

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

PRINTED: 02/10/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G138 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/09/2021 |
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| NAME OF PROVIDER OR SUPPLIER COLLEGE PARK | STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LAKE DRIVE LAURINBURG, NC 28352 |
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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 242 | <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the individual program plan (IPP) included objective training to address bathing, dining, dressing and grooming needs for 2 of 4 sampled clients (#2 and #5). The findings include:</p> <p>A. During observations on 2/8/21 of supper at 6:05pm client #5 was seated at the dining room table in her wheelchair and had a built up sectioned plate and her food was cut into less than 1/4 inch pieces. The menu indicated the clients were having stuffed bell peppers, cabbage, bread and strawberry cheesecake cups for dessert. Tea, water and milk were served for beverages. Staff B sat beside client #5 and verbally cued her to pick up her spoon and eat. Staff B helped client #5 pick up her spoon but she dropped it back on the dining room table. Client #5 ate less than 1/4 of her meal.</p> <p>During observations on 2/9/21 of breakfast at 7:32am Staff D sat next to client #5 who was sitting in her wheelchair. The clients were served sausage, oatmeal and toast. Client #5's toast and</p> | W 242 | <p><u>W242</u></p> <p>The team in conjunction with the QP/Habilitation Specialist and other team members will revise the ABI's and/or implement ABI's and formal programs for clients #2 and #5 as well as other clients in the home to ensure each client's formal program address the needs of the areas of (bathing, dining, dressing, toileting, independence, and grooming). That revision to each client's formal program will then be in-serviced to all DSA's.</p> <p>Monitoring of adherence to the above will occur through the Interaction assessments, Formal Program Assessments, communication programs as well as general observations at a minimum of (1) each for the next month. The assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, QP, Home Manager, Vocational Coordinator, and the Nurse to be assigned by the QP utilizing a 30 day schedule. Target Date March 30, 2021</p> | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melinda E. Administrator</i> | TITLE <i>Administrator</i> | (X6) DATE <i>2/18/2021</i> |
|--|-----------------------------------|-----------------------------------|

Any 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 242 | <p>Continued From page 1</p> <p>sausage was precut into less than 1/4 inch pieces before her plate was served. Client #5 had great difficulty picking up her spoon and staff D cued her several times to feed herself. Client #5 ate less than 1/4 of her meal.</p> <p>Interview on 2/9/21 with the residential manager (RM) confirmed client #5 did not have a current training program to feed herself. Further interview revealed there may have been a previous objective but it may have been discontinued.</p> <p>Review on 2/8/21 of client #5's individual program plan (IPP) dated 6/16/20 revealed client #5 can feed herself with a fork and spoon and that she can hold a cup to consume her beverages. Further review revealed she requires total assistance with all activities of daily living. Further review of the IPP did not reveal any current training in the area of dining. She has current training objectives to brush her hair and dust end tables in the living area.</p> <p>Review on 2/9/21 of client #5's adaptive behavior inventory (ABI) dated 9/24/20 revealed she can finger feed, eat with a spoon and fork as well as drink from a cup using partial assistance from staff.</p> <p>Review of client #5's nutritional evaluation dated 3/9/20 revealed she requires a 1/4 inch consistency cut diet with thin liquids and that staff are to provide her Ensure plus 4 times daily at 10am, 12 noon, 4pm and 8pm as well as supplement her meals if she eats 1/4 of her meal or less. Her target weight range is listed as 75-95 pounds.</p> <p>Interview on 2/9/21 with the qualified intellectual</p> | W 242 | | | |

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| W 242 | <p>Continued From page 2</p> <p>disabilities professional (QIDP) revealed the team had not considered client #5 for training in the area of dining although the ABI indicates she is not independent in this area.</p> <p>B. Review on 2/9/21 of the client #5's IPP dated 6/16/20 revealed that she requires total assistance in dressing and bathing. Further review of the IPP revealed client #5 can use her left hand to wash and dry her right hand. There is no training for client #5 identified in the areas of bathing and dressing. She currently has objectives to brush her hair and dust end tables in the living area.</p> <p>Review on 2/9/21 of the ABI dated 9/24/20 revealed client #5 has no independence in the areas of bathing and dressing.</p> <p>Interview on 2/9/21 with the QIDP revealed the interdisciplinary team had not considered training for client #5 in the areas of bathing and dressing.</p> <p>C. During morning observations on 2/9/21 at 6:15am staff E was observed to brush client #2's hair and to style it while she sat in her wheelchair. Staff E stated client #2 enjoys having her hair brushed and that she likes to look well groomed.</p> <p>Review on 2/8/21 of client #2's IPP dated 7/15/21 revealed she requires assistance in all areas of bathing and grooming. Further review of the IPP revealed she has training programs to wipe her mouth with 80% physical prompts for 3 consecutive months and dust her room with 85% accuracy for 3 consecutive months. There was no training identified in the areas of bathing and grooming.</p> | W 242 | | |

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| W 242 | Continued From page 3 Review on 2/9/21 of the ABI dated 2/5/21 revealed she has no independence in the areas of bathing and grooming. | W 242 | | |
| 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, record review and interview the facility failed to consistently implement a system of interventions and services that supported the goals and objectives in the individual program plans (IPP) for 1 of 4 audit clients (#2). The finding is:</p> <p>During observations on 2/8/21 of supper at 6:05pm client #2 had a built up sectioned plate, a left angled spoon and mugs with handles. Her food was ground consistency. The menu indicated the clients were having stuffed bell peppers, cabbage, bread and strawberry cheesecake cups for dessert. Staff B sat on left side and prompted her to scoop. After the meal, direct care staff B wiped her mouth with a napkin.</p> | W 249 | <p><u>W249</u> The team in conjunction with the QP/Habilitation Specialist and other team members will revise the ABI's and/or implement formal programs for clients #2 as well as other clients in the home to ensure each client's formal program address the needs of the area of independence. That revision to each client's formal program will then be in-serviced to all DSA's.</p> <p>Monitoring of adherence to the above will occur through the Interaction assessments, Formal Program Assessments, communication programs as well as general observations at a minimum of (2) each for the next month. The assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, QP, Home Manager, Vocational Coordinator, and the Nurse to be assigned by the QP utilizing a 30 day schedule. Target Date March 30, 2021</p> | |

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| W 249 | <p>Continued From page 4</p> <p>During observations on 2/9/21 of breakfast at 7:32am client #2 had a built up sectioned plate, left angled spoon and mugs with handles. Her food was ground. The menu indicated the clients were having oatmeal, toast and sausage for breakfast with juice, milk and water. Staff C was sitting next to client #2. After the meal, staff C took a napkin and wiped client #2's mouth.</p> <p>Review on 2/9/21 of the adaptive behavior inventory (ABI) dated 2/5/21 revealed client #2 has no independence in the area of dining.</p> <p>Review of client #2's individual program plan (IPP) dated 7/15/20 revealed client #2 can feed herself with hand over hand assistance and that she uses adaptive utensils (left angled spoon) and built up plate. Further review of the IPP revealed a a training objective to wipe her mouth with 80% physical prompts for 3 consecutive months. This objective was revised on 1/25/21 but is listed as current.</p> <p>Interview on 2/9/21 with the residential manager (RM) and the qualified intellectual disabilities professional (QIDP) confirmed client #2's training objective to wipe her mouth is current.</p> | W 249 | | |
| W 252 | <p>PROGRAM DOCUMENTATION</p> <p>CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> | W 252 | | |

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| W 252 | <p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure all data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 1 of 4 audit clients (#5). The findings are:</p> <p>A. Review on 2/8/21 of client #5's individual program plan (IPP) dated 6/16/20 revealed she receives a diet that is cut into less than 1/4 inch pieces and that if she consumes less than 1/4 of her meal she is to be offered an Ensure Plus. Further review revealed staff are also to offer her an Ensure Plus at 10am, 12 noon, 4pm and 8pm.</p> <p>Review on 2/9/21 of her nutritional evaluation dated 3/9/20 revealed she requires a 1/4 inch consistency cut diet with thin liquids and that staff are to provide her Ensure plus 4 times daily at 10am, 12 noon, 4pm and 8pm as well as supplement her meals if she eats 1/4 of her meal or less. Her target weight range is listed as 75-95 pounds.</p> <p>Review on 2/9/21 of the flow log where client #5's supplements were recorded from February 1st-February 8th revealed: 2/1/21: Breakfast: ate 1/3 Lunch: refused snack: _____ Supper: _____ Snack: _____ Supplement: _____</p> <p>2/2/21: breakfast: _____ lunch: refused</p> | W 252 | <p><u>W252</u></p> <p>DSA's will be in-serviced by the nurse on client #5's protocol for documentation of nutritional supplement, as well as the protocol for documentation of nutritional supplements on all other clients in the home.</p> <p>The clinician team is to conduct at a minimum 6 mealtime assessments as assigned by the QP within 30 days to ensure all diets are followed correctly and all data is being collected and documented per physician orders.</p> <p>Monitoring of adherence to the above will occur through mealtime assessments, as well as general observations at a minimum of (6) mealtime assessments for the 30 days. The assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, QP, Home Manager, Vocational Coordinator, and the Nurse. QP will assign assessments Utilizing a 30 day schedule. Target Date March 30, 2021</p> | |
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| W 252 | <p>Continued From page 6</p> <p>snack: ALL Supper: refused snack: refused Supplement: _____</p> <p>2/3/21: breakfast: ate 1/3 lunch: refused snack: all dinner: 1/3 snack" all supplement: _____</p> <p>2/4/21: breakfast: ate 1/3 lunch: ate 1/3 snack: refused dinner: 1/2 snack: all supplement: _____</p> <p>2/5/21 breakfast: ate 1/3 lunch: refused snack: refused supper: ate 1/2 supplement: _____</p> <p>2/6/21: breakfast: ate 1/3 lunch: refused snack: refused supper: ate 1/2 snack: refused supplement: _____</p> <p>2/7/21: breakfast: ate 1/3 lunch: refused</p> | W 252 | | |

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| W 252 | <p>Continued From page 7</p> <p>snack: _____ dinner: _____ snack: _____ supplement: _____</p> <p>2/8/21: breakfast: ate 1/3 lunch: ate 1/3 snack: refused dinner: ate 1/2 snack: ate all supplement: given</p> <p>Interview on 2/9/21 with the residential manager and the qualified intellectual disabilities professional (QIDP) revealed direct care staff should be consistently documenting meal refusals and whether supplements are given to client #5 as she is under her target weight range. Further interview confirmed client #5 is prescribed nutritional supplements to ensure she receives adequate calories as needed.</p> <p>B. Review on 2/8/21 of client #5's IPP dated 6/16/20 revealed a formal program to dust end tables in the living area with full physical prompts for 2 consecutive review periods.</p> <p>Review on 2/9/21 of the data for this program in February 2021 revealed the following: February 2021: No data on the 1st, 3rd, 5th or the 8th</p> <p>Interview on 2/9/21 with the RM confirmed staff should be documenting data on client #5's dusting program daily Monday through Friday.</p> <p>C. During observations on 2/8/21 at 4:10pm client #5 was in her wheelchair in her bedroom wearing</p> | W 252 | | |
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| W 252 | <p>Continued From page 8</p> <p>her elbow extension splint on her right arm.</p> <p>Immediate interview with staff F revealed client #5 wears the elbow splints to prevent further contractures to her elbow as she holds her arm tightly to her chest a majority of the time.</p> <p>Review on 2/8/21 of client #5's IPP dated 6/16/21 revealed client #5 wears an elbow extension splint to prevent contractures of her forearm.</p> <p>Review of the data for client #5's elbow extension splint revealed the following for December 2020-February 2021:</p> <p>December 1-9: no data December 10: documented December 11-21: no data December 24-27: no data December 28- 31: documented</p> <p>January 2021 : January 6: documented January 20: documented January 25: documented January 26: documented January 29: documented</p> <p>February 2021: documented on February 3-6.</p> <p>Review on 2/8/21 of the IPP for client #5 dated 6/16/20 revealed she is to wear elbow extension splints several hours a day to prevent contractures of her elbow.</p> <p>Interview on 2/9/21 with the QIDP confirmed staff</p> | W 252 | <p><u>W252</u></p> <p>DSA's will be in-serviced by the Occupational Therapist Assistant on client#5's protocol for data collection of her Elbow Splint Extension guidelines, as well as the protocol for data collection of the elbow splint extension guidelines of all other clients in the home.</p> <p>The clinical team is to conduct at a minimum 4 reviews of all elbow splint extension data in the home as assigned by the QP for 30 days to ensure all data is being collected as per the guidelines. Clinical team is to utilize the data collection assessment form to review data collection.</p> <p>Monitoring of adherence to the above will occur through the data collection assessment, as well as general observations at a minimum of (1) month. The assessment and general observations will be completed as by either of the following: Behavior Specialist, Habilitation Specialist, QP, Home Manager, Vocational Coordinator, and the Nurse. QP will assigned utilizing a 30 day schedule</p> <p>Target Date: March 30, 2021</p> | |
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| W 252 | Continued From page 9 should be documenting client #5's splint usage daily. | W 252 | | | |



RHA HEALTH SERVICES, INC.

RHA Health Services, Inc. 15235 Airport Road Maxton, NC 28364 Phone: 910-844-9664 Fax: 910-844-9668

FAX TRANSMISSION

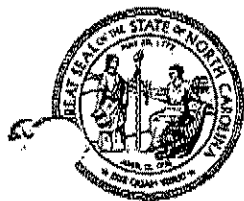
CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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Form with fields: To: Kim Mc Caskill, Fax: 919-218-9152, From: Nancy Thompson, Date: 4/14/21, Re: College Park POC, Pages: (Including Cover) 12, CC: Urgent, For Review, As Requested, Please Reply, Please Recycle

Additional Comments:

Confidentiality Note: The enclosed facsimