STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G086	A. BUILDING _____ B. WING _____	01/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAL-WAN HEIGHTS GROUP HOME	748 SHARON DR. STATESVILLE, NC 28677

(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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. This STANDARD is not met as evidenced by: Based on observation, review of records and interview the person centered plan (PCP) failed to have sufficient training objectives or interventions relative to refusal behavior for 1 of 4 sampled clients (#6). The finding is: Observations in the group home on 1/5/21 at 4:15 PM revealed client #6 to engage in leisure activities in her bedroom with the door open. Client #6 was observed to wear a sleeveless top and her underwear while in her bedroom. Continued observation revealed staff to monitor client #6 at various times without providing direction to the client to put on pants or to close her bedroom door. Further observation on 1/5/21 at 5:05 PM revealed staff to prompt client #6 to put on pants and to eat dinner at the dining table. Subsequent observation revealed client #6 to refuse to put on additional clothing, walk to the dining room in a top and her underwear and to sit at the table and participate in the dinner meal. Additional observation revealed staff to obtain a blanket for client #6 and to assist the client with placing the blanket over her legs at the table. Observation at 5:27 PM revealed client #6 to leave the dining room and to go to the bathroom with the door open. Staff C was observed to walk by the open	W 227	W 227 The Behavioral Analyst will in-service all staff on the current privacy program and how to run the program correctly. Environmental changes: The bathroom that #6 uses and her bedroom door will be looked at to assist with privacy. The Psychologist will addend the BSP to reflect #6 resistance with dressing. The BSP will clearly direct all staff on how to utilize Applied Behavior Analysis principles when assisting #6 getting dressed. The Behavior Analyst will inservice all staff on the addended BSP. The RTL will purchase dresses for #6 to wear that will reach to her knees to assist with covering all body parts that are required to be covered. The Habilitation Specialist will ensure that daily schedules are present in all program books to ensure active treatment consistently occurs. The Clinical Team will monitor to ensure #6 Privacy Program is implemented correctly and that the BSP is being followed correctly when assisting #6 getting dressed by completing 2 interaction assessments every week for a period of 1 month, and then on a routine basis. In the future, the QP will ensure all needs regarding privacy and remaining dressed are addressed in the Person Center Plan and the group home.	2/1/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Admin. | (X6) DATE: 2/1/21

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.

DHSR - Mental Health
FEB 04 2021
Lic. & Cert. Section

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DAL-WAN HEIGHTS GROUP HOME	748 SHARON DR. STATESVILLE, NC 28677

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W 227	Continued From page 1 bathroom door and to leave the door open. Observation at 5:35 PM on 1/5/21 revealed client #6 to return to her bedroom from a shower wearing no clothing and to stay in her room with the door open. Continued observation revealed staff B to prompt client #6 to put on undergarments and other clothing items to which the client refused. Subsequent observation revealed staff B to close the bedroom door of client #6 and walk away. Observation in the group home on 1/6/21 revealed client #6 to stay in her bedroom with the door closed until 8:42 AM. Observation at 8:42 AM revealed staff D to knock on the bedroom door of client #6 and prompt the client to get dressed and come to the medication room for morning medication administration. Further observation revealed client #6 to exit her bedroom with no clothing on and staff D to wrap a towel around the client. Client #6 was observed to walk to the medication room and then return to her bedroom after refusing her medications. Subsequent observation at 8:57 AM revealed client #6 to return to the medication room with a top on and staff holding a towel around the client's waist. Observation at 9:11 AM revealed client #6 to exit the med room, walk with no clothing from the waist down to the bathroom and use the bathroom without closing the door. Additional observation revealed client #6 to return to her bedroom and leave the door open while wearing only a top. Review of records for client #6 on 1/6/21 revealed an admit date of 7/2/20 and a diagnosis that	W 227		2/1/2021

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W 227	Continued From page 2 included severe intellectual disability and autism. Continued record review revealed a person centered plan (PCP) dated 8/27/20. Review of the 8/2020 PCP revealed current training objectives for hygiene, table manners, privacy and to set place setting at the table. Further record review for client #6 revealed a behavior support program (BSP) dated 10/19/20 for target behaviors of inattentiveness/emotionality, un-cooperation, difficulty transitioning, meal time behavior, self injurious behavior and aggression. Continued review of the BSP for client #6 revealed an addendum dated 12/2/20 for additional interventions to support aggression. Additional review of the PCP and BSP for client #6 revealed no training to address refusal to wear clothing. Interview with the facility qualified intellectual disabilities professional (QIDP) on 1/6/21 revealed client #6 at times refuses to wear clothing. Continued interview with the QIDP revealed client #6 had been resistant to wearing pants since admission and would wear shorts. Further interview with the QIDP revealed only recently had client #6 refusal to wear clothing increased. Additional interview with the QIDP verified client #6 should have a formal training objective to address refusal to wear clothing.	W 227		2/1/2021
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	W 249	W 249 The Habilitation Specialist will ensure #6 and #2 have daily schedules that are present in their program books and in all program books, on all the individuals, to ensure active treatment consistently occurs on a daily basis.	

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W 249	Continued From page 3 objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 4 sampled clients (#2 and #6) received a continuous active treatment program consisting of needed interventions as identified in their person centered plans (PCPs) relative to privacy and communication. The findings are: A. The team failed to ensure a program objective relative to privacy was implemented in sufficient frequency to support the need of client #6. The finding is: Observations in the group home on 1/5/21 at 4:15 PM revealed client #6 to engage in leisure activities in her bedroom with the door open. Client #6 was observed to wear a sleeveless top and her underwear while in her bedroom. Continued observation revealed staff to monitor client #6 at various times without providing direction to the client to put on pants or to close her bedroom door. Further observation on 1/5/21 at 5:05 PM revealed staff to prompt client #6 to put on pants and to eat dinner at the dining table. Subsequent observation revealed client #6 to refuse to put on additional clothing, walk to the dining room in a top and her underwear and to sit at the table and participate in the dinner meal. Additional observation revealed staff to obtain a blanket for client #6 and to assist the client with placing the blanket over her legs at the table. Observation at	W 249	W 249 The Speech Pathologist will in-service all staff on #2 and #6 Communication Program and ensure that all staff are conducting the communication program correctly. The Clinical Team will monitor to ensure that #2 and # 6 communication programs are being followed correctly and active treatment is being conducted by completing 2 interaction assessments every week for a period of 1 month, and then on a routine basis. In the future, the QIDP will ensure all needs regarding communication programs and active treatment are addressed in the Person Center Plan and in the group home.	2/1/2021

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W 249	Continued From page 4 5:27 PM revealed client #6 to leave the dining room and to go to the bathroom with the door open. Staff C was observed to walk by the open bathroom door and to leave the door open. Observation at 5:35 PM on 1/5/21 revealed client #6 to return to her bedroom from a shower wearing no clothing and to stay in her room with the door open. Continued observation revealed staff B to prompt client #6 to put on undergarments and other clothing items to which the client refused. Subsequent observation revealed staff B to close the bedroom door of client #6 and walk away. Observation in the group home on 1/6/21 revealed client #6 to stay in her bedroom with the door closed until 8:42 AM. Observation at 8:42 AM revealed staff D to knock on the bedroom door of client #6 and prompt the client to get dressed and come to the medication room for morning medication administration. Further observation revealed client #6 to exit her bedroom with no clothing on and staff D to wrap a towel around the client. Client #6 was observed to walk to the medication room and then return to her bedroom after refusing her medications. Subsequent observation at 8:57 AM revealed client #6 to return to the medication room with a top on and staff holding a towel around the client's waist. Observation at 9:11 AM revealed client #6 to exit the med room, walk with no clothing from the waist down to the bathroom and use the bathroom without closing the door. Additional observation revealed client #6 to return to her bedroom and leave the door open while wearing only a top.	W 249		2/1/2021

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W 249	Continued From page 5 Review of records for client #6 on 1/6/21 revealed an admit date of 7/2/20. Continued review of records for client #6 revealed a person centered plan (PCP) dated 8/27/20. Review of current training objectives listed in the PCP revealed objectives relative to hygiene, table manners, table setting and privacy. Review of the privacy objective for client #6 revealed an implementation date of 7/31/20. Continued review of the 7/31/20 privacy objective revealed the client will close the door for privacy with 95% independence. Further review of the privacy objective for client #6 revealed general instructions for staff to accompany client #6 during visits to her bedroom and when she uses the bathroom. Subsequent review of objective instructions revealed client #6 should close her bedroom door when she is dressing or any time privacy needs to be implemented. Interview with the facility qualified intellectual disabilities professional (QIDP) revealed client #6 requires staff assistance and verbal prompts with remembering to close the bathroom and her bedroom door to ensure her privacy. Continued interview with the facility QIDP verified staff should have supported client #6 with closing the bathroom and bedroom door when needed to support the client's privacy. Further interview with the QIDP verified client #6 has no reason relative to supervision needs that staff can not close or prompt the client to close doors to ensure privacy. B. The team failed to ensure a program objective relative to communication was implemented in sufficient frequency to support the need of client #2. The finding is:	W 249		2/1/2021

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W 249	Continued From page 6 Observation in the group home throughout the 1/5-6/2021 survey revealed client #2 to participate in various activities in the group home to include leisure activity with watching television, participating in meal preparation, eating meals, hygiene activities and medication administration. At various times during survey observations on 1/5-6/2021 client #2 was observed to verbally scream or make loud verbal gestures at staff to which staff would verbally respond "It's okay, calm down". Observation in the kitchen area on 1/5 and 1/6/21 revealed a sign on the kitchen wall to reveal: Utilize client #2's communication book (Red book). Further observation revealed at no time during the 1/5-6/2021 survey observations was it observed for staff to utilize a communication book with client #2. Review of records for client #2 on 1/6/21 revealed a PCP dated 9/30/20. Review of current training objectives of the 9/2020 PCP for client #2 revealed a communication program implemented 6/2/20. Review of client #2's communication program revealed the client will utilize her communication picture book for specific activities an average of 90% of opportunities for 2 consecutive months. Continued review of the communication program for client #2 revealed the program was to be implemented during the client's daily routine and to target choices for mealtime and leisure. Review of program directions revealed staff will provide the opportunity to use the communication book to allow client #2 to expressively request items or activities; they will gesture towards or hand the client the book when appropriate.	W 249		2/1/2021

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W 249	Continued From page 7 Further review revealed the trainer will involve the client in an interaction and open the book to an appropriate page. Additional review of records for client #2 revealed a communication assessment dated 9/3/20. Review of the 9/2020 communication assessment revealed needs of increasing consistency of responses and increasing communication skills. Recommendations of the 9/2020 communication assessment revealed the client should always have access to her communication book; formal training should continue to increase use of the client's book throughout her daily routine. Interview with the facility QIDP on 1/6/21 verified client #2 has a current communication program. Continued interview with the QIDP verified client #2's communication program should have been implemented as written to support the client's communication needs.	W 249		2/1/2021
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure all drugs were administered in compliance with physician's orders for 1 of 1 client (#3) observed during medication administration. The finding is: Observation in the group home on 1/6/21 at 7:25	W 368	W 368 The LPN will in-service all the staff on making sure to administer all medications as the doctor has prescribed them. Staff will also be in-serviced on making sure that they call the nurse if there is a discrepancy prior to administering medications. The Clinical Team will monitor to ensure #3 is administered all her medications as the doctor has prescribed by completing a medication observation assessment 2x a week for a period of 1 month, and then on a routine basis.	

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W 368	Continued From page 8 AM revealed client #3 to enter the medication room for morning medications. Observation of the medication pass for client #3 revealed staff D to punch out all medications for client #3 into a medication cup and pronounce the name of each medication to the client. Continued observation of the medication pass for client #3 revealed staff to open the capsules identified as Depakote 750 mg and sprinkle the medication into the medication cup. Further observation revealed staff to measure liquid medications of Lactulose 15 ml and Peridex and administer to the client separately. Subsequent observation of the medication administration for client #3 revealed staff to crush all medications in tablet or pill form, to mix the crushed pills with pudding and feed the medication and pudding mix to client #3. Review of current physician orders for client #3 on 1/6/21 revealed an order for Ferrous Sulfate 325 mg. Review of the Ferrous Sulfate order revealed: Take 1 tablet by mouth on Monday, Wednesday and Friday. Do not crush. Interview with staff D on 1/6/21, after the medication pass for client #3, verified all medications were administered in crushed form except Depakote 750 mg and medications that came in liquid form. Interview with the facility nurse on 1/6/21 verified the Ferrous Sulfate tablet for client #3 should not have been crushed during the client's medication administration. The facility nurse further verified physician orders were not followed by crushing the Ferrous Sulfate tablet for client #3.	W 368	W 368 In the future, the QIDP and the Nurse will ensure all needs regarding medication administration are addressed appropriately and will be indicated in the Person Center Plan and in the group home.	2/1/2021

February 1, 2021

Kaila Mtichell

Facility Compliance Consultant II

Mental Health Licensure & Certification Section

NC Division of Health Service Regulation

2718 Mail Service Center

Raleigh, NC 27999-2718

Ms. Mtichell,

Please find the enclosed Plan of Correction for Dalwan Group Home. If you have any questions please feel free to contact Chris Houck, chouck@rhanet.org at 704-872-3257.

Thank you,

Linda Le Cras

Qualified Professional

Linda.lecras@rhanet.org

RHA Health Services LLC