

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

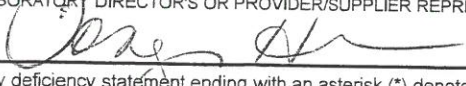

PRINTED: 03/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2020
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NAME OF PROVIDER OR SUPPLIER SCOTTHURST I & II	STREET ADDRESS, CITY, STATE, ZIP CODE 174 HOOTS DRIVE WINSTON-SALEM, NC 27107
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy during care of personal needs for 1 of 6 sampled clients (#2). The finding is:</p> <p>Observations in the group home on 2/26/2020 at 6:45 AM revealed client #2 asleep in his room with the door open. Further observations at 7:30 AM revealed client #2 in the bathroom closest to his room, completing his personal hygiene routine with the door slightly open. Further observations at 7:40 AM revealed staff F assisting client #2 in the same bathroom. Staff F then exited the bathroom leaving the door slightly open when another client attempted to enter. Staff E redirected the other client to wait until client #2 exited. Continued observations at 7:43 AM revealed client #2 to exit the bathroom and walk towards the laundry room and bedroom areas with his bathrobe open. Staff E immediately redirected client #2 to close his robe as he walked towards staff E. Client #2 was then observed entering his room to get dressed with the door open. Client #2 was not observed to be prompted by staff to close the door to ensure privacy.</p> <p>Review of medical record on 2/26/2020 revealed a person centered plan (PCP) dated 7/31/2019 indicating client #2 likes private time in his</p>	W 130	<p>W130</p> <p>The team will meet and review client #2 ABI for privacy. The Habilitation Specialist will in-service staff on client #2 privacy guidelines. The clinical team will monitor through Interaction Assessments 2 times a week for a period of one month then, on a routine basis to ensure guidelines are implemented as prescribed. In the future, the Qualified Professional will ensure all Person Centered Plans address all needs for privacy and ensure all clients are afforded privacy in their homes.</p> <p>By: 4/26/20</p> <p>DHSR-Mental Health MAR 20 2020 Lic. & Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 3/18/20
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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 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 130	Continued From page 1 bedroom. Client #2's active treatment goals listed are but not limited to: bathing, operate washing machine, identify community safety, operate clothes dryer, state equivalency of coins, and behavior support. Interview with the qualified intellectual disabilities professional (QIDP) on 2/26/2020 confirmed that facility staff should assure no more than one client should be in a bathroom at one time in order to ensure client privacy during the care of personal needs. QIDP further confirmed staff should have prompted client #2 to close the door or staff should have closed the door to ensure privacy during care of personal needs.	W 130		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure the person centered plan (PCP) included training to address client needs relative to wheelchair use for 1 of 6 sampled clients (#12). The finding is: Observations on 2/25/20 at the day program revealed client #12 to be sitting in a wheelchair with a gait belt wrapped around the back of the seat and fastened over her lap. Continued observations throughout the survey from 2/25/20 to 2/26/20, client #12 was observed in the	W 227		

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W 227	<p>Continued From page 2</p> <p>wheelchair at all times except for transferring to a chair during lunch and transferring to a seat in the van for transport. During that time, staff H and staff I were pushing client #12 around from room to room at the day program as well as at the group home. Client #12 did not attempt to propel herself while in the wheelchair or stand up and ambulate with staff assistance.</p> <p>Record review on 2/26/20 of client #12's PCP dated 7/24/19 instructed that client #12 should use the wheelchair for long distances. Further review included the following recommendations: maintain daily walking opportunities plus 1 assist to maintain client #12's strength, dynamic balance and decrease edema. Continued review revealed a physical therapy (PT) consult dated 6/21/19, indicating use of a wheelchair for long distances and community outings.</p> <p>Interview at the group home on 2/25/19 with staff J revealed she did not know of any guidelines or programs for client #12's wheelchair. Further interview with staff L revealed she was not sure when client #12 should use the wheelchair. Interview on 2/26/20 with the qualified intellectual disabilities (QIDP) verified the PT consult and PCP directions to use the wheelchair for long distances and community outings were current, revealing there is not a program or guidelines for staff to follow for client #12's wheelchair use.</p>	W 227	<p>W227</p> <p>The Qualified Professional will follow up with Physical Therapy for use of client #12's wheelchair. A team meeting will be held to discuss client #12's wheelchair recommendations and guidelines per Physical Therapist. Qualified Professional will in-service all staff to ensure the recommendations are addressed and implemented per the team meeting. The Qualified Professional will revise the Person Centered Plan to reflect the recommendations for Client #12. 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 client #12 and all people supported recommendations are followed by staff. In the future, the Qualified Professional will ensure all identified needs for all People Supported are addressed and updated in the Person Centered Plan.</p>	
W 371	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(4)</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications</p>	W 371	<p>By: 4/26/20</p>	

