

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

PRINTED: 10/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2020
NAME OF PROVIDER OR SUPPLIER PINEBROOK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	
(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 000	INITIAL COMMENTS	W 000		
W 154	<p>Intake #NC00170454, NC00170687, NC00170896</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on record review and verified by interviews, the facility failed to complete a thorough investigation with the inability to show evidence of appropriate corrective measures related to the findings of an internal investigation relative to abuse. The finding is:</p> <p>Review of internal records on 10/28/20 revealed an internal investigation dated 10/7-10/13/20. Review of the internal investigation revealed on 10/7/20 revealed staff A made an allegation about staff B relative to abuse, alleging staff B had stuffed a sock in the mouth of client #1. Continued review of the 10/7/20 internal investigation revealed staff A provided an unknown date and time regarding the alleged incident.</p> <p>Review of staff A's statement during the internal investigation revealed staff A to put in writing "A couple of weeks ago, staff B was putting client #1 in bed and he tried to spit so she grabbed a sock and put it in his mouth." Further review of the 10/7/20 internal investigation revealed staff A to verbally report in interview additional inconsistencies with when the alleged incident occurred referring to the incident occurring when</p>	W 154		

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

TITLE

(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.

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

PRINTED: 10/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/28/2020
NAME OF PROVIDER OR SUPPLIER PINEBROOK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791		
(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 154	<p>Continued From page 1</p> <p>she began employment at the group home. Interview with the facility program manager on 10/28/20 verified staff A began employment on 2/17/20.</p> <p>Additional review of written statements from various staff during the internal investigation revealed staff A had engaged in a verbal altercation with staff B and profanity was used. Review of a written statement by staff B during the 10/7/20 internal investigation revealed "I was trying to talk to the nurse, she (staff A) kept targeting me screaming and cussing. I said there are clients in here." Review of written statements by the facility nurse and staff C revealed additional statements of staff A using profanity towards staff B.</p> <p>A review of conclusions of the 10/7/20 internal investigation revealed a unsubstantiated finding of abuse. A review of recommendations from the 10/7/20 investigation revealed the behavior plan for client #1 was to be revised to outline a clear specific practice for spitting, staff would be in-serviced on appropriate supports to address spitting behavior of client #1 and the clinical team would complete unannounced visits to the group home to monitor therapeutic interactions between staff/clients. Further review of recommendations revealed no evidence of administration to address late reporting of an abuse allegation by staff A. Additional review of recommendations revealed no evidence of further inquiry or efforts of administration to address the alleged use of profanity by staff A in front of clients.</p> <p>Interview with the program manager verified staff A had reported an abuse allegation, involved in the 10/7/20 internal investigation, untimely and in</p>	W 154			

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

PRINTED: 10/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/28/2020
NAME OF PROVIDER OR SUPPLIER PINEBROOK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791		
(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 154	Continued From page 2 violation with the agency internal policy of immediate reporting of abuse. Continued interview with the facility program manager verified profanity was not to be used by staff in front of clients. Further interview verified staff A's untimely reporting of abuse and alleged inappropriate language in front of clients had not been inquired of further by the facility to determine if verbal abuse of clients had occurred. Subsequent interview with the facility program manager verified untimely reporting nor the use of profanity in front of clients had been addressed with staff A relative to corrective action or further training. Additional interview with the program manager revealed staff A was still employed by the agency and had been transferred to a different group home as of 10/19/20.	W 154			