

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2020
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NAME OF PROVIDER OR SUPPLIER PENNY LANE II	STREET ADDRESS, CITY, STATE, ZIP CODE 2830 HIGHWAY 70 EAST CLAREMONT, NC 28610
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W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interviews, the individual program plan (IPP) failed to include sufficient interventions to address behavior management for 1 of 5 clients (#2). The finding is:</p> <p>Observations in the group home on 11/18/20 revealed 2 staff to work with the 5 clients of the group home. Continued observation revealed client #4 to gesture to this surveyor that client #2 had grabbed her right arm. Further observation revealed client #2 to sit in the living room in a chair directly in front of the television. Additional observation in the group home revealed the refrigerator and pantry to have locks and a small refrigerator to be placed in the dining room with no lock. Observation inside the small refrigerator revealed one small bag of carrots.</p> <p>Review of records for client #2 on 11/18/20 revealed a person centered plan dated 11/5/19 that contained a behavior support plan with a revised date of 10/25/20. Review of the behavior plan for client #2 revealed target behaviors of non-cooperation, agitation, aggression,</p>	W 249	<p>Habilitation Specialist and QP will train staff to provide active treatment according to the PIRT Method (Prompt, Interact, Reinforce, Travel.) Staff will be in-serviced and trained to offer and encourage engagement by giving options for leisure and other activities. IDT will continue to monitor, train and discuss further needs for staff training and assistance in this home.</p> <p>Behavioral Analyst, along with Psychologist, will ensure addition of step by step interventions to be implemented to address peer on peer aggression by client #2 into Behavior Support Plan. Excessive eating will also be added as a target behavior. QP and Behavioral Analyst will ensure training of group home staff to ensure proper implementation of Behavior Support Plan. Behavioral Analyst, along with Psychologist, will clarify client #2's level of supervision in the Behavior Support Plan.</p> <p>DHSR - Mental Health DEC 1 2020 Lic. & Cert. Section</p>	1/18/2020 Ongoing
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Janet Kappner BA QP* TITLE *BA QP* (X6) DATE *12/19/2020*

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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W 249	<p>Continued From page 1</p> <p>self-injurious behavior, property destruction, tantrum behavior, inappropriate toileting and AWOL. Review of a diagnosis history for client #2 revealed severe intellectual disability, autism and PICA.</p> <p>Continued review of the behavior plan for client #2 revealed prevention strategies of: structuring leisure activities to assure appropriate engagement, structure leisure that will expend energy. Client #2 has been reported to eat excess amounts of food; refrigerator and pantry will be locked 24 hours a day, mini fridge will be kept in the home where appropriate snacks may be selected by residents. Staff will be within eyesight of client #2 without physical barriers to intervene quickly to prevent AWOL/PICA behavior.</p> <p>A review of mini-team reports relative to client #2 revealed a meeting dated 10/25/19 that indicated peer on peer aggression; client #2 wanted to sit where client #4 was sitting, client #2 pinched client #4. 1:1 staff in-serviced to monitor and ensure client #2 is not grabbing others.</p> <p>Continued review of mini-team documentation revealed a meeting dated 11/5/19 that indicated: pantry lock; team does not think pantry lock is necessary at this time, 1:1 staff should monitor him. Further review revealed mini-team documentation dated 2/4/20 that indicated to address seeking excessive foods the team agrees to obtain consents to secure pantry and refrigerator during third shift hours to allow staff to monitor all individuals adequately. Subsequent review of mini-team reports revealed no team documentation from 2/5/20-9/10/20.</p> <p>A review of notes by the qualified intellectual</p>	W 249	<p>Administrator and QP will ensure appropriate staff ratio to provide for client #2's level of supervision.</p> <p>IDT will develop formal guidelines relative to the use of the mini-refrigerator. QP will ensure group home staff are trained on the guidelines and use of mini-refrigerator.</p> <p>Compliance will be ensured via quality assurance assessments conducted at least twice weekly for a period of four weeks and routinely thereafter. Behavioral Analyst will track data for targeted behavior twice weekly to ensure supports are implemented as necessary.</p> <p>In the future, the IDT will ensure that all individuals participate in continuous active treatment to ensure enriching engagement is fostered throughout the day. IDT will also ensure that all individuals are receiving the appropriate level of supervision based on needs. Behavioral Analyst will ensure problematic behavioral actions are included in the Behavior Support Plan to ensure appropriate supports are implemented.</p>	<p>1/18/2020 On-going</p> <p>1/18/2020 On-going</p> <p>1/18/2020 On-going</p>
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W 249	<p>Continued From page 2</p> <p>disabilities professional (QIDP) revealed no documentation since 1/14/19. A review of incident reports for 10/2020 revealed incident reports for client #2 relative to peer on peer aggression dated 10/22/20, 10/23/20, 10/25/20, 10/28/20 and 10/30/20. Continued review of incident reports for client #2 in 10/2020 revealed the need for a mini-team to address peer on peer aggression with no documentation that meetings occurred.</p> <p>Interview with staff A in the group home on 11/18/20 revealed client #4 had just been grabbed by client #2 as the client has physical aggression behaviors. Continued interview with staff A revealed client #2 controls the living room television and the other clients in the group home usually stay in their rooms. Further interview with staff A revealed locks are kept on the refrigerator and pantry due to excessive eating behaviors of client #2. Staff A additionally revealed the small refrigerator is used to support client #2 with eating in moderation while all clients can eat items kept in the refrigerator. Subsequent interview with staff A revealed she was unaware of any formal guidelines relative to the use of the mini refrigerator.</p> <p>Interview with the facility QIDP on 11/18/20 verified client #2 has physical aggression behaviors and excessive eating behaviors. Continued interview with the QIDP verified the small refrigerator in the group home is an intervention used to support the excessive eating behaviors of client #2 although no formal guidelines had been implemented to address the refrigerator. The QIDP also revealed she did not know why excessive eating was not identified as</p>	W 249	<p>QP will ensure programs and interventions implemented in the home have clear guidelines and staff are properly trained to ensure safe and appropriate implementation.</p> <p>QP will ensure mini-teams are conducted and mini-team reports completed per RHA policy.</p> <p>Compliance will be ensured through documentation of mini- teams.</p> <p>In the future, completion and implementation of mini-teams will be monitored by QP through quarterly chart reviews.</p>	<p>1/18/2020 On-going</p> <p>1/18/2020 On-going</p>
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W 249	<p>Continued From page 3</p> <p>a target behavior in client #2's behavior plan. Further interview with the QIDP verified an in-service training with staff relative to the use of the small refrigerator had not been conducted.</p> <p>Subsequent interview with the QIDP verified there was a lack of clarity in client #2's supervision needs from the behavior plan and documented team meetings and she was unsure what client #2's supervision requirement was as she had only been the QIDP for the group home a short time. The QIDP additionally verified there was no documentation of mini-teams for client #2 from 9/30/20-11/9/20 although multiple incident reports of physical aggression referenced the need for a mini-team due to incidents of physical aggression.</p>	W 249		



12/9/2020

Dear Ms. Mitchell,

Enclosed is the POC for Survey of Penny Lane 2 completed on 11/18/2020. Please let me know if I can answer any questions or provide further assistance.

Thank you,

A handwritten signature in black ink, appearing to read "Sarah Kotzan BA, QP". The signature is fluid and cursive, with the initials "BA, QP" written in a slightly larger, more legible font at the end of the signature.

Sarah Kotzan BA, QP
RHA Health Services

1754 GKN Way
Newton, NC 28658
Office Phone: 828-428-0061
Cell: 704-325-9384
Fax: 828-428-3600

DHSR - Mental Health

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