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W 371	<p>Continued From page 3</p> <p>is an appropriate objective, and if the physician does not specify otherwise.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the system for drug administration failed to assure 2 of 2 clients (#1 and #6) observed during the medication pass were provided teaching related to name, purpose and side effects of medications administered. The findings are:</p> <p>A. The system for drug administration failed to assure client #1 was provided teaching related to the name, purpose or possible side effects of medications received. For example:</p> <p>Observations conducted on 2/26/2020 at 7:05 AM during medication administration revealed client #1 to receive medications including Acidophilus Probiotic Blend 1 cap and Bethameth Val Lot 0.1%. Continued observations revealed staff to pour a mixture of grape juice and water into a sippy cup. Further observation revealed staff D to prompt and provide hand over hand assistance with client #1 to punch medications into a medication cup. Client #1 was observed to take all medications mixed with applesauce with hand over hand assistance from staff. Client #1 was not observed to be provided with teaching related to the name, purpose or possible side effects of medications administered.</p> <p>Review of medical record on 2/26/2020 revealed a person centered plan (PCP) dated 3/27/2019. Further review of the PCP revealed a medication administration strength section to include client #1 can punch out medications, pour his water,</p>	W 371	<p>W371</p> <p>A. The Nurse will ins-service staff on appropriately following medication administration guidelines for client #1 and all persons supported at Scotthurst I and II group homes.</p> <p>B. The Nurse will ins-service staff on appropriately following medication administration guidelines for client #1 and all persons supported at Scotthurst I and II group homes.</p>	
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W 371	<p>Continued From page 4</p> <p>and dispose of trash when finished. Continued review revealed client #1 understands the purpose of his medications and can name and identify his medications on occasions if he chooses to.</p> <p>Interview with the facility nurse on 2/26/2020 verified client #1 should have been provided education during his medication pass with identification of medication, purpose and side effects.</p> <p>B. The system for drug administration failed to assure client #6 was provided teaching related to the name, purpose or possible side effects of medications received. For example:</p> <p>Observations conducted on 2/26/2020 at 7:10 AM during medication administration revealed client #6 to receive medications including Amitiza cap 24 mcg, Carbamazepine 200mg, Cetirizine 10mg, Clonidine 0.1mg, Multivitamin tab, Vitamin C CHW 250mg, Chlorhexidine Gluc 0.12%, Benzoyl Peroxide Topical 10%. Continued observations during this medication administration revealed staff D to pour a mixture of grape juice and water in a cup. Further observation revealed staff D to prompt client #6 to punch medications into a medication cup. Client #6 was observed to take all medications mixed with applesauce spoon fed by staff. Client #6 was not observed to be provided with teaching related to the name, purpose or possible side effects of medications administered.</p> <p>Review of medical record on 2/26/2020 revealed a person centered plan (PCP) dated 2/19/2020. Further review of the PCP revealed a medication administration strength section to include client</p>	W 371	<p>Nursing will in-service staff on following the guidelines of medication administration by ensuring clients #1 and #6 and all persons supported are provided with the name and the reason for the medications per Physicians Orders. The clinical team will monitor 2 times a week for a period of one month then on a routine basis through Medication Observations to ensure staff are administering medications per Physician Orders and following the medication administration guidelines. In the future the Nurse will ensure staff are trained to administer all medications per Physician Orders and following the medication administration guidelines without error.</p> <p>By: 4/26/20</p>	
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W 371	Continued From page 5 #6 can punch out medications, pour his water, and dispose of trash when finished. Continued review revealed client #6 understands the purpose of his medications and can name and identify his medications. Interview with the facility nurse on 2/26/2020 verified client #6 should have been provided education during his medication pass with identification of medication, purpose and side effects.	W 371		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure a specifically prescribed diet was followed for 3 sampled clients (#2, #5, #6). The findings are: A. Client #2's specifically prescribed diet was not followed. Observation in the group home on the morning of 2/26/2020 at 8:45 AM revealed client #2 to sit at the dining table to independently pour juice and water into his cups. Continued observation revealed staff D to cut client #2's boiled eggs with rocker knife and staff F to offer whole bagels with cream cheese to client. Further observations revealed client #2 to participate in the breakfast meal consisting of cut boiled eggs, whole bagel with cream cheese, juice and water.	W 460	W460 A. The Habilitation Specialist Will train all staff on correct diet, food consistency and meal preparation for client #2 and all persons supported. B. The Habilitation Specialist will train all staff on correct diet, food consistency and meal preparation	

