| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G067 | A. BUILDING _____ B. WING _____ | 10/28/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRY COVE GROUP HOME | 28 HILLPARK DRIVE HENDERSONVILLE, NC 28739 |

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| W 227 | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(4)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, review of records and interview, the team failed to ensure the person centered plan (PCP) for 2 of 4 sampled clients (#1 and #2) included guidelines to address needs relative to behavior management and eating. The finding is:<br><br>A. The PCP failed to include guidelines relative to grabbing others for client #1. For example:<br><br>Observation in the group home during the 10/27/20 and 10/28/20 survey revealed at various times for client #1 to grab this surveyors arm and pull the surveyor to various areas of the group home. Observation of staff when client #1 would pull on this surveyor revealed no re-direction or prompts. Subsequent observation revealed on 10/28/20 for staff A to inform this surveyor, "Watch out, client #1 will grab you".<br><br>Review of records for client #1 on 10/28/20 revealed a PCP dated 3/13/20. Review of the PCP revealed a behavior support plan (BSP) dated 3/1/20 with target behaviors of uncooperation, self stimulation behavior, self injurious behavior, unsafe travel behavior, PICA and disrupted sleep. Further review of the BSP revealed client #1 can sometimes get overly excited, become out of control and grab at others. | W 227 | A team Meeting will be held to discuss interventions for client #1 when he grabs others. The Behavior Analyst will in-service staff on the results of the Team Meeting. The Qualified Professional will revise the Person Centered Plan to include the results of the Team Meeting. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure staff are implementing interventions to address grabbing behavior of client #1. In the future the Qualified Professional will ensure the Person Centered Plan includes interventions to address client needs relative to behavior management.<br>By: 12-28-2020<br><br>DHSR - Mental Health<br>NOV 25 2020<br>Lic. & Cert. Section | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 11/18/20

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 227 | Continued From page 1<br>Further review of client #1's BSP revealed no intervention strategies to address grabbing at others.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) verified client #1's BSP was current and client #1 has a history of grabbing at others. Continued interview with the QIDP verified client #1 did not have guidelines to address grabbing at others.<br><br>B. The PCP failed to include guidelines relative to eating for client #2. For example:<br><br>Observation in the group home on 10/27/20 at 5:00 PM revealed client #2 to participate in the dinner meal. Continued observation of client #2's meal revealed adaptive equipment to include a shirt protector and high sided divided dish. Further observation revealed staff to sit beside client #2 during the meal and to feed the client. Client #2's diet consistency was observed to be pureed with thickener added to beverages.<br><br>Observation in the group home on 10/28/20 at 8:20 AM revealed client #2 to participate in the breakfast meal. Continued observation of client #2's meal revealed adaptive equipment to include a high sided divided dish. Further observation revealed staff to sit beside client #2 during the meal and to feed the client. Client #2's diet consistency was observed to be pureed with thickener added to beverages.<br><br>Review of records for client #2 on 10/28/20 revealed a PCP dated 8/4/20. Review of client #2's PCP revealed training objectives relative to oral hygiene, hand washing, reach for preferred | W 227 | A team Meeting will be held to discuss client #2 independence during meal time. The Habilitation Specialist will in-service staff on the results of the Team Meeting. The Qualified Professional will revise the Person Centered Plan to include the results of the Team Meeting. The clinical team will monitor through Mealtime Assessments two times a week for one month and then on a routine basis to ensure staff are implementing interventions to address independence during meals for client # 2. In the future the Qualified Professional will ensure the Person Centered Plan includes interventions to address client needs relative to eating. By- 12-28-20 | |

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| W 227 | Continued From page 2<br>snack, remove shirt protector after meals and toileting. Continued record review revealed an adaptive behavior inventory (ABI) for client #2 dated 10/5/20. Review of client #2's ABI revealed the client is partially independent with the ability to eat with a spoon with minimal spillage and guides cup to mouth with total independence.<br><br>Interview with the QIDP verified client #2 can eat with a spoon with partial independence although she sometimes refuses. Continued interview with the QIDP revealed staff should encourage client #2 to eat as independently as possible and if the client refuses to feed herself staff should assist the client to eat. Subsequent interview with the QIDP verified client #2 did not have meal guidelines to support the client with ensuring independence at meals. | W 227 | | |
| W 249 | PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews and record reviews, the facility failed to ensure 2 of 4 sampled clients (#1 and #4) received a continuous active treatment program consisting of needed interventions as identified in their | W 249 | | |

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| W 249 | Continued From page 3<br>person centered plans (PCPs) regarding program and guideline implementation. The findings are:<br><br>A. The team failed to ensure a program objective relative to communication was implemented in sufficient frequency to support the need of client #1. The finding is:<br><br>Observation in the group home on 10/27/20 at 5:28 PM revealed staff B to verbally prompt client #1 to take out the trash. Continued observation revealed client #1 to stand in the kitchen and stare at staff B. Further observation revealed staff B to access a collection of visual aid cards and to look through the cards and state "There is no card for trash and he needs one".<br><br>Review of records for client #1 on 10/28/20 revealed a PCP dated 3/13/20. Review of training objectives included in the 10/2020 PCP revealed objectives relative to attend to task, dispose of trash bag, get dressed, laundry and exercise. Review of the training objective to dispose of trash bag revealed an implementation date of 8/1/19.<br><br>Continued review of records for client #1 on 10/28/20 revealed a speech language assessment dated 8/19/20. Review of the 8/2020 speech assessment revealed client #1 is non-verbal and recommendations included the need to accompany verbal information with gestures and/or visuals such as pictures.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 10/28/20 verified client #1's training objective relative to dispose of trash bag remains current. Further interview with the QIDP verified client #1 should have a visual aid to | W 249 | The Habilitation Specialist will review client #1 communication program and ensure all visual aids are present to implement the training objective as prescribed. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure staff are implementing client #1 communication objective and all materials necessary are present. In the future the Qualified Professional will ensure all materials are present to implement training programs as prescribed.<br>By: 12-28-20 | |

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| W 249 | Continued From page 4<br>support verbal prompts from staff. Additional interview with the QIDP verified client #1 should have a visual cue to support the client's dispose of trash bag objective considering the length of time since the program implementation date of 8/2019.<br><br>B. The team failed to ensure program guidelines and objectives relative to ambulation and behavior management were implemented in sufficient frequency to support the need of client #4. The findings are:<br><br>1. The team failed to implement in sufficient frequency the ambulation guidelines for client #4. For example:<br><br>Observations in the group home on 10/27/20 and 10/28/20 revealed client #4 to ambulate from his room at various times to participate in meals, wash his hands in the kitchen and to participate in medication administration by walking to the medication room. Continued observation of client #4's ambulation revealed staff to inconsistently walk with client #4 when ambulating. Subsequent observation revealed at no time during survey observations on 10/27/20 or 10/28/28 was client #4 observed to wear a harness during ambulation.<br><br>Review of records for client #4 on 10/28/20 revealed physician orders dated 9/18/20. Review of the 9/2020 physician orders for client #4 revealed adaptive equipment to include a harness with ambulating. Continued review of client #4's record revealed a physical therapy (PT) evaluation dated 12/20/19. Review of the 12/2019 PT evaluation revealed recommendations of: Continue harness and | W 249 | The Qualified Professional will in-service staff on the PT recommendation for the use of the harness during ambulation for client #4 to ensure safety. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure staff are implementing the harness for client #4 to ensure safety when ambulation. In the future the Qualified Professional will ensure staff are trained and implement ambulation programs as prescribed to ensure clients safety.<br>By: 12-28-20 | |

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| W 249 | Continued From page 5<br>contact guard assistance for transfers and ambulation to ensure client #4's safety.<br><br>Interview with the facility QIDP on 10/28/20 revealed client #4's PT evaluation dated 12/2019 remains current and client #4 should have a harness on when ambulating to support safety. Continued interview with the QIDP verified the harness for client #4 had been furnished and should have been used in the group home.<br><br>2. The team failed to implement as prescribed the behavior support program (BSP) for client #4. For example:<br><br>Observation in the group home on 10/27/20 revealed an alarm device on the front door of the group home. Continued observation revealed a door alarm to be heard in the group home when the back side door was used. Further observation revealed the front door alarm to not work when this surveyor ended observations and prepared to leave the group home. Additional observation of the alarm device on the front door of the group home revealed a note taped to the door to read "Do not remove batteries".<br><br>Review of records on 10/28/20 for client #4 revealed a PCP dated 5/15/20. Review of the PCP for client #4 revealed a BSP with identified target behaviors of un-cooperative, pushing/shoving others or objects and wandering (AWOL). Continued review of the BSP relative to intervention strategies for AWOL behavior revealed: to assist with monitoring client #4, an alarm is placed on house exit doors. Staff should always be conscientious of alarms and respond accordingly; Check alarms at least once per shift and report malfunctioning alarms immediately. | W 249 | The Qualified Professional will in-service staff on the alarm device for the front door to ensure client #4 safety. This will include checking and documenting the working order of the alarm devise once per shift. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure the alarm system on the front door is being implemented and in good working order. In the future the Qualified Professional will ensure staff are trained and Behavior Support Plan interventions are implemented as prescribed.<br>By: 12-28-20 | |

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| W 249 | Continued From page 6<br><br>Interview with staff on 10/27/20 revealed the front door alarm of the group home should be working and with staff inspection, the alarm was turned on. Continued interview with staff verified someone had turned off the alarm on the front door and the alarm should always be on. Further interview revealed the alarm was used to monitor client #4 due to AWOL behaviors.<br><br>Interview with the facility QIDP on 10/28/20 verified the alarm on the front door of the group home should be working at all times. Continued interview with the QIDP revealed she was unaware of any problems with staff removing batteries from door alarms. | W 249 | | |
| W 436 | SPACE AND EQUIPMENT<br>CFR(s): 483.470(g)(2)<br><br>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure adaptive equipment was clean for 1 of 4 sampled clients (#3) . The finding is:<br><br>Observation in the group home on 10/27/20 revealed client #3 to utilize a rolling walker during ambulation throughout survey observations. Continued observation of client #3's walker revealed the seat cushion of the walker to have | W 436 | The Qualified Professional will in-service staff on cleaning client #3's walker and thoroughly cleaning the seat cover after each meal and whenever client #3 uses his walker to take items to the kitchen. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure staff are thoroughly cleaning client #3's walker and seat cover. In the future the Qualified Professional will ensure clients adaptive equipment is clean and in good working order at all times.<br>By: 12-28-20 | |

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| W 436 | Continued From page 7<br>dried spillage or residue on the cover. Further observation at 5:20 PM revealed client #3 to clear his place setting at the dinner table after the dinner meal. Client #3 was subsequently observed to place his dishes from the dinner meal on the seat of the rolling walker and to take his dishes to the kitchen. Observation of client #3's walker after taking dishes to the kitchen revealed the seat cover to have additional food residue from the dinner dishes.<br><br>Observation in the group home on 10/28/20 at 7:00 AM revealed the rolling walker of client #3 to have dried food residue from observations on 10/27/20. Observation at 8:35 AM revealed client #3 to take his dishes from the breakfast meal to the kitchen using the seat of the rolling walker. Subsequent observation revealed additional food residue to remain on client #3's walker after the client placed his dishes in the kitchen sink.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 10/28/20 verified client #3 utilizes his walker to carry items from various locations when ambulating. Continued interview with the QIDP verified client #3's walker should be clean and staff should clean the seat cover of the client's walker after the client takes dishes to the kitchen to prevent spillage or residue from accumulating on the seat cover. | W 436 | | |

RHA
HEALTH SERVICES, INC.



November 18, 2020

145 Cane Creek Ind. Park Rd
Suite 250
Fletcher, NC 28732

Phone: 828.684.1940
Fax: 828.684.1553

Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh NC 27669-2718

Re: Country Cove Recertification Survey completed 10-28-20

Dear Kaila,

Please find the enclosed Plan of Correction for the Country Cove Group Home Recertification. If you have any questions feel free to contact me at john.carithers@rhanet.org or call me at 828-817-9565.

Thank you,

John C

John M. Carithers
Facility Administrator
828-817-9565
john.carithers@rhanet.org