STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G114	A. BUILDING _____ B. WING _____	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CREEK GROUP HOME	5117 FOREST CREEK DRIVE RALEIGH, NC 27606

(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 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior support plan (BSP) for 2 of 3 audit clients (#2,#5) were reviewed and monitored by the human rights committee (HRC). The findings include: A. Management staff failed to have the HRC review a restrictive behavior support plan (BSP) for client #2. Review on 10/26/20 of client #2's individual program plan (IPP) dated 8/12/20 revealed he has a BSP dated 9/1/20 that addressed the target behavior of physical aggression. Further review of this program revealed it incorporates the use of a safety helmet, desensitization plan for appointments a door alarm, locked cabinet and locked linen closet. This BSP also incorporated the use of Luvox 100 mg., Ativan 1mg. prior to appointments, Risperdal 2mg. BID and Tegretol 300 mg. in am and 100 mg. in the evening. Review on 10/26/20 of the consent for client #2's BSP revealed it was not signed by a representative from the HRC. Interview on 10/26/20 with the Assistant Executive Director revealed she could not locate written human rights committee approval for	W 262		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 262	Continued From page 1 client #2's BSP. B. Management staff failed to obtain HRC approval for client #5's restrictive BSP. Review on 10/26/20 of client #5's IPP dated 2/8/20 revealed a BSP dated 4/9/20 that addressed the target behavior of non-compliance, property destruction, physical aggression inappropriate verbalizations. This program incorporates the use of Atarax 25 mg. and Trazedone 50mg., the use of a desensitization program and a locked cabinet. Review on 10/26/20 revealed the consent for client #5's BSP revealed it was not signed by a representative from the HRC. Interview on 10/26/20 with the Assistant Executive Director revealed she could not locate written HRC approval for client #5's BSP.	W 262		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client's restrictive Behavior Support Plan (BSP) included written informed consent from their legal guardians. This affected 1 of 3 audit clients (#2). The findings are: Client #2's BSP did not include written informed	W 263		

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W 263	Continued From page 2 consent from his legal guardian. Review on 10/26/20 of client #2's individual program plan (IPP) dated 8/12/20 revealed he was appointed a legal guardian. Further review revealed he has a BSP dated 9/1/20 that addressed the target behavior of physical aggression. Further review of this program revealed it incorporates the use of a safety helmet, desensitization plan for appointments a door alarm, locked cabinet and locked linen closet. This BSP also incorporated the use of Luvox 100 mg., Ativan 1mg. prior to appointments, Risperdal 2mg. BID and Tegretol 300 mg. in am and 100 mg. in the evening. Review on 10/26/20 of the Behavior Program Consent form revealed there was not written informed consent from client #2's legal guardian but only had the signature of the facility psychologist. Interview on 10/27/20 with the assistant executive director and the program director revealed there was not written informed consent for the BSP for client #2.	W 263		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 of 3 audit clients (#5) relative to following recommendations by the physician.	W 331		

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W 331	Continued From page 3	W 331		

for diagnostic tests. The finding is:

Nursing Services failed to follow recommendations by the physician to obtain consent from the guardian for diagnostic tests for client #5.

Review on 10/26/20 of a physician consult for client #5 dated 7/8/20 revealed a mass had been located on client #5's left parotid gland and that the physician was unable to complete an ultrasound because client #5 was uncooperative. Will require surgery.

Review of a nursing assessment and review report signed 7/8/20 revealed, " Overall health stable. Note mass L neck-U/S not completed. Will require surgery."

Review on 10/26/20 of physician consult dated 8/17/20 for client #5 revealed "Parotid Mass-Needle biopsy and eventual surgery to remove tumor. Will discuss with guardian."

Review on 10/26/20 of the Nursing monthly summary signed on 9/6/20 by the facility nurse revealed " 8/17/20: F/U on L Parotid Mass-Recommend Fine needle Biopsy and Surgery to remove-Will Need to discuss POA."

Review of the Nursing notes on 10/26/20 revealed no further notes about whether consent was obtained from client #5's guardian regarding whether the mass was benign or malignant or whether surgery was to be scheduled.

Interview by phone on 10/26/20 with the facility nurse covering the facility revealed she was uncertain regarding the disposition of client #5's

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W 331	Continued From page 4 mass but that she would contact the physician's office. Interview on 10/27/20 with the Program Manager revealed there was no written documentation regarding whether the needle biopsy had been completed and what the results were. He also confirmed it was not clear whether the guardian for client #5 had been contacted for consent for a recommended surgical procedure.	W 331		