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W 460	<p>Continued From page 6</p> <p>Review of records for client #2 on 2/26/2020 revealed a person centered plan (PCP) dated 7/31/2019. Review of the PCP revealed client #4 to have a regular 1/4 inch consistency diet, and double portions at meal times. No hot dogs, no mustard/collard greens, nothing in casing, and no spicy foods were listed as well. Further review of records for client #2 revealed a current physician's order for the client to have a regular diet with 1/4 consistency.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/26/2020 confirmed client #2 has a regular 1/4 consistency diet. The QIDP further confirmed client #2's prescribed diet should be followed at all meals and his bagel should have been cut into 1/4 pieces.</p> <p>B. Client #5's specifically prescribed diet was not followed.</p> <p>Observation in the group home on the morning of 2/26/2020 at 8:45 AM revealed client #5 to sit at the dining table to independently pour juice and water into his cups. Continued observation revealed client #5 to cut boiled eggs with a rocker knife. Further observations revealed client #5 to participate in the breakfast meal consisting of cut boiled eggs, whole bagel with cream cheese, juice and water.</p> <p>Review of records for client #5 on 2/26/2020 revealed a PCP dated 4/24/2019. Review of the PCP revealed client #5 to have a regular 1/2 inch consistency diet, with no seconds. Further review of records for client #5 revealed a current physician's order for the client to have a regular diet with 1/4 consistency. Continued review of</p>	W 460	<p>for client #5 and all persons supported.</p> <p>C. The Habilitation Specialist will train all staff on correct diet, food consistency and meal preparation for client #6 and all people supported. The clinical team will monitor 2 times a week for a period of one month and then on a routine basis through Mealtime Assessments to ensure all diets and food consistencies are followed per orders. In the future, the Qualified Professional will ensure staff are trained to implement Person Centered Plan as prescribed as related to diets and food consistency for all people supported.</p> <p>By: 4/26/20</p>	
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W 460	<p>Continued From page 7</p> <p>record revealed a choking risk assessment dated 8/28/2019 which indicated the client eats at a rapid pace and diet modifications made to 1/2 consistency.</p> <p>Interview with the QIDP on 2/26/2020 confirmed client #5 has a regular 1/2 consistency diet. The QIDP further confirmed client #5's choking risk assessment is current and the client's bagel should have been cut based on prescribed diet.</p> <p>C. Client #6's specifically prescribed diet was not followed.</p> <p>Observation in the group home on the morning of 2/26/2020 at 8:45 AM revealed client #6 to sit at the dining table and hand over hand assistance to fix the client's place and pour juice into his cup. Continued observation revealed staff D to then cut the client's boiled eggs with a rocker knife. Further observations revealed staff F to bring a cup of coffee to the client at the table and offer a whole bagel with cream cheese. Subsequent observations revealed the client to participate in the breakfast meal consisting of boiled eggs, whole bagel with cream cheese, juice and water.</p> <p>Review of records for client #6 on 2/26/2020 revealed a PCP dated 2/12/2020. Review of the PCP revealed client to have a weight gain, 1/4 inch consistency diet, and ensure 4 oz. daily at 4pm. Further review of records for client #6 revealed a current physician's order for the client to have a weight gain, 1/4 inch consistency diet. Continued review of record revealed a choking risk assessment dated 2/12/2020. Review of the choking risk assessment revealed the client has poor control of food/liquid in mouth, difficulty swallowing medications, talks with food in mouth,</p>	W 460		
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W 460	Continued From page 8 holds food between cheeks and gums, stuffs food in mouth, GERD and 1/4 inch consistency.	W 460		
W 475	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 and interview, the facility failed to assure 3 of 6 sampled clients (#2, #5, #6) and 1 non sampled client (#3) were provided with appropriate utensils to enable them to eat as independently as possible in accordance with their highest functioning level. The findings are: A. The facility failed to assure client #2 was provided with appropriate utensils during the dinner meal. Dinner observations on 2/25/2020 in the group home at 5:45 PM revealed client #2 consuming his meal consisting of salmon stir fry, rice, vegetables, and apple cinnamon bread. Further observations revealed client #2 had a regular spoon and rocker knife which was shared with another client during this meal. At no time did staff offer or provide client #2 with a fork. Interview on 2/26/2020 with the qualified intellectual disabilities professional (QIDP)	W 475		

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W 475	<p>Continued From page 9</p> <p>confirmed client #2 requires a rocker knife to eat his meals. Further interview confirmed client #2 can appropriately use all utensils. Continued interview confirmed client #2 should be provided with a place setting consisting of a rocker knife, fork and spoon during all meals.</p> <p>B. The facility failed to assure client #5 was provided with appropriate utensils during the dinner meal.</p> <p>Dinner observations on 2/25/2020 in the group home at 5:30 PM revealed client #5 consuming his meal consisting of salmon stir fry, rice, vegetables and apple cinnamon bread. Further observations revealed client #5 had a regular spoon during this meal and shared a rocker knife with another client. At no time did staff offer or provide client #5 with a fork.</p> <p>Interview on 2/26/2020 with the QIDP confirmed client #5 can appropriately use all utensils. Further interview with QIDP confirmed client #5 should be provided with a place setting consisting of a rocker knife, fork and spoon during all meals.</p> <p>C. The facility failed to assure client #6 was provided with appropriate utensils during the dinner meal.</p> <p>Dinner observations on 2/25/2020 in the group home at 5:30 PM revealed client #6 consuming his meal consisting of salmon stir fry, rice, vegetables, and apple cinnamon bread. Further observations revealed client #6 had a regular spoon during this meal. At no time did staff offer or provide client #6 with a fork and knife.</p> <p>Interview on 2/26/2020 with the QIDP confirmed</p>	W 475	<p>W475</p> <p>A. The Habilitation Specialist and the Qualified Professional will train all staff on the appropriate use of all utensils and adaptive equipment during all meals for client #2.</p> <p>B. The Habilitation Specialist and the Qualified Professional will train all staff on the appropriate use of all utensils and adaptive equipment during all meals for client #5.</p> <p>C. The Habilitation Specialist and the Qualified Professional will train all staff on the appropriate use of all utensils and adaptive equipment during all meals for client #6.</p> <p>The Qualified Professional will in-service staff on ensuring a full setting of eating utensils for clients #2, #5 and #6 and all the persons supported during mealtimes. The clinical team will monitor 2 times a week for a period of one month</p>	
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W 475	<p>Continued From page 10</p> <p>client #6 can appropriately use all utensils. Further interview with QIDP confirmed client #6 should be provided with a place setting consisting of a knife, fork and spoon during all meals.</p> <p>D. The facility failed to assure client #3 was provided with appropriate utensils during the dinner meal.</p> <p>Dinner observations on 2/25/2020 in the group home at 5:30 PM revealed client #3 consuming his meal consisting of salmon stir fry, rice, vegetables and apple cinnamon bread. Further observations revealed client #3 had a regular spoon during this meal. At no time did staff offer or provide client #3 with a fork and knife.</p> <p>Interview on 2/26/2020 with the QIDP confirmed client #3 can appropriately use all utensils. Further interview with QIDP confirmed client #3 should be provided with a place setting consisting of a knife, fork and spoon during all meals.</p>	W 475	<p>and then on a routine basis through Mealtime Assessments to ensure a full setting of eating utensils is available and being utilized for client #2, #5 and #6 all persons supported during all mealtimes. In the future, the Qualified Professional will ensure all staff are trained per the Person Centered Plan to ensure all persons supported appropriately using full setting of eating utensils during mealtimes.</p> <p>By: 4/26/20</p>	
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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

March 9, 2020

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

Re: Recertification Completed February 26, 2020
Scotthurst I & II 174 Hoots Dr. Winston Salem 27107
Provider Number 34G027
MHL# 029-009
E-mail Address: ssaw@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 26, 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.***

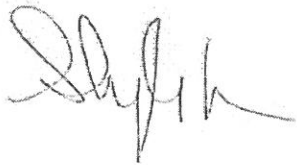
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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 me at (828) 750-2702.

Sincerely,



Shyluer Holder-Hansen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
_DHSR_Letters@sandhillcenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/
MCO