RHA Health Services, LLC
2527 E. Lyon Station Rd
Creedmoor, NC 27522
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FAX TRANSMISSION

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

To:	Esther Moore	**Fax:**	919-715-8078
From:	Morris Thomas	**Date:**	12/15/19
Re:		**Pages:**	8 (Including Cover)
CC:			

Urgent	***For Review**	**As Requested**	**Please Reply**	**Please Recycle**

Additional Comments:

RHA
HEALTH SERVICES, LLC

July 9, 2019

Mrs. Esther Moore, BSW/QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

RE: Recertification Survey Completed on 11/24/2020
Dove Road Home
Provider Number: 34G131
MHL Number: MHL-039-004

Dear Mrs. Moore

Thank you for your recent survey of Dove Road. It was a pleasure working with you and we look forward to your follow up and return to ensure all deficiencies have been corrected.

Enclosed you will find the plan of correction for all deficiencies cited. If anything was missed please let me know and I will make the proper corrections.

Sincerely

Morris Thomas
Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G131	A. BUILDING _____ B. WING _____	11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOVE ROAD HOME	102 DOVE ROAD CREEDMOOR, NC 27522

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and staff interviews, the facility failed to ensure privacy for 2 of 4 audit clients (#1 and #6) while in the restrooms. The findings are: A. During evening observations in the home on 11/23/20 at 5:46 PM, client #1 was in the bathroom with Staff C getting ready to brush her teeth before taking a shower. The door to the bathroom was open, with Staff C closest to the door. Client #1 stood in front of the toilet, dropped her pants and sat down on it to use the bathroom. The surveyor immediately stepped out of the bathroom into the hall. Staff C stated that she did not realize that client #1 had to use the bathroom; but allowed the bathroom door to remain open. On 11/23/20 review of the adaptive behavior instrument (ABI) revised on 1/12/19 for client #1 revealed that she closed the bathroom door for privacy with total independence. During an interview with Staff C on 11/23/20, she stated that client #1 usually closed the door when using the bathroom. She did not offer an explanation, why she did not close the door for client #1. B. During evening observations in the home on 11/23/20 at 6:00 PM, client #6 was taken to the bathroom by Staff D to get a shower. The door to	W 130	A & B-The Habilitation Specialist will implement a formal program for Client #1 and #6 in regards to closing the bathroom door for privacy. All staff will be inserviced by the Habilitation Specialist on Client #1 and #6 privacy program. The Clinical team will monitor to ensure client #1 and #6 privacy program is implemented through 2 Interaction Assessment a month and then on a routine basis. In the future, QP will ensure staff are trained to ensure clients rights to privacy during toileting.	01/24/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 12/14/20

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W 130	Continued From page 1 the bathroom was halfway opened and another client sat in the bedroom, where the bathroom was located. Before brushing her teeth, client #6 walked to the toilet, with her hands on her waistband. Staff D realizing that client #6 was about to toilet, alerted the surveyor so that I could step out of the bathroom. Staff D allowed client #6 to use toilet with door open. After client #6 brushed her teeth, Staff D closed the bathroom door. On 11/23/20 review of the ABI revised on 10/11/18 for client #6 revealed that she had partial independence skills in closing the bathroom door for privacy. On 11/24/20, the home manager (HM) was interviewed about privacy for clients. The HM stated that staff should close the door for clients if they are already on the toilet. It was their job to ensure privacy. On 11/24/20, the qualified intellectual disabilities professional (QIDP) was interviewed about privacy for clients. The QIDP stated that staff were constantly reminded to ensure privacy while in bathroom and to remind clients to shut the door.	W 130		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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	W 249		

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W 249	Continued From page 2 plan. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to consistently implement the use of an adaptive device, to aide 2 of 4 audit clients (#2 and #4) with sitting. The findings are: A. During observations in the home on 11/23/20 at 5:13 PM, client #4 was sitting at the dining table, without a footstool placed under her feet. On 11/23/20, the review of client #4's individual program plan (IPP) dated 2/26/20 indicated she needed a footstool while sitting. B. During observations in the home on 11/24/20 at 8:12 AM, client #2 sat upright on the edge of her bed, without a footstool placed under her feet for nearly 2 hours. On 11/23/20, the review of client #2's IPP dated 1/15/20 indicated she needed a footstool while sitting and at meals. During an interview with Staff A on 11/24/20 she indicated client #2 did not need to use a footstool when sitting on bed because she rarely sat on the edge of her bed. During an interview with the qualified intellectual disabilities professional (QIDP) on 11/24/20 she indicated that both clients #2 and #4 had short statures and needed a footstool when sitting to prevent their legs from dangling in the air.	W 249	A& B-The Habilitation Specialist will in-service staff on clients #2 and #4 order to use foot stool when clients # 2 and # 4 is in seated position during mealtime and leisure activites. The clinician team will complete Meal Assessment and Interaction Assessment 2X per week for 1 month and than on a routine basis to ensure staff are following orders for clients #2 and #4 use of a foot stool. In the future the QP will ensure staff are trained and implement order for adapitive equipment.	01/24/2021

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W 340 W 340	Continued From page 3 NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, policy and staff interviews, the facility failed to ensure that staff were sufficiently trained in wearing face masks. This potentially effected all the clients in the home. The findings are: A. During lunch observations in the home on 11/23/20 between 12:15-1:15 PM, 5 clients sat at a table with Staff A sitting in between them. The clients do not wear face masks. Staff A sat with her face mask fallen under her nose. She readjusted the mask on her nose, but had been heard earlier stating she was hot before the meal began. B. During evening observations in the home on 11/23/20 at 6:30 PM, Staff D removed her face mask, while in the kitchen and went to a fan to get some air. Within less than a minute, Staff D returned the mask to her face, commenting that she did not like to wear it because it bothered her skin and she was too hot. An additional observation of Staff D on 11/23/20 at 6:50 PM revealed that she wore her face mask beneath her nose, as she leaned over a non-audit client's shoulder, to help her trace letters.	W 340 W 340	A,B,C,& D-The responsible nurse will be in-service all staff on the properly of wearing a mask. Monitoring will be completed through the Interaction Assessment 2x a week to ensure staff are wearing PPE correctly and Quarterly Nursing Assessment. In the future, nursing will ensure all staff are trained on information relevant of using the PPE.	01/24/2021

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W 340	Continued From page 4 C. During morning observations in the home on 11/24/20 at 8:08 AM, Staff E was observed wearing a gown, gloves, a face mask below her nose and a face shield. When Staff E was asked if she always wore her face mask in that manner, she pulled it over her nose. D. During morning observations in the home on 11/24/20 at 8:47 AM, Staff G entered the kitchen to speak with Staff B. Staff G wore her face mask, below her nose. Staff G's face mask remained beneath her nose for the next hour as she assisted 4 clients with various activities in the living room. Review on 11/24/20 of the facility's In-service training on proper placing and removal of surgical masks, dated 9/28/20 stated that surgical masks would be used as a physical barrier to help limit the spread of germs and prevent the transmission of infectious agents. On 11/24/20, the qualified intellectual disabilities professional (QIDP) was interviewed about infection control. The QIDP stated that the nurse had trained staff on how to wear face masks. All staff were required to wear and maintain their face masks on their face during work. On 11/24/20, the nurse was interviewed about infection control. The nurse stated that she had recently trained the staff, using teaching guides of diagrams and videos to instruct. The nurse acknowledged that she had not demonstrated to staff, how to wear the face mask so that it covered the nose and mouth.	W 340		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)	W 436		

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W 436	Continued From page 5 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. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to provide an eyeglass training program for 2 of 4 audit clients (#1 and #2). The findings are: A. During observations in the home on 11/23/20 on 1st and 2nd shift, client #2 was observed watching television, viewing a magazine and ambulating without her eyeglasses. Client #2's eyeglasses were on top of her bedroom dresser. An additional observation in the home on 11/24/20 from 8:00 AM until 9:30 AM, revealed that client #2 sat in her bedroom watching television and viewing a magazine, without her eyeglasses. Client #2's eyeglasses remained on top of her bedroom dresser. On 11/24/20 at 10:00 AM client #2 was wearing her eyeglasses and stated that Staff A put them on her face. Review on 11/23/20 of client #'s individual program plan (IPP) dated 1/15/20 stated that she wore corrective lenses to assist with visual impairment; she continued to have problems with depth perception issues. It further stated that she should be encouraged to care for glasses and wear during wake hours. B. During evening observations in the home on	W 436	A & B-The Habilitation Specialist will implement a formal program for Clients #1 and #2 to use, care and make informed decisions about wearing eyeglasses. The clinical team will monitor through Interaction Assessments 2x a week for one month and then on a routine basis to ensure Client #1 and #2 eyeglasses program is being implemented as prescribed. In the future, the QIDP will ensure all individuals supported will be provided decisions about the use/ care of their prescription eyeglasses.	01/24/2021

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W 436	Continued From page 6 11/23/20 at 5:00 PM, client #1 sat at the dinner table, eating and was not wearing her eyeglasses. An additional observation on 11/24/20 at 8:00 AM revealed client #1 was working on activities with Staff B, without wearing her eyeglasses. On 11/24/20 at 9:35 AM, client #1 was asked if she wore eyeglasses. Client #1 got up from the table, went to her backpack and retrieved a pair of eyeglasses and put them on her face. Review on 11/24/20 of client #1's IPP dated 1/8/20 indicated that she wore eyeglasses during waking hours. It further noted that client #1 had Myopic Astigmatism and had been prescribed corrective lenses but needs reminders to consistently wear them. On 11/24/20, Staff B was interviewed and stated that client #1 normally wore her glasses, but noticed that they would slide down client #1's nose. On 11/24/20, Staff A was interviewed and stated that 3rd shift staff usually put the eyeglasses on clients who wore them, when assisting with grooming. She also said that the facility added a chain to the client's eyeglasses, to help remind them to wear them. On 11/24/20, the qualified intellectual disabilities professional (QIDP) was interviewed. The QIDP stated that 2 clients at the home wore eyeglasses and that they needed to be worn at all times when they are up. If the clients resisted wearing them, staff should try to encourage them without causing a behavior.	W 436		