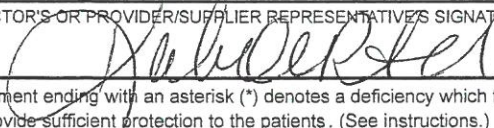


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/02/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OR SUPPLIER LAKEVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 5927 LAKEVIEW DRIVE CHARLOTTE, NC 28270		
(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 that privacy was maintained for 1 of 3 (#1) sampled clients while toileting. The finding is:</p> <p>Observations in the group home on 10/14/20 from 6:30 AM to 8:15 AM revealed client #1 to participate in various activities during the observation period. Further observations at 8:05 AM revealed staff E to follow client #1 into the bathroom, leaving the bathroom door ajar. Continued observations revealed staff A to assist client #1 in the bathroom, which could be seen and heard from the opening of the door to the hallway. Staff E was observed to assist client #1 with washing his hands and following him to the table to participate in the breakfast meal.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) verified that client #1 wears adult briefs and requires staff assistance with toileting. Further interview with the QIDP verified that staff should have ensured that the bathroom door was closed prior to assisting client #1 with his toileting needs. Continued interview with the QIDP confirmed that all clients should receive privacy when toileting or receiving assistance with their toileting needs.</p>	W 130	<p>W 130 The Qualified Professional will in-service all staff on clients right to privacy during toileting. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure staff are allowing client's privacy during toileting. In the future the Qualified Professional will ensure staff are trained to allow clients privacy during toileting.</p> <p>By: 12/14/20</p> <p>DHSR - Mental Health</p> <p>Lic. & Cert. Section</p>		
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p>	W 227			

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



TITLE

Director of Operations

(X6) DATE

11/4/2020

Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 227	<p>Continued From page 1</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 interviews the person-centered plan (PCP) failed to include sufficient training objectives or interventions relative to behavior management for 1 of 3 sampled clients (#4). The finding is:</p> <p>Observations in the group home on 10/13/20 from 4:00 PM to 6:00 PM revealed client #4 to participate in various activities including a game activity with staff, medication administration, assist with dinner preparation and to participate in the dinner meal. Observations at 5:35 PM revealed client #4 to stand in his bedroom with no pants on and an adult brief in his hands while other clients and staff were going in and out of the laundry room adjacent to his room. Further observations revealed client #4 was without pants and undergarments and visible from the hallway. Further observations at 5:40 PM revealed staff A to witness client #4 to stand in the doorway and to rush into his room closing the door behind her. Continued observations at 6:15 PM revealed client #4 to come out of his room with a clean t-shirt and shorts and to choose a game activity with staff assistance.</p> <p>Review of the record for client #4 revealed a person centered plan (PCP) dated 2/28/20 which includes the following program goals: request that staff participate in an activity with him, exhibit less than 35 incidents of target behaviors for six</p>	W 227	<p>W227</p> <p>A Team Meeting will be held to discuss clients #4 inappropriate toileting. The Habilitation Specialist will in-service staff on the results of the team meeting. The Qualified Professional will revise the Person Centered Plan to reflect the results of the Team Meeting. The clinical team will monitor through Interaction Assessments two times a week for one month and then on a routine basis to ensure client #4 inappropriate toileting needs are being addressed. In the future the Qualified Professional will ensure the Person Centered Plan includes sufficient training objectives or interventions relative to behavior management.</p> <p>By: 12/14/20</p>		

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W 227	Continued From page 2 months, use picture symbols, participate in community outings, work a puzzle, and use proper etiquette during meals. Further review of the record did not include training objectives or interventions relative to inappropriate toileting. Review of the behavior support plan (BSP) dated 10/15/19 states that client #4 exhibits the following target behaviors: kicks walls, doors, self-injurious behaviors, (SIBs), and physical aggression towards staff. Further review of the BSP did not include interventions relative to inappropriate toileting. Interview with staff A on 10/13/20 verified that client #4 often soils his clothes and does not consistently alert staff when he needs assistance in using the bathroom. Further interview with staff A verified that client #4 will often take off his adult briefs and soil on the floor. Staff A confirmed during the interview on 10/13/20 that client #4 took off his adult briefs and urinated while standing in front of his bed. Interview with the qualified intellectual disabilities professional (QIDP) verified that client #4 has a history of soiling his clothes and thought that client #4's toileting accidents had improved. QIDP confirmed during the interview that client #4's goals were current. Continued interview with the QIDP confirmed that client #4 could benefit from training objectives relative to inappropriate toileting.	W 227			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by:	W 475			

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W 475	<p>Continued From page 3</p> <p>Based on observation, record review, and interview, the facility failed to assure 1 of 3 sampled clients (#2) were provided with utensils and adaptive equipment to enable them to eat as independently as possible according to their highest functioning level. The finding is:</p> <p>Afternoon observations in the group home on 10/13/20 at 4:50 PM revealed client #2 to wash his hands with staff assistance and prepare for the dinner meal. Observations revealed client #2 to have the following utensils during the dinner meal: a plate, fork, spoon, knife, and two regular cups. Continued observations revealed client #2 to eat the following menu items: sausage, egg and cheese casserole, hash browns, cut up banana pieces, milk, and a sugar free beverage. At no point during the dinner meal did staff offer client #2 a cup with a lid and a straw.</p> <p>Morning observations in the group home on 10/14/20 at 8:00 AM revealed client #2 to participate in the breakfast meal. Further observations revealed client #2 to have the following utensils during the breakfast meal: a plate, fork, spoon, knife, and two regular cups with no lid or straw. Observations revealed client #2 to eat the following menu items: stewed apples with cinnamon, french toast, bacon, milk and water to drink. Continued observations revealed client #2 to drink a cup of milk with his hand trembling and milk spilling on the table. Observations revealed staff to assist client #4 with cleaning the spillage off of the table. At no point during the breakfast meal did staff offer client #2 a cup with a lid and a straw.</p> <p>Review of the record for client #2 revealed a person-centered plan (PCP) dated 8/27/20.</p>	W 475	<p>W475</p> <p>The Qualified Professional will in-service staff on client #2 use of utensils and adaptive equipment during meal time. The clinical team will monitor through Meal Time Assessments two times a week for one month and then on a routine basis to ensure staff are providing the appropriate utensils and adaptive equipment during meal time. In the future the Qualified Professional will ensure staff are trained and provide appropriate utensils and adaptive equipment during meals as prescribed in the Person Centered Plan.</p> <p>By: 12/14/20</p>		

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W 475	<p>Continued From page 4</p> <p>Further review of the PCP revealed that client #2 should have the following utensils during meals: regular plate, magic cup and a cup with lid and straw as recommended due to tremors. Review of the nutritional evaluation dated 6/30/20 recommended that client #4 should have a regular plate, regular utensils, and a cup with a lid and straw.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/14/20 verified that client #2 should have had a cup with a lid and straw during mealtimes. QIDP confirmed during the interview that all of client #2's goals are current. QIDP also confirmed during the interview that client #2 needs access to a cup with a lid and straw during meals due to his hand tremors.</p>	W 475			



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8160 6153 2079

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0215

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Account Number

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RHA Katherine Benton Phone (704) 278-9481

Company RHA HEALTH SERVICES

Address 211 ROSEMAN LN

Dept./Floor/Suite/Room

CLEVELAND

State NC

ZIP

27013-9473

Internal Billing Reference

24 characters will appear on invoice.

Recipient's
Name

Clarissa Henry

Phone ()

Company

DHSR Mental Health Licensure

Address

952 Old US Hwy 70

Dept./Floor/Suite/Room

Address

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Black Mountain

State NC

ZIP

28711-4501

0135975336



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611



November 4, 2020

Ms. Clarissa Henry, MHSA, QP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
952 Old US Highway 70
Black Mountain, NC 28711-4501

DHSR - Mental Health

DEC 2020

Lic. & Cert. Section

RE: MHL-060-237 Lakeview

Dear Ms. Henry:

Please see the enclosed Plan of Correction (POC) for the deficiencies cited at the Lakeview Group Home during your annual survey visit on 10/14/20. We have implemented the POC and invite you to return to the facility on or around 12/14/2020 to review our POC items.

Please contact me with any further issues or concerns regarding the Lakeview Group Home (MHL-060-237).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton", written over a large, stylized circular flourish.

Katherine Benton
Director of Operations
RHA Health Services, LLC
kbenton@rhanet.org