

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

PRINTED: 09/17/2020
FORM APPROVED
OMB NO. 0938-0391

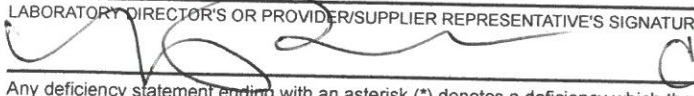
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
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NAME OF PROVIDER OR SUPPLIER MARIE G. SMITH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 PALMETTO DRIVE ALBEMARLE, NC 28001
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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 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure all techniques to manage inappropriate behavior were incorporated into an active treatment program for 1 of 3 sampled clients (#2). The finding is:</p> <p>Afternoon observations in the group home on 9/14/20 revealed client #2 to walk in and out of her bedroom various times throughout the observation period. Further observation revealed client #2 to have a chime attached to her bedroom door as she entered and exited her bedroom. Morning observations on 9/15/20 revealed client #2 to walk in and out of her bedroom accompanied by staff throughout the observation period. Further observations revealed the bedroom door bell would chime each time client #2 entered and exited her bedroom.</p> <p>Review of the record for client #2 on 9/15/20 revealed an Individual Support Plan (ISP) dated 2/12/20. Further review of the ISP revealed a behavior support plan (BSP) dated 6/1/19 which includes the following target behaviors: social aggression, property destruction, loud or disruptive behaviors, privacy, self-injurious behaviors (SIBs) genital stimulation, and removing her clothes. Review of the Human</p>	W 288	<p>The team will meet to discuss the chime on the bedroom door for Client #2. An intervention/plan will be included in either ISP and/or BSP to address the need for the chime on bedroom door due to health and safety concerns. There are no other chimes on any other individual's bedroom doors in the home at this time. There are no other chimes associated with any other individuals in the home at this time. If an intervention/plan needed for health and safety for any chimes an intervention/plan will be incorporated as part of an active treatment plan.</p> <p>Chief Regulatory Officer will inservice QP/Psychologist to ensure that there is an intervention/plan to address/ensure appropriate management of Client behavior in relation to chimes.</p> <p>Chief Regulatory Officer will monitor any interventions/plan recommendations to ensure the team is addressing appropriate management of client behavior such as chimes for health and safety.</p>	11-15-20
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DHSR-Mentor
SEP 29 2020
Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Chief Regulatory Officer	(X6) DATE 9/22/2020
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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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NAME OF PROVIDER OR SUPPLIER MARIE G. SMITH GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1921 PALMETTO DRIVE ALBEMARLE, NC 28001		
(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 288	<p>Continued From page 1</p> <p>Rights Committee (HRC) minutes dated 6/26/20 indicates the doorbell chime on client #2's door is used to address health and safety concerns. Continued review of the record for client #2 does not include objectives relative to using a bedroom door chime to address health and safety concerns.</p> <p>Interview with the Group Home Manager on 9/15/20 verified that client #2 has a bell chime on her door that is used for health and safety reasons. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/15/20 verified that the chime on client #2's door is not used as a restrictive measure; however, it was implemented upon admission (1/14/19) and was verbally approved by the client's legally responsible person (LRP) upon admission to the facility. Further interview with the QIDP verified that the door chime for client #2 was reviewed and approved by the agency's Human Rights Committee (HRC) on 6/26/20 for continued use on her bedroom door. Continued interview with the QIDP confirmed that behaviors for client #2 relative to health and safety concerns and the use of the bedroom door chime are not a part of the client's active treatment plan.</p>	W 288			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

September 18, 2020

Melissa Rivera
GHA Autism Supports
213 North Second Street; P.O. Box 2487
Albemarle, NC 28002

Re: Recertification Completed September 15, 2020
Marie G. Smith Group Home; 1921 Palmetto Drive, Albemarle, NC 28001
Provider Number #34G069
MHL# #084-008
E-mail Address: melissarivera@ghainc.org

Dear Ms. Rivera:

Thank you for the cooperation and courtesy extended during the recertification survey completed September 15, 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 practice(s) 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 deficiency must be **corrected** within 60 days from the exit of the survey, which is November 15, 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
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
_DHSR_Letters@sandhillscenter.org