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

PRINTED: 10/28/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 * ′	PLE CONSTRUCTIÓN		(X3) DAYE SURVEY COMPLETED	
		34G114	B. WING		16	0/27/2020	
NAME OF PROVIDER OR SUPPLIER  FOREST CREEK GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 5117 FOREST CREEK DRIVE RALEIGH, NC 27606			
(X4) IO PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IQULO BE	(X5) COMPLETION DATE	
W 262	monitor individual pro- inappropriate behavior in the opinion of the opinion opin	d review, approve, and agrams designed to manage or and other programs that, committee, involve risks to rights.  Inot met as evidenced by: iew and interview, the facility estrictive behavior support audit clients (#2,#5) were red by the human rights he findings include:  failed to have the HRC ehavior support plan (BSP)  of client #2's individual ated 8/12/20 revealed he /20 that addressed the target aggression. Further review of dit incorporates the use of a sitization plan for alarm, locked cabinet and this BSP also incorporated mg., Ativan 1mg. prior to rdal 2mg. BID and Tegretol 00 mg. in the evening.  of the consent for client #2's not signed by a he HRC.		This deficiency will be corrected following actions:  A. All behavioral suppositions:  A. All behavioral suppositions and proper technique to manage be D. Psychologist will resplans.  E. Qualified Profession review and obtain a consent.  F. Qualified Profession reviewed and signer representative  G. All staff will be in-seall Behavioral Suppositional Manage monitor one time a l. Qualified Profession monitor one time a	ort plans ort Plans address and ger vior les will be chaviors view all all will guardian all will ed by HRC crvice on ort Plans centation. cr will week hal will	12.27.2020 (X6) DATE	

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11.1.2020

MUNICA Whack If EXECUTIVE BURE TO Any deficiency statement ending with an exterisk (\*) 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.

Event ID: W/Q211

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G114	B. WING			10/27/2020	
NAME OF PROVIDER OR SUPPLIER  FOREST CREEK GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 5117 FOREST CREEK DRIVE RALEIGH, NC 27606			
(X4) ID PREFIX TAG			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		HOULD BE		(XS) COMPLETION DATE
W 262	client #2's BSP.		W	262			
W 263	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	263			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
		34G114	8, WING		1	0/27/2020	
NAME OF PROVIDER OR SUPPLIER  FOREST CREEK GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 5117 FOREST CREEK DRIVE RALEIGH, NC 27606			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROEFICIENCY)	ULO BÉ	(XS) COMPLETION DATE	
W 263	consent from his legal Review on 10/26/20 or program plan (IPP) do was appointed a legal revealed he has a BS addressed the target aggression. Further revealed it incorporate helmet, desensitization door alarm, locked calcoset. This BSP also Luvox 100 mg., Ativate appointments, Rispension appointments, Rispension mg. in am and 100 Review on 10/26/20 of Consent form reveale informed consent from but only had the signal psychologist.  Interview on 10/27/20 director and the program was not written information of the facility must provide the facility must provide facility must provide in accordance.  This STANDARD is in Based on record revificially to provide nursil with the needs of 1 of	of client #2's individual lated 8/12/20 revealed he al guardian. Further review SP dated 9/1/20 that behavior of physical review of this program tes the use of a safety on plan for appointments a abinet and locked linen or incorporated the use of an 1mg, prior to rdal 2mg. BID and Tegretol 00 mg, in the evening.  of the Behavior Program ed there was not written in client #2's legal guardian ature of the facility  D with the assistant executive tram director revealed there med consent for the BSP for its sides with nursing	W 26	This deficiency will be correct the following actions:  A. All behavioral supposition will be reviewed.  B. All Behavioral Supposition be updated to act the current needs at technique to manage inappropriate behave.  C. All proper technique used to manage behave.  C. All proper technique used to manage behave.  D. Psychologist will reviplans.  E. Qualified Professionareview and obtain in guardian consent for before implementati.  F. All staff will be in-ser all Behavioral Supposind proper docume.  G. Site Supervisor will mone time a week.  H. Qualified Professionamonitor one time a week.	ort plans ort Plans ort Plans ddress nd per vior es will be naviors iew all oformed or all plans ion vice on ort Plans ntation. nonitor	12.27.2020	

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

NAME OF PROVIDER OR SUPPLIER FOREST CREEK GROUP HOME  STREET ADDRESS. CITY, STINE 2 PRODUCE SUPPLIED COMPLETION FROM PROVIDER DAY OF CORRECTION CONTRIBUTION FROM PROVIDER DAY OF CORRECTION FROM PROVIDED DAY OF CORREC			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTIÓN 3		(X3) DAYE SURVEY COMPLETED	
FOREST CREEK GROUP HOME    SUMMARY STATEMENT OF DEFICIENCES   BLACK DEFICIENCY MUST BE PRECEDED BY FULL TAG			34G114	8. WING ,		10	/27/2020	
### REQUATORY OR LSC IDENTIFYING INFORMATION  W 331  Continued From page 3 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 #6.  Review on 10/26/20 of a physician consult for client #6 dated 78/20 revealed a mass had been located on client #5s left parotid gland and that the physician was unable to complete an ultrasound because client #6 was uncooperative. Will require surgery.  Review of a nursing assessment and review report signed 78/20 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 #6 revealed "Parotid Mass-Needle biopsy and eventual surgery to remove turnor. Will sources will be available to completed on 10/26/20 of the Nursing monthly summary signed on 9/6/20 by the facility nurse revealed "0 8/17/20: FU 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  Interview by phone on 10/26/20 with the facility  ### W 331  This deficiency will be corrected by the following actions:  ### A. The facility will provide obtain and maintain preventive general medical care  ### B. All medical appointments will be reviewed and discussed at the monthly core appointments are schedule and follow up.  D. All the appointments will be reviewed and discussed at the monthly core team/quarterlies/annual ISP.  E. All physician orders will be completed with supporting documentation if unable to complete with supporting documentation i			E		5117 FOREST CREEK DRIVE	ÞE ,	1 UTL TILUMO	
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 #6.  Review on 10/26/20 of a physician consult for client #5 dated 7/8/20 revealed a mass had been located on client #9s left parolid gland and that the physician was unable to complete an ultrasound because client #6 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 blopsy 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 "6 117/20; F/U on L Parolid Mass-Recommend Fine needle Biopsy and Surgery to remove-V/III Need to discuss POA."  Review of the Nursing notes on 10/25/20 revealed no further notes about whether consent was obtained from client #5's guardian regarding whether the mass was being or malignant or whether surgery was to be scheduled.  Interview by phone on 10/26/20 with the facility  This deficiency will be corrected by the following actions:  A. The facility will provide obtain and maintain preventive general medical care  B. All medical appointment will be reviewed.  C. The team will ensure appointments will be reviewed and discussed at the monthly core team/quarterlies/annual iSP.  E. All physician orders will be reviewed and follow up.  D. All the appointments will be reviewed and follow up.  P. All the facility will provide obtain and maintain preventive general medical care  B. All medical appointments will be reviewed.  C. The team will ensure appointments will be reviewed and follow up.  D. All the appointments will be reviewed and discuss of the facility be reviewed and discuss of the facility be reviewed and discuss of the facility will require appointments will	PREFIX	(EACH DEFIC	ENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE		
nuise covering the lacking revealed site was	W 331	for diagnostic test  Nursing Services recommendations consent from the client #5.  Review on 10/26/ client #5 dated 7// located on client # the physician was ultrasound becau- Will require surge Review of a nursi report signed 7/8/ stable. Note mass require surgery."  Review on 10/26/ 8/17/20 for client Mass-Needle biog remove tumor. W  Review on 10/26/ summary signed revealed " 8/17/20 Mass-Recommer Surgery to remov  Review of the Nur revealed no furth was obtained fror whether the mass whether surgery v  Interview by phor nurse covering th	failed to follow by the physician to obtain guardian for diagnostic tests for  20 of a physician consult for 3/20 revealed a mass had been 45's left parotid gland and that a unable to complete an se client #5 was uncooperative.  17.  18. In a seessment and review 20 revealed, "Overall health. 20 of physician consult dated 45 revealed "Parotid 20 of physician consult dated 45 revealed "Parotid 20 of the Nursing monthly 20 of F/U on L Parotid 30 of Fine needle Biopsy and 31 e-VVIII Need to discuss POA."  Traing notes on 10/26/20 32 er notes about whether consent 33 er notes about whether consent 34 or notes about whether consent 35 or notes about whether consent 36 or notes about whether consent 37 or notes about whether consent 38 or notes about whether consent 39 or notes about whether consent 30 or notes about whether consent 30 or notes about whether consent 30 or notes about whether consent 31 or notes about whether consent 32 or notes about whether consent 33 or notes about whether consent 34 or notes about whether consent 35 or notes about whether consent 36 or notes about whether consent 37 or notes about whether consent 38 or notes about whether consent 39 or notes about whether consent 30 or notes about whether consent 31 or notes about whether consent 32 or notes about whether consent 33 or notes about whether consent 34 or notes about whether consent 35 or notes about whether consent 36 or notes about whether consent 37 or notes about whether consent 38 or notes about whether consent 39 or notes about whether consent 39 or notes about whether consent 30 or n	W 33	This deficiency will be on the following actions:  A. The facility will pobtain and main preventive generate B. All medical appointments are appointments are and follow up.  D. All the appointments are and follow up.  D. All the appointments are and follow up.  E. All physician ordereviewed and disthe monthly conteam/quarterlies.  E. All physician ordereviewed, and all health screening completed with documentation in complete/obtain the team will assemble with guardian.  F. Qualified Professions on the guar medical needs and consent for treat.  G. RN will review medical review medical needs and consent for treat.  G. RN will review medical review medical needs and consent for treat.  G. RN will review medical review	provide ptain pral medical pintment will presents will be scussed at less will be lers will be supporting if unable to preferred, less options sional will and to obtain ment. It is monthly will monitor less on al will sional will be sional will monitor less on al will sional will be will monitor less on al will sional will monitor less on al will sional will be will monitor less on al will be wi	12.27.2020	

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34G114		8. WING		10/27/2020			
NAME OF P			5	TREET ADDRESS, CITY, STATE, ZIP CODE 117 FOREST CREEK DRIVE (ALEIGH, NC 27606		* '	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 331	office.  Interview on 10/27/20 revealed there was no regarding whether the completed and what to confirmed it was not confirmed.	with the Program Manager of written documentation to needle biopsy had been the results were. He also dear whether the guardian contacted for consent for a	W	331			

11-01-'20 08:29 FROM-

T-280 P0001/0007 F-725

Community Alternatives – NC Southeast Region 1001 Navaho Drive Suite 101 Raleigh, NC 27609

Phone: 984-205-2630 **FAX**: 984-205-2643

#### **RECEIVED**

By DHSR Mental Health Licensure & Certification at 8:03 am, Nov 02, 2020

# FAX

To: KIM M-Caskell.	From: Jennane Koun
Fax: 919.715 8078	Pages: 6
Phone: 9/9.855-3795	Date: 11.1.2020
Re: DUNY	CC:
Urgent For Review Please Cor	nment Please Reply, Please Recycle
Mak	K. G
Comments:	, <del></del>



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November 1, 2020

Kimberly C. MCCaskill, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification section
NC Division of Health Services Regulations
2718 Mail Service Center
Raleigh NC 27699-2718
919.855.3795 office
919.715.8078 fax

RE:

Plan of Correction for Annual Survey Completed October 27, 2020

Forest Creek Group Home,

5117 Forest Creek Drive, Raleigh, NC 27606

Provider Number: 34G114

MHL# 092-044

Dear Ms. McCaskill

We appreciate the courtesy extended by you while surveying the Forest Creek Group Home, Raleigh , North Carolina.

As indicated on the Plan of Correction, we will have the Deficiencies corrected for, the Annual survey completed on October 13, 2020 completed December 27, 2020

We are committed to providing the highest possible care for the people we serve at Forest Creek Group Home,.

If you have questions, please contact Cynthia Bradford, Assistant Executive Director 276.252.8193 cell 984.205.2630 ext. 238. Or JerMaine Kearney, Program Manager 984.205.2630 ext 403

Sincerely,

Marika Whack, Executive Director

Community Alternatives North Carolina-Southeast Region

1001 Navaho Drive suite 101 Raleigh, North Carolina, 27609 919.827.2790 cell

984.205.2630 etx. 405

mawhack@rescare.com