

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

PRINTED: 12/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2020
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NAME OF PROVIDER OR SUPPLIER SHERWOOD PARK HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 126 ROBINHOOD LANE ABERDEEN, NC 28315
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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 000	INITIAL COMMENTS A recertification and complaint survey was completed on 12/15/2020. The allegations for Intake #NC00170520 were not substantiated. Deficiencies were cited as a result of the recertification survey.	W 000		
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #13 had legal guardianship as documented. This affected 1 of 9 audit clients. The finding is: Review on 12/14/20 of client #13's record revealed client #13 had co-guardians. Further review of client #13's record revealed only one guardian had signed consents for medical treatment and consent for client #13's behavior support plan (BSP) and rights restrictions. Review on 12/14/20 of client #13's individual program plan (IPP) dated 7/28/20 revealed one signature for the legal co-guardianship. Interview on 12/15/20 with the facility quality improvement professional revealed the client #13 did have co-guardians in the past. Further interview with the quality improvement personnel revealed that prior to the development of the IPP dated 7/28/20, one of the guardians was	W 125		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jan Herring</i>	TITLE VP of Operations	(X6) DATE 12/28/2020
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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.



December 28, 2020

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Ms. McCaskill:

Enclosed is the plan of correction for the Sherwood Park Home
126 Robinhood Lane, Aberdeen, NC 28315.
Provider No: 34G030
MHL: 063-007

We are requesting for a return visit on or after 1/29/2021 for follow-up on the plan of correction.

If additional information is needed please contact Jan Herring (910) 273-2502
jherring@rhanet.org or Dewey James (910) 916-0872 djames@rhanet.org.

Respectfully,

A handwritten signature in cursive script that reads "Jan Herring".

Jan Herring
Vice-President of Operations

RHA Health Services NC, LLC 15235 Airport Road Maxton, North Carolina 28364

Sherwood Park Group Home

Survey date: 12/15/2020

126 Robinhood Lane

Aberdeen, NC 28315

Provider No: 34G030

MHL: 063-007

W125: Rights: guardianship

The facility will ensure legal guardianship is documented and updated in all records of people supported.

Qualified Profession (QIDP) will contact guardian of person supported #13 and request amended guardianship documentation for person supported #13's records.

Interdisciplinary team will audit all records to ensure current guardianship papers are in each record.

QIDP will identify individuals with multiple guardians. Consents will be audited to ensure current guardian(s) have signed consents in the records of people supported.

A chart review of the records of people supported will be completed twice per year by the Interdisciplinary Team.

Completion date: 2/15/2021

W195: Condition of Participation (Active Treatment)

The facility will ensure each client receives a continuous active treatment program. Active treatment needs will be identified through comprehensive assessments, development of the Person Centered Plan (PCP) with specific objectives, implementation of plan as written and documentation of services.

Cross reference to W 196 (active treatment), W 249 (implementation of the PCP), W227 (comprehensive functional assessment), and W 252 (documentation of data collection).

Completion date: 1/29/2021

W 196: (Active Treatment)

All people supported will receive a continuous active treatment program consisting of comprehensive functional assessments, implementation of the Person Centered Plan, generic and formalized training, and documentation of data collection.

Cross reference to W 196 (active treatment), W 249 (implementation of the PCP), W227 (comprehensive functional assessment), and W 252 (documentation of data collection).

Completion date: 1/29/2021

W 227: Comprehensive Functional Assessment

The facility will ensure comprehensive functional assessments are completed for each person supported to identify active treatment needs and to specify program objectives.

The psychologist will update the psychological evaluation for person supported #9 to include assessment of spitting behaviors. Nursing staff will assess spitting behavior and provide protocol to address infection control. A formal behavior intervention plan will be developed based upon assessments and implemented.

QIDP, Behavior Analyst, Direct Support Supervisor, and/or Habilitation Specialist will conduct Interaction Assessments once per week for two consecutive months to identify any additional assessment or training needs of people supported. Assessments will be completed as needs identified.

Completion date: 1/29/2021

W 249: Implementation of the Person Centered Plan

The facility will ensure the implementation of each person's Person Centered Plan is implemented as written.

A. The QIDP, Habilitation Specialist and / or Habilitation Assistant for OT/PT will provide staff training in offering activities and formal programs to person supported # 5. Training will include mealtime and pressure relief schedules, offering choices and engaging person supported in activities when in bed for pressure relief.

Side layer will be repaired or replaced. Staff will receive training on using side layer as alternative for positioning and as support for engaging in activities.

Physical therapist will assess person supported #5 for wheelchair and support seating. Equipment will be ordered. Alternative seating support will be identified in the event of delay in wheelchair delivery. Staff will receive training on proper positioning and repositioning for any support device used by person supported #5.

B. The QIDP, Habilitation Specialist and / or Habilitation Assistant for OT/PT will provide staff training in offering activities and formal programs to person supported # 1. Training will include mealtime guidelines, health service goal on monitoring for choking and repositioning.

Nursing staff will provide direct support staff will receive additional training on prevention of choking and interventions.

Physical therapist will assess person supported #1 for wheelchair and support seating. Equipment will be ordered. Alternative seating support will be identified in the event of delay in wheelchair delivery. Staff will receive training on proper positioning and repositioning for any support device used by person supported #1.

C. DSS will receive additional training on mealtime guidelines to include training methods for person supported #4. Guidelines and training will be implemented across all meals and snacks to promote independence during mealtimes.

D., E., and F(1). DSS will receive additional training on persons supported # 12, #13, and #8's formal programs, preferred activities, and offering choices.

The Habilitation Specialist will provide additional training to DSS on prompting all people supported to offer choices of activities, how to engage them in activities, incidental training, promoting independence and reinforcing participation.

F (2) and (3) The QIDP, Habilitation Specialist and / or Habilitation Assistant for OT/PT will provide staff training in offering activities and formal programs to person supported # 8. Training will include mealtime guidelines and repositioning.

Physical therapist will assess person supported #8 for wheelchair, support seating, type and use of walker. Equipment needed will be ordered and identified in PCP. Alternative seating support will be identified in the event of delay in wheelchair delivery. Staff will receive training on proper positioning and repositioning for any support device used by person supported #8.

The QIDP, DSS, Habilitation Specialist, Behavior Analyst and/or Hab. Asst. OT.PT will monitor for implementation of the PCP's using the Interaction Assessment, Formal Program Assessments Mealtime Assessments. QIDP will assign assessments to be completed on a weekly basis varying shifts in the home. Additional training will be provided as identified through assessments.

Completion date: 1/29/2021.

W252: Data Documentation

Data will be documented on all formal programs as indicated in the PCP.

The Habitation Specialist will provide additional training to all DSPs on data collection for formal programs, including people supported # 5, #8, #12, and #13. Training will include documentation of training prompts and frequency as identified in the formal programs.

The QIDP, DSS, and/or HS will monitor data collection by auditing formal program data sheets each week and addressing any gaps in data collection. Formal program assessments will be completed on a weekly basis.

Completion date: 1/29/2021

W 369 Drugs administration

The facility will ensure all drugs are administered without error.

The Registered Nurse (RN) will provide training to all medication technicians on administering medications at the designated times ordered by the physician and within the one hour before or after range. Any medications given outside of the range must be reported to nursing staff.

The RN will provide training to all medication technicians on administration methods and which medications should be crushed, given with food, mixed, or given by means other than oral tablets with water.

Training will include medication orders for person supported #13 and #2, as well as others in the facility.

All medication technicians will be retrained on notifying the nursing staff of any medication error as well as any break in procedure of the medication process. The RN will train medication technicians on how to complete the Medication Error and the Break in Procedures forms.

The RN, QIDP, and/or DSS will complete medication administration assessments once per week, varying shifts to ensure medication are administered without error.

Completion date: 2/15/2021

W 436 Space and equipment

The facility will ensure all specialty equipment for people supported is furnished, maintained in good repair, and training is provided on use and making choices.

The RN and Habilitation Specialist will develop a formal program to teach client #12 to make informed choices in wearing and caring for his hearing aid. Data will be collected as identified in the formal program.

The QIDP, DSS, HS will monitor for implementation of program and use of specialized equipment using the Interaction Assessment and Formal Program Assessments biweekly for two consecutive months.

Completion date: 2/15/2021

W 454 Infection control

The facility will provide a sanitary environment to avoid sources and transmission of infections.

A. The RN will provide additional training to all staff on infection control per company policy as it pertains to prevention of cross contamination in the home. Training will include proper use of Personal Protective Equipment (PPE).

B. The RN will provide additional training to all staff on infection control precautions and sanitizing areas where person supported #4 spits. Training to include cleaning of immediate area, items shared, alternative seating and implementation of the formal Behavior Support Plan (see tag W227).

The RN, QIDP, and/or DSS will monitor bi-weekly through assigned Interaction Assessments for two consecutive months, assessment to be assigned by the QIDP.

Completion date: 2/15/2021