

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

PRINTED: 01/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2020
NAME OF PROVIDER OR SUPPLIER MONROE ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 7621 MONROE ROAD CHARLOTTE, NC 28212	
(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 review of records and interview, the team failed to ensure the individual habilitation plan (IHP) for 1 of 3 sampled clients (#5) included objective training to address needs relative to behavior management. The finding is:</p> <p>Observations in the group home on 1/8/20 revealed client #5 to be verbally prompted at various times throughout the morning to complete morning tasks and hygiene activities. Continued observations revealed client #5 to refuse initial verbal prompts by staff multiple times and then to follow through with staff requests (make bed, choose/participate in leisure activity, shower and pack lunch). Observation at 8:05 AM revealed client #5 to be verbally prompted by staff A to put on her coat in preparation of leaving the group home. Client #5 was observed to take the coat of client #4 and put it on. Continued observation revealed staff A to redirect client #5 to put on her own coat to which the client refused. After multiple efforts to redirect client #5, staff A provided client #5's coat to client #4 and all clients left the group home. Observation on the facility van at 8:20 AM revealed client #5 to sit on the van with the lap belt of her seatbelt on and the shoulder strap behind her back. Staff B was observed to prompt client #5 to put her shoulder strap on correctly to which the client refused.</p>	W 227	<p><i>DHSR - Mental Health</i></p> <p><i>MAR 10 2020</i></p> <p><i>Lic. & Cert. Section</i></p> <p>W 227</p> <p>RHA Health Services will ensure all individuals supported (as needed) will have Behavior Support Plans (BSPs) in place to address behaviors which can affect themselves and their peers' health and safety. Client #5 now has a new BSP to address her identified target behaviors. The IDT members will monitor and document behaviors displayed as they occur and will review monthly with the Psychologist and other IDT members. All Behavior Support Plans continue to be monitored monthly and adjusted as needed to best support the individuals' needs.</p> <p><i>DHSR - Mental Health</i></p> <p><i>MAR 10 2020</i></p> <p><i>Lic. & Cert. Section</i></p>	1/9/2020

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

TITLE

(X6) DATE

Regional Administrator

1/21/2020

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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W 227	Continued From page 1 Review of records for client #5 on 1/8/20 revealed an IHP dated 10/4/19 with current objectives relative to exercise, laundry, set table and community integration. Further review of records for client #5 revealed no behavior support plan or guidelines to address refusal or non-compliance behavior. Additional review of the 10/2019 IHP revealed client #5 is able to sit in a seat on the van and buckle/unbuckle the seat belt. Interview with staff B on 1/8/20 revealed client #5 will at times wear other client's clothing especially if it has a hood. Staff B further indicated sometimes client #5 can be redirected to wear her own clothing if she is presented with something that she likes or prefers. Additional interview with staff B revealed it has been an ongoing, everyday issue for client #5 to refuse to wear her seat belt correctly, placing the shoulder strap behind her back. Interview with the Habilitation specialist and facility qualified intellectual disabilities professional (QIDP) verified client #5 has recently had an increase in refusal behavior. Further interview with the habilitation specialist and QIDP verified client #5 should have formal training to address the increase in non-compliance behavior.	W 227	W 227 RHA Health Services will ensure Client #5 has a program developed to address non-compliance with properly wearing a seatbelt to ensure her ongoing health and safety. The program will be monitored monthly by the Habilitation Specialist and QP. The IDT members will ensure the program is modified as needed to best support the individual.	1/9/2020	
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility	W 382			

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W 382	<p>Continued From page 2</p> <p>failed to assure all drugs and biologicals were kept locked except when being prepared for administration. The finding is:</p> <p>Observation in the group home on 1/8/20 at 6:15 AM revealed the facility home manager (HM) to knock and enter the bedroom of client #2 with the group home medication cart. The HM was observed to unlock the medication cart and take out medications. After reviewing medications the HM indicated she needed to call the facility nurse as she had a question about client #2's medications. Continued observation revealed the HM to leave client #2's medications on top of the medication cart and to exit client #2's room to get the phone for the group home. It should be noted the surveyor at this time exited the clients room with the HM and observed client #2's door to remain partially open while the HM went up the hallway of the group home, entered another clients room looking for the group home phone and then returned to client #2's room.</p> <p>Interview with the HM on 1/8/20 revealed medications should never be left unlocked or left out unattended. Further interview with the HM revealed she should never have left medications out in client #2's room while going to get the phone. The HM further reported she forgot and lost focus while trying to ensure she was giving client #2 the proper medications. Interview with the facility nurse and qualified intellectual disabilities professional further verified medications should not have been left unlocked or unattended at anytime.</p>	W 382	<p>W 382</p> <p>RHA Health Services will ensure all direct support staff and supervisors are in-serviced on proper medication storage procedures to ensure all medications are locked and properly secured. The Home Manager will be re-trained by the QP on the correct medication storage procedures. This process will be monitored monthly by the QP, LPN and/or Habilitation Specialist to ensure the Home Manager is following the correct Medication Administration procedures. The Medication Observation Assessment will continue to be reviewed monthly by the CQI Committee.</p>	3/8/2020	

January 21, 2020

Ms. Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
952 Old US Highway 70
Black Mountain, NC 28711-4501

RE: MHL-060-222 Monroe Road

Dear Ms. Mitchell:

Please see the enclosed Plan of Correction (POC) for the deficiencies cited at the Monroe Road Group Home during your annual survey visit on 1/8/2020. We have implemented the POC and invite you to return to the facility on or around 3/8/2020 to review our POC items.

Please contact me with any further issues or concerns regarding the Monroe Road Group Home (MHL-060-222).

Sincerely,



Katherine Benton
Regional Administrator
RHA Health Services, LLC
kbenton@rhanet.org

DHSR - Mental Health

MAR 10 2020

Lic. & Cert. Section



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 21, 2020

Katherine Benton, Administrator
RHA Health Services, Inc.
195 Ervin Woods Drive
Kannapolis, NC 28081

DHSR - Mental Health

MAR 10 2020

Lic. & Cert. Section

Re: Recertification Completed January 8, 2020
Monroe Road
Provider Number# 34G303
MHL# 060-222
E-mail Address: kbenton@rhanet.org

Dear Ms. Benton:

Thank you for the cooperation and courtesy extended during the recertification survey completed January 8, 2020. This survey was required for continued participation in the Medicaid program.

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 practices that do 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 deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is March 8, 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

January 21, 2020
RHA Health Services, Inc.
Ms. Katherine Benton

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