

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OR SUPPLIER ROUSE'S GROUP HOME #6			STREET ADDRESS, CITY, STATE, ZIP CODE 5820 NC HIGHWAY 135 STONEVILLE, NC 27048	
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure the individual support plan (ISP) for 1 of 3 sampled clients (#3) included objective training to address needs relative to non-compliance and personal space. The finding is:</p> <p>Observations in the group home on the afternoon of 9/1/20 at 5:00 PM revealed client #3 to sit in the living room and engage in an activity with his peers. Further observations revealed client #3 to stand up in front of this surveyor, arms stretched, asking for a hug, and touching this surveyor's shirt. Client #3 was redirected by Staff (B) to refrain from standing so close, maintain distance and return to sitting on the sofa. Client #3 was observed returning to the sofa, hugging one of his peers, and again being redirected by staff (B) to refrain from touching other clients and stating, "you know better and should not be touching others". Client #3 immediately refrained from touching his peer and moved to the opposite side of the sofa. Further observations at 5:30 PM revealed client #3 to return from the laundry and extend his arms, hugging another peer in the hallway. Continued observations revealed staff (B) intervening by redirecting client #3 to refrain from hugging his peers and return to the sofa for an activity.</p>	W 227	<p>DHSR - Mental Health</p> <p>NOV 6 2020</p> <p>Lic. & Cert. Section</p> <p>The RGH Interdisciplinary team (Clinical director, AQPs, Health Care Supervisor, Med Tech, Safety Coordinator/Community Liaison, Psychologist) will hold a core meeting to perform a clinical review of client training objectives and goals.</p> <p>During the discussion of client #3's core team meeting, the Interdisciplinary team will review, revise, and implement training objectives to address personal space and implement recording on the ABC data sheet to address client #3's non-compliance.</p> <p>Weekly, the Clinical team (Clinical Director, AQPs, Psychologist, Health Care Supervisor) will perform observations and review data of client #3. The Clinical team will collect a baseline data on client# 3's non-compliance.</p> <p>Team will monitor client #3's training objectives and BSP data collection during monthly clinicals to determine if client's needs are met. During review, training objectives and BSP data will be modified as needed</p> <p>Quarterly, the Clinical team will monitor, review, and evaluate training objectives and data collection on client #3.</p> <p>Annually, and/or as client's needs change, training objectives and BSP will be analyzed, updated, and implemented.</p>	<p>09/02/20</p> <p>09/02/20</p> <p>09/30/20</p> <p>10/15/20</p> <p>11/02/20</p> <p>11/02/20</p>

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

Delna G. Rouse

TITLE

Executive Director

(X6) DATE

09/15/2020

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: 09/10/2020
FORM APPROVED
OMB NO. 0938-0391

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W 227	Continued From page 1 Observations in the group home on the morning of 9/2/20 at 7:00 AM revealed client #3 coming from the kitchen and standing in front of the medication cabinet while another peer was receiving medication administration. Staff (D) redirected client #3 to refrain from standing behind the client receiving medications and to go to the living room until he is called for his medications. Client #3 was observed walking away from the medication cabinet and walking into the living room. Further observations at 7:45 AM revealed client #3 returning from his room and walking behind a peer and looking over his shoulder at the medication cabinet during medication administration. Staff (D) was observed redirecting client #3 to go into the living room and refrain from being in his peer's personal space. Staff (D) was observed telling client #3 "you do this all the time and you know better". Continued observations at 8:15 AM revealed client #3 to walk up to a peer in the tv room and attempt to place his forehead in the person's face. Staff (A) was observed redirecting client #3 to get out of his peer's face and sit down for a group activity. Review of the client record for client #3 revealed an Individual Support Plan (ISP) dated 7/9/20. Further review of the ISP states that client #3 has the following program goals: Tooth brushing, evacuate during fire drill, dry lower body after a bath, close door for privacy, stay on task ten minutes, recognize community survival signs, take medications independently, and a horticulture goal. Further review of the ISP does not include respecting the personal space of others.	W 227		

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W 227	Continued From page 2 Interview with staff (D) on 9/2/20 verified that client #3 will often come into the medication area with his peers, however he usually responds well to prompting from staff. Interview with the Qualified Intellectual Disabilities Professional (QIDP) verified that client #3 has exhibited this type of behavior in the past and the team is familiar with this type of behavior. Further interview with the QIDP confirmed that client #3 does not have any current program goals as it relates to personal space. QIDP also verified during the interview that client #3 could benefit from training objectives relative to respecting personal space.	W 227		
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