

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

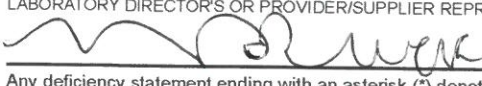
PRINTED: 12/02/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2020
NAME OF PROVIDER OR SUPPLIER CAROLINA FARMS GROUP HOME #2			STREET ADDRESS, CITY, STATE, ZIP CODE 31713 HERB FARM CIRCLE ALBEMARLE, NC 28001	
(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	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure privacy for 3 of 6 clients residing in the facility (client #3, #4, #5 and #6). The findings are:</p> <p>A. The facility failed to ensure privacy was maintained for client #3 while in the bathroom. For example:</p> <p>Observations in the group home on 11/24/20 from 9:15 AM to 9:45 AM revealed staff D to enter and exit bathroom #1 while client #3 was inside without knocking on two separate occasions. At no point during the observation period did staff D knock on the bathroom door or request to enter while client #3 was inside.</p> <p>Interview with the Home Manager (HM) on 11/24/20 verified that staff should have knocked on the bathroom door and requested to enter prior to walking in. Further interview with QIDP (qualified intellectual developmental professional) on 11/24/20 confirmed that client should be afforded privacy while in bathroom and staff should have knocked prior to entering.</p> <p>B. The facility failed to ensure privacy was maintained for client #6 while in the bathroom. For example:</p>	W 130	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">Lic. & Cert. Section</p> <p>W130</p> <p>The QP/manager will inservice staff to assure privacy for Client #3, #4, #5, and #6 in their bedroom and bathroom. Staff will be trained that the clients should be afforded privacy while in the bedroom and bathroom to include that staff should knock prior to entering and ask permission to enter.</p> <p>The Chief Regulatory Officer will train the QP and manager to monitor and conduct periodic observations in the home to ensure staff are respecting the privacy for the clients with knocking and asking permission to enter bedroom and bathroom for two months or until the issue is resolved.</p>	1-23-21

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

TITLE

(X6) DATE



Chief Regulatory Officer

12/3/2020

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.

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NAME OF PROVIDER OR SUPPLIER CAROLINA FARMS GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 31713 HERB FARM CIRCLE ALBEMARLE, NC 28001
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W 130	<p>Continued From page 1</p> <p>Observations in the group home on 11/24/20 from 9:15 AM to 9:45 AM revealed staff D to enter and exit bathroom #2 while client #6 was inside with medications in hand without knocking on two separate occasions.</p> <p>Interview with the Home Manager (HM) on 11/24/20 verified that staff should have knocked on the bathroom door and requested to enter prior to walking in. Interview with QIDP (qualified intellectual developmental professional) on 11/24/20 confirmed that client #6 should be afforded privacy while in bathroom and staff should have knocked prior to entering.</p> <p>C. The facility failed to ensure privacy was maintained for client #5 while in the her room. For example:</p> <p>Observations in the group home on 11/24/20 from 9:45 AM to 10:00 AM revealed client #5 to sit in her room participating in an activity. Further observations revealed staff D to enter and exit client #5 room without knocking or requesting to enter her room.</p> <p>Interview with the Home Manager (HM) on 11/24/20 verified that staff should have knocked on client #5's door and requested to enter prior to walking into her room. Interview with the HM also confirmed that all staff should request to enter a client's room whether the door is open or closed to ensure privacy. Interview with the QIDP on 11/24/20 confirmed that clients should be afforded privacy in their rooms at all times.</p> <p>D. The facility failed to ensure privacy was maintained for client #4 while in the bathroom.</p>	W 130		
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W 130	<p>Continued From page 2 For example:</p> <p>Observations in the group home on 11/24/20 from 10:15 AM to 10:30 AM revealed staff D to enter and exit the bathroom while client #4 was inside. At no point during the observation period did staff D knock on the bathroom door or request to enter while client #4 was inside.</p> <p>Interview with the Home Manager (HM) on 11/24/20 verified that staff should have knocked on the bathroom door and requested to enter prior to walking in. Interview with QIDP on 11/24/20 confirmed that all staff should knock on doors prior to entering a clients' bedroom or while in the bathroom.</p>	W 130		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 3, 2020

Melissa Rivera, Director of Clinical Services
GHA Autism Supports
PO Box 2487
Albemarle, NC 28002

Re: Recertification Survey Completed November 24, 2020
Carolina Farms Group Home #2, 31713 Herb Farm Circle, Albemarle, NC 28001
Provider Number 34G349
MHL# 084-057
E-mail Address: melissarivera@ghainc.org

Dear Ms. Rivera:

Thank you for the cooperation and courtesy extended during the recertification survey completed November 24, 2020. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is Jan 23, 2021.

1. What to include in the Plan of Correction

2. Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
 3. Indicate what measures will be put in place to **prevent** the problem from occurring again.
 4. Indicate **who will monitor** the situation to ensure it will not occur again.
 5. Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DHSR - Mental Health

Lic. & Cert. Section

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

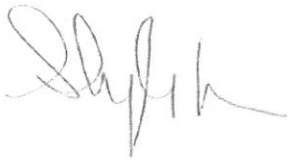
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2702.

Sincerely,



Shyluer Holder-Hansen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
_DHSR_Letters@sandhillcenter.org