

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

PRINTED: 03/19/2020
FORM APPROVED
OMB NO. 0938-0391

JUN 12 2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G180	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>Lic. & Cert. Section</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
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NAME OF PROVIDER OR SUPPLIER GUILFORD #3	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 PLEASANT RIDGE ROAD SUMMERFIELD, NC 27358
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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
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 2 sampled clients (#3 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the person centered plan (PCP) in the area of meal preparation. The findings are:</p> <p>A. Client #3 did not participate in the preparation of his meal.</p> <p>Morning observations on 3/12/2020 revealed from 6:10 AM to 7:55 AM client #3 participating in various activities such as sitting in the living room actively engaged in his preferred toy activity, going to the bathroom and his bedroom, and receiving his morning medications. Continued observations revealed at 7:56 AM client #3 was prompted to sit at the dining table. Further observations at 7:57 AM revealed client #3 was prompted to place two table mats on the dining table of which he complied. Subsequent observations at 8:05 AM revealed client #3 sat at the dining table consuming his breakfast meal consisting of scrambled eggs with cheese and a</p>	W 249	<p>By: 05/11/2020</p> <p>W249 A. The Qualified Professional will in-service staff on ensuring participation in meal preparation for client #3. This clinical team will monitor 2x a week for 1 month and then on a routine basis through Mealtime Assessments to ensure active participation in meal preparation for client #3.</p> <p>B. The Qualified Professional will in-service staff on ensuring participation in meal preparation for client #5. This clinical team will monitor 2x a week for 1 month and then on a routine basis through Mealtime Assessments to ensure active participation in meal preparation for client #5.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alexis Evans TITLE: QP (X6) DATE: 3/23/2020

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 249	<p>Continued From page 1</p> <p>blended croissant roll. At no time during the observation period did staff prompt client #3 to participate in the blending of his breakfast meal.</p> <p>Review of records on 3/12/2020 revealed client #3's PCP (dated 2/25/2020). Continued review of the PCP revealed client #3 receives a pureed consistency diet with nectar thickened milk at all meals.</p> <p>Interview on 3/12/2020 at 8:30 AM with staff E revealed client #3 is on a pureed diet. Continued interview revealed client #3 can participate in the blending of his meals; however, she usually does the blending.</p> <p>Interview on 3/12/2020 with the Home Manager (HM) and the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 should participate in meal preparation of all his meals.</p> <p>B. Client #5 did not participate in the preparation of her meal.</p> <p>Morning observations on 3/12/2020 revealed from 6:10 AM to 7:50 AM client #5 was either in her bedroom or performing her morning routine ADLs. Continued observations at 7:55 AM revealed client #5 was in the dining room area and assisted briefly with dining table place settings. Then, client #5 was observed prompted to receive her morning medications in the medication room. Subsequent observations at 8:15 AM revealed client #5 sat at the dining table consuming her breakfast meal consisting of scrambled eggs with cheese and a blended croissant roll. At no time during the observation period did staff prompt client #5 to participate in the blending of her breakfast meal.</p>	W 249	<p>In the future, the Qualified Professional will ensure staff are trained to implement programs as written and ensure active participation in meal preparation.</p>		

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W 249	Continued From page 2	W 249			
W 475	<p>Review of records on 3/12/2020 revealed client #5's PCP (dated 4/3/2019). Continued review of the PCP revealed client #5 receives a pureed consistency diet with nectar thickened liquids.</p> <p>Interview on 3/12/2020 at 8:30 AM with staff E revealed client #5 is on a pureed diet. Continued interview revealed staff E usually does the blending of client #5's meals.</p> <p>Interview on 3/12/2020 with the HM and the QIDP confirmed client #5 should participate in the meal preparation of all her meals.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure 1 of 3 sampled clients (#6) and 1 non sampled client (#2) were provided with appropriate utensils to enable them to eat as independently as possible in accordance with their highest functioning level. The findings are:</p> <p>A. Client #6 was not provided with appropriate utensils during the breakfast meal.</p> <p>During breakfast observations on 3/12/2020 in the group home at 8:00 AM revealed client #6 consuming her meal consisting of scrambled eggs with cheese, croissant roll, milk and water. Further observations revealed client #6 to eat with a regular spoon during this meal. At no time during the observation period did staff provide</p>	W 475			

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W 475	<p>Continued From page 3 client #6 with a fork or a knife.</p> <p>Review of client #6's record on 3/12/2020 revealed a person centered plan (PCP) dated 10/25/2019 which indicates client #6 does not require adaptive equipment during meals. Further review of the record for client #6 revealed an adaptive behavioral inventory (ABI) dated 10/1/2019. Continued review revealed client #6 independently eats with a fork and a spoon with minimal spillage. Client #6 also uses a knife for spreading and cutting with no independence.</p> <p>Interview on 3/12/2020 with the home manager (HM) indicated client #6 prefers to eat with a spoon and will not eat with a fork. Further interview on 3/12/2020 with the qualified intellectual disabilities professional (QIDP) confirmed client #6 has no adaptive equipment and should be offered all utensils during meals. Continued interview with the QIDP confirmed client #6 should be provided with a complete place setting consisting of a knife, fork and spoon during all meals.</p> <p>B. Client #2 was not provided with appropriate utensils during the breakfast meal.</p> <p>Breakfast observations on 3/12/2020 in the group home at 8:00 AM revealed client #2 consuming her meal consisting of scrambled eggs with cheese, whole croissant roll, jelly, juice and water. Further observations revealed client #2 to eat with a regular fork during this meal. At no time during the observation period did staff provide client #6 with a spoon or knife.</p> <p>Review of client #2's record on 3/12/2020 revealed a person centered plan (PCP) dated</p>	W 475	<p>By: 05/11/2020</p> <p>W475 A. The Qualified Professional will in-service staff on ensuring a full setting of eating utensils for client #6 during mealtimes. The clinical team will monitor 2x a week for 1 month and then on a routine basis through Mealtime Assessments to ensure a full setting of eating utensils is available and utilized for client #6.</p> <p>B. The Qualified Professional will in-service staff on ensuring a full setting of eating utensils for client #2 during mealtimes. The clinical team will monitor 2x a week for 1 month and then on a routine basis through Mealtime Assessments to ensure a full setting of eating utensils is available and utilized for client #2.</p>		

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W 475	<p>Continued From page 4</p> <p>8/8/2019. Further review of record revealed an adaptive behavioral inventory (ABI) dated 7/12/2019. Continued review of the ABI revealed client #2 eats with a fork and a spoon with minimal spillage. Client #2 also independently uses a knife for spreading and cutting.</p> <p>Interview on 3/12/2020 with the HM indicated client #2 prefers to eat with a fork. Further interview on 3/12/2020 with the QIDP confirmed client #2 should be offered all utensils during meals. Continued interview with the QIDP confirmed client #2 should be provided with a complete place setting consisting of a knife, fork and spoon during all meals.</p>	W 475	<p><i>In the future, the Qualified Professional will ensure staff are trained to ensure a full setting of eating utensils for client #6, client #2, and all people supported are available and utilized during mealtimes.</i></p>		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

March 20, 2020

Shelia Shaw, Facility Administrator
RHA Health Services NC, LLC
1701 Westchester Dr., Ste. 940
High Point, NC 27262

Re: Recertification Completed March 12, 2020
Guilford #3, 2600 Pleasant Ridge Road, Summerfield, NC 27358
Provider Number 34G180
MHL# 041 081
E-mail Address: sshaw@rhanet.org

DHSR-Mental Health

JUN 17 2020

Lic. & Cert. Section

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the recertification survey completed 3/12/2020. 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 May 11, 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 Stephanie DeGraffenreid at 919-703-6042.

Sincerely,



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

Enclosures

Cc: qmemail@cardinalinnovations.org
dhhs@vayahealth.com
_DHSR_Letters@sandhillsceneter.org