preparing beverages, preparing food in a microwave and oven and preparing a supper meal.</p> <p>Review of the record for client #4 on 2/19/20 revealed a PCP dated 9/20/19. Review of the PCP revealed the plan to include an ABI dated 9/19/19 which indicated the client is partially independent with preparing a sandwich.</p> <p>Review of the record for client #5 on 2/19/20 revealed a PCP dated 1/3/20. Review of the PCP revealed the plan to include an ABI dated 6/13/29 which indicated the client is partially independent with preparing breakfast, lunch and supper meals.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/19/20 confirmed that client's #1, #2, #3, #4 and #5 are all capable of assisting with meal preparation at some level and indicated group home staff should have prompted the clients to assist with meal preparation during the supper meal on 2/18/20. Therefore, facility staff failed to assure opportunities for client choice and self-management related to meal preparation.</p> | W 247 | | | |
| W 249 | PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) | W 249 | | | |

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| W 249 | Continued From page 7 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 review and interview, the facility failed to ensure an objective listed in the person centered plan (PCP) related to meal preparation was implemented as prescribed for 1 of 3 sampled clients (#2). The finding is: Observations in the group home on 2/18/20 at 4:38 PM revealed staff C to prepare a pitcher of powdered lemonade. Staff C was observed to prompt client #5 to assist with stirring the lemonade in the pitcher and the client did for approximately 10 seconds. No other clients assisted or were prompted to assist. Client #2 was observed sitting at the dining table adjacent to the kitchen at this time. Review of the record for client #2 on 2/19/20 revealed a PCP dated 9/5/19. Review of client #2's PCP included a current objective for the client to participate in stirring a beverage mix during the dinner meal preparation. Review of the objective revealed instructions to staff included prompting client #2 to the kitchen to stir, where he was to be provided with a mixing spoon to help stir. | W 249 | Cross referenced with W247. | 4-19-20 | |

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| W 249 | Continued From page 8 | W 249 | | | |
| W 288 | <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/19/20 confirmed the meal preparation objective for client #2 was current. The QIDP confirmed the objective should have been implemented during the dinner meal preparation as prescribed on 2/18/20 to support the achievement of the objective.</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 observation, record review and interview, the facility failed to assure techniques used to manage inappropriate behavior for 1 of 6 clients (#5), were not used as a substitute for an active treatment program. The finding is:</p> <p>Observation in the group home on 2/18/20 revealed a bell attached to the refrigerator door in the kitchen. Additional observation revealed the bell to remain attached to the refrigerator door throughout survey observations on 2/18/20. Observation in the group home on 2/19/20 revealed the bell to have been removed from the refrigerator door.</p> <p>Interview with staff A on 2/18/20 revealed the bell on the refrigerator door was used to monitor client #5 with seeking drinks. Continued interview with staff A revealed the bell had been on the refrigerator since she had started working in the</p> | W 288 | <p>The Behavior Analyst will in-service staff on client #5 Behavior Support Plan and appropriate interventions to address food seeking behavior. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure staff are implementing Behavior Support Plans as prescribed and using only approved techniques to manage client behaviors. In the future the Qualified Professional will ensure staff are trained to only use approved techniques to manage client behaviors.</p> | 4-19-20 | |

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| W 288 | Continued From page 9 facility. Review of records for client #5 on 2/19/20 revealed a diagnosis that included autistic disorder and obsessive compulsive disorder. Continued record review revealed a behavior support plan (BSP) dated 2/1/19. Review of the BSP revealed rules of interaction to include client #5 should be monitored when around food to ensure appropriate quantity and quality. Further review of the BSP revealed an addendum dated 11/18/19 that stated staff will provide increased supervision when client #5 goes toward the refrigerator and when using liquid condiments to provide teaching and blocking as needed to ensure appropriate use. Interview with the facility qualified intellectual disabilities professional (QIDP) on 2/19/20 verified client#5 should be supervised and monitored by staff only. The QIDP further verified using a bell to monitor client #5 in the kitchen was not an approved intervention in the behavior plan of the client. | W 288 | | | |
| W 436 | SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and | W 436 | | | |

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| W 436 | <p>Continued From page 10</p> <p>interview, the facility failed to furnish a hearing aide as needed by the client for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observation of client #1 throughout the 2/18-19/20 survey revealed the client to request staff to repeat verbal directions, prompts and statements. Continued observation of client #1 throughout the 2/18-19/20 survey revealed client #1 to converse with staff and surveyors with turning his head slightly towards a conversation as if to favor the auditory ability of one ear.</p> <p>Review of records for client #1 on 2/19/20 revealed a person centered plan (PCP) dated 5/7/19. Continued review of records for client #1 revealed a auditory consult dated 7/9/19. Review of the 7/2019 auditory consult revealed a severe to profound hearing loss of the right ear. Further review of the 7/2019 consult revealed the recommendation for a CROS/BICROS hearing aid as ideal for client #1 if hearing aids are pursued.</p> <p>Interview with client #1 on 2/19/20 revealed the client to indicate he did not have a hearing aid. Interview with the facility home manager on 2/19/20 revealed client #1 did not have a hearing aid and she had not been provided any information about client #1's hearing aid needs. Interview with the facility nurse on 2/19/20 revealed client #1 did not currently have a hearing aid as the client had failed to tolerate hearing devices in the past. Further interview with the facility nurse verified the recommendation of the 7/2019 audiology consult had not been pursued due to the expense of the device and client history of improper care. The facility nurse additionally verified the recommended hearing</p> | W 436 | <p>The Regional Director will in-service the team on ensuring they follow prescribed orders and provide clients with needed adaptive equipment. A Team Meeting will be held to discuss the recommendation for Client #1 hearing aid and its implementation. The Qualified Professional will monitor through Quarterly QP reviews and Core Team Meeting to ensure prescribed orders are followed and adaptive equipment is provided as needed. In the future the Qualified Professional will ensure any identified adaptive equipment prescribed for clients is provided.</p> | 4-19-20 | |

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

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FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G237 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/19/2020 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER PINEBROOK GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791 | | |
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| W 436 | Continued From page 11 device in the 7/2019 audiology consult had not been furnished to the client and it was unknown if the client would tolerate the device. | W 436 | | | |