

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

PRINTED: 02/21/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/13/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>FORSYTH GROUP HOME #1</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>216 LINVILLE SPRINGS ROAD KERNERSVILLE, NC 27284</b>		
(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><b>INDIVIDUAL PROGRAM PLAN</b> 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	<p>W227</p> <p>A team meeting will be held to discuss client #3 and client #5 training objectives related to meal preparation and pre-vocational education. The Habilitation Specialist will ensure the recommendations are addressed in the form of a formal program as needed and in-service all staff to ensure the programs are implemented per the team meeting. The Qualified Professional will revise the Person Centered Plan to reflect the objectives for Client #3 and #5. The clinical team will monitor 2 times a week for a period of one month and then on a routine basis through Interaction Assessments to ensure clients</p> <p><b>DHSR - Mental Health</b></p> <p><b>MAR 11 2020</b></p> <p><b>Lic. &amp; Cert. Section</b></p>		

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



TITLE



(X6) DATE

**3/10/20**

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.

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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	<p># 3 and 5 and all people supported have training objectives to address identified needs.</p> <p>In the future, the Qualified Professional will ensure all identified training needs for all People Supported are addressed through formal programs and updated in the Person Centered Plan.</p> <p>By: 4/13/20</p>		

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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	W249 A team meeting will be held to discuss client #6's needs for training related to medication administration. The Habilitation Specialist will ensure the recommendations are addressed in a formal		

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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	<p>program as needed and ensure all staff are trained/in serviced on promoting independence and skills related to feeding and medication administration within client #6's ABI. The clinical team will monitor through Medication Administration Assessments 2 times a week for one month and then on a routine basis to ensure independence is encouraged and staff are ensuring client #6 and all the people supported are encouraged to be independent in medication administration. In the future, the Qualified Professional will ensure all staff are trained to involve all persons supported during medication administration while encouraging independence and ensure the Person Centered Plans are updated to address training needs.</p> <p>By: 4/13/20</p>		

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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	W475 The Habilitation Specialist will train and in service all staff on client #1's use of adaptive equipment during meal time. The clinical team will monitor 2 times a week for one month and then on a routine basis through Mealttime Assessments to ensure client #1's use of adaptive equipment is being followed as ordered. In the future, the Qualified Professional will ensure all staff are trained per the Person Centered Plan to ensure all persons supported's appropriate use of adaptive equipment.  By: 4/13/20		

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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		
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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 24, 2020

DHSR - Mental Health

Sheila Shaw, Facility Administrator
RHA Health Services, LLC
1701 Westchester Drive, Suite 940
High Point, NC 27262

MAR 11 2020

Lic. & Cert. Section

Re: Recertification Completed 2/13/2020
Forsyth Group Home #1, 216 Linville Springs Road, Kernersville, NC 27284
Provider Number 34G183
MHL# 034 042
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the recertification survey completed 2/13/2020. 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 April 13, 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.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

2/13/2020

Sheila Shaw, Facility Administrator  
RHA Health Services, LLC

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 Stephanie DeGraffenreid at 919-703-6042.

Sincerely,

*Stephanie DeGraffenreid*

Stephanie DeGraffenreid, RN, BSN, BA  
Nurse Consultant  
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org  
\_DHSR\_Letters@sandhillscenter.org