

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

PRINTED: 03/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ RECEIVED MAR 27 2020 DHSE-MH Licensure Sect	(X3) DATE SURVEY COMPLETED 02/26/2020
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NAME OF PROVIDER OR SUPPLIER HOLDEN GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 517 NORTH HOLDEN ROAD GREENSBORO, NC 27410
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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 observations, record review and interview, the team failed to ensure the person centered plan (PCP) included objective training to address client needs relative to respecting boundaries and personal space of others for 1 of 4 sampled clients (#1). The finding is:</p> <p>Afternoon observations at the day program on 2/25/20 from 1:00 PM to 1:20 PM revealed client #1 to walk around the day program classroom talking to various staff. Further observations revealed client #1 to approach and greet surveyors on site with a handshake, while grabbing their nametags and getting in their personal space. At that time, staff F redirected client #1 numerous times to maintain personal boundaries and return to his seat with his peers.</p> <p>Further observations in the group home from 3:30 PM to 6:30 PM on 2/25/20 revealed client #1 to walk around the group home participating in various activities with staff. Further observations revealed client #1 to get in the personal space of staff and surveyors a total of four times during this observation period without redirection from staff.</p> <p>Morning observations from 6:30 AM to 9:00 AM on 2/26/20 revealed client #1 to again walk</p>	W 227	<p>W227</p> <p>The team will meet to determine the need for additional training relevant to personal space for client #1. The Habilitation Specialist will ensure the recommendations are addressed in a formal program as needed and inservice all staff to ensure the programs are implemented per the team meeting. The Qualified Professional will revise the Person Centered Plan to include the results of the meeting. The clinical team will monitor to ensure client #1's program for personal space is being implemented as required 2x a week for 1 month and on a routine basis thereafter via interaction assessments. In the future, the Qualified Professional will ensure all Person Centered Plans include objective training to address identified needs.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Deborah Foster, Program Manager 3/23/20

By 4/25/20

(X6) DATE

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>around the group home talking to staff and surveyors on site. Continued observations revealed client #1 to again get into staff and surveyors' personal space during this time, tapping their shoulders and chest with his finger and pulling on their name tags a total of five times during this observation period. During this time, client #1 continued this behavior with no redirection from staff. Subsequent observations at 8:45 AM revealed staff F to redirect client #1 to refrain from getting into others personal space and maintaining boundaries.</p> <p>Review of the record for client #1 on 2/26/20 revealed a person centered plan (PCP) dated 6/19/19, which includes a behavioral support plan (BSP) dated 11/25/19. Further review of the BSP indicates that client #1 has the following target behaviors: disruptive behavior, yelling, running, physical aggression, self-injurious behaviors (SIBs), and property damage. Further review of the record for client #1 revealed a communication consult dated 5/29/19 which instructs staff to offer client #1 personal space of at least an arm's length, communicating very simple words, and maintaining eye contact. Further review of the record for client #1 does not include target behaviors relative to maintaining personal boundaries and respecting the personal space of others.</p> <p>Interview with the home manager (HM) on 2/26/20 verified that client #1 does not have training objectives relative to respecting personal space or maintaining the personal boundaries of others. Interview with the qualified intellectual disabilities professional (QIDP) confirmed that client #1 does not have training objectives relative to respecting the personal space of others and</p>	W 227		

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W 227	Continued From page 2 maintaining boundaries. Further interview with the QIDP confirmed that client #1's training objectives are current. Continued interview with the QIDP confirmed that client #1 would benefit from training objectives relative to maintaining boundaries and respecting the personal space of others.	W 227		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: The facility failed to assure the person centered plan (PCP) for 1 of 4 sampled clients (#2) included training in personal skills essential for independence as evidenced by observation, interview and record verification. The finding is: Observations in the group home during the 2/25-26/20 survey revealed client #2 to spend all of her time in her bedroom sleeping, laying on her bed or playing with yarn/scrap of fabric on her bed except during meal times and the morning medication pass. Further observations revealed staff would occasionally check on the client but did not redirect her to other activities or engage her in active treatment programming.	W 242	W242 The clinical team will met to determine the need for objectives in the area of prevocational self-help and daily living skills based on the adaptive behavioral inventory. The Habilitation Specialist will ensure recommendation are addressed in the form of a formal program. The Habilitation Specialist will in-service all staff to ensure programs are implemented through the team meeting. The Qualified Professional will revise the person center plan to include the results of the team meeting. The clinical team will monitor	

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W 242	Continued From page 3 Review of client #2's PCP dated 7/12/19, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed the client to only have one training program trained in the home to remove her dishes from the table after eating. Further review of the PCP revealed a Habilitation Evaluation dated 6/28/19 which noted the client needs supports in self-care, learning, self-direction and capacity for independent living. Continued review of the PCP revealed an Adaptive Behavior Inventory (ABI) dated 8/19 which noted the client has a need to learn basic skills such as toileting, washing hands, brushing teeth and bathing. In addition, further review of the ABI revealed the personal independence section which includes the ability to make choices and selecting leisure activities was not scored to reflect any independence. Further interview with the QIDP revealed client #2 has many deficits in basic personal skill areas but currently has no objective programming to address these areas.	W 242	x2 a week for a period of one month and then on a routine basis through interaction assessments to ensure needs are addressed and staff are implementing programs as written. In the future, the Qualified Professional will ensure all person centered plans include objective training to address identified needs. By 4-25-2020		
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: The facility failed to assure the person centered plans (PCPs) for 6 of 6 clients in the home (#1, #2, #3, #4, #5 and #6) included opportunities for choice and self-management related to people freely accessing their home and door alarms as evidenced by observations, interviews and record verification. The findings are:	W 247			

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W 247	<p>Continued From page 4</p> <p>A. The facility failed to assure client self-management regarding door alarms. For example:</p> <p>Observations in the group home throughout the 2/25-26/20 survey revealed any time a door to the outside of the group home was opened, a loud constant alarm would sound throughout the house until the door was closed.</p> <p>Interview with the home manager and the qualified intellectual disabilities professional (QIDP) revealed the alarm has been set up this way for a long time but currently there is no one in the group home that has elopement behaviors or who is monitored for leaving supervision.</p> <p>Review of records for client #1, #2, #5 and #6, substantiated by review of the facility's human right committee minutes, revealed no guardian or human rights consent has been secured to acknowledge the use of the obtrusive alarms that interfere with the clients' self-management of their home.</p> <p>B. The facility failed to assure opportunities for choice and self-management related to people freely accessing their home. For example:</p> <p>Observations throughout the 2/25-26/20 survey revealed staff and visitors entering the home without knocking or waiting for permission to enter the home. For example, observations on 2/25/20 at 3:30 PM revealed a contracting sprinkler company was observed to be on-site at the group home to begin work on replacing parts of the group home sprinkler system. Further observations throughout the afternoon revealed</p>	W 247	<p>W247</p> <p>A.The Qualified Professional will meet with the Maintenance Coordinator to determine the need to have the alarm system disengaged/silenced and ensure Clients #1,2,3,4,5 and 6's self management of the home.</p> <p>B.The Qualified Professional will meet with the Maintenance Coordinator to ensure the exterior doors secure to ensure visitors to not have easy access without knocking. The Qualified Professional will inervice all staff on respecting the home of the People Supported by knocking and affording individuals the opportunity to invite them in. The clinical team will monitor 3xs a week for x1 month via Interaction Assessments to ensure the alarm remains</p>	

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W 247	Continued From page 5 the workers to enter and exit the home regularly without pausing to ask or determine if it was okay to re-enter the home. Continued observations throughout the survey revealed staff to also enter the home routinely without knocking or waiting for someone to answer the door to determine if it was okay if they entered the home. For example, a staff person who was unfamiliar to the staff working in the group home was observed to barge into the group home at 6:55 AM on 2/26/20. The staff person worked at another home and had been instructed to work at the group home. The third shift staff person who was the first contact with the staff person did not know who the staff person was until he walked into the house and into the living room. The facility failed to assure staff and others entering the home were treating the group home as their home, to support opportunities for client choice and self-management.	W 247	disengaged/silence and staff are entering the home after being invited by the People Supported. In the future, the Qualified Professional will ensure all People Supported are afforded the opportunity to self-manage their home and ensure staff are respecting the homes and treating them as the homes of the People Supported. By 4-25-2020	
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: The facility failed to assure the person centered plan (PCP) for 1 of 4 sampled clients (#2)	W 249	W249 The clinical team will met to determine the need for additional objectives to ensure continuous active treatment program for client #2 based on the adaptive behavioral inventory. The Habilitation Specialist will ensure recommendation are	

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W 249	Continued From page 6 included needed interventions and services to provide a continuous active treatment program for the client during the 2/25-26/20 survey as evidenced by observation, interview and record verification. The finding is: Afternoon observations in the group home on 2/25/20 from 3:30 PM until 6:45 PM revealed client #2 to spend all of her time in her bedroom sleeping or playing with fabric or yarn (170 minutes) except for 25 minutes where she was observed to set her place at the table and eat supper. Further morning observations on 2/26/20 from 6:35 AM until 9:05 AM revealed client #2 to spend all of her time in her bedroom playing with fabric or yarn (105 minutes) except for 45 minutes where she was observed to eat breakfast and go with staff to take her morning medications. Review of client #2's PCP dated 7/12/19, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed client #2 to only have one program trained in the home to clear her dishes from the table after eating. Although this objective was observed to be trained at supper and breakfast, no other training was provided for client #2 to compete with the client's excessive inactivity and to ensure client #2 was provided with a continuous active treatment program.	W 249	addressed in the form of formal programs. The Habilitation Specialist will in-service all staff to ensure programs are implemented per the team meeting. The Qualified Professional will revise the Person Center Plan to include the results of the team meeting. The clinical team will monitor x2 a week for a period of one month and then on a routine basis through interaction assessments to ensure needs are addressed and staff are implementing programs as written. In the future, the Qualified Professional will ensure all Person Centered Plans include objective training to address identified needs. By 4-25-2020	
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs.	W 331	W331 The nurse will develop guidelines for person supported #5 for repositioning while in the	

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W 331	<p>Continued From page 7</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide nursing services in accordance with client needs relative to staff training in appropriate wound care for 1 of 4 sampled clients (#5). The finding is:</p> <p>Afternoon observations in the group home from 3:30 PM to 6:55 PM on 2/25/20 revealed client #5 participating in various activities such as games, a music activity, and preparing for the dinner meal with staff assistance. At no point during the observation period (200 minutes) did staff assist client #5 with repositioning in his wheel chair or offloading pressure from the wound as a part of his wound care regimen.</p> <p>Morning observations in the group home from 6:30 AM to 9:00 AM on 2/26/20 revealed client #5 participating in various activities with staff assistance. At no point during the observation period (150 minutes) did staff assist client #5 with repositioning in his wheel chair as a part of his wound care regimen.</p> <p>Review of the record for client #5 revealed a person centered plan (PCP) dated 1/6/20, which includes a goal to improve skin integrity as evidenced by no episodes of breakdown. Further review of the record, substantiated by interview with the facility nurse, revealed a doctor's order dated 1/7/20 which indicates that client #5 should be repositioned every two hours due to skin breakdown on the client's hip area that was present when the client was admitted to the facility. Continued review of the record for client #5 includes wound care appointment instructions dated 1/31/20 indicating that there should be minimal pressure to the affected area, decreased</p>	W 331	<p>wheelchair or offloading pressure from the wound as part of wound care. The nurse will inservice all staff on the guidelines to ensure implementation as written. The clinical team will monitor x3 days a week for a period of one month and then on a routine basis through interaction assessments to ensure needs are addressed and staff are implementing guidelines as written. In the future, the Qualified Professional will ensure guidelines are in place for wound care, staff are trained and the Person Centered Plan is updated.</p> <p>By 4-25-2020</p>	

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W 331	Continued From page 8 sitting to relieve pressure from the wound, increased protein in diet to assist with wound healing, and use a pressure reduction mattress and/or pressure reduction wheelchair. Interview with the home manager (HM) on 2/26/20 verified client #5 does not have any current objectives or guidelines relative to offloading pressure from the wound and repositioning in his wheelchair. Interview with the Qualified Intellectual Disabilities Professional (QIDP) verified that client #5 does not have any current objectives relative to offloading pressure from the wound and repositioning in his wheelchair. Further interview with the QIDP confirmed that client #5 could benefit from staff training relative to wound care and repositioning in his wheelchair.	W 331			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

March 6, 2020

Sheila Shaw, Facility Administrator
RHA Health Services, LLC.
1508 Gatewood Avenue
Greensboro, NC 27405

Re: Recertification Completed February 26, 2020
517 N. Holden Road, Greensboro, NC 27410
Provider Number #34G276
MHL# 041-119
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the recertification survey completed February 26, 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 25, 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

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 Clarissa Henry at 704-589-2523.

Sincerely,



Clarissa Henry, MHSA, QP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

cc: qmemail@cardinalinnovations.org
_DHSR_Letters@sandhillscenter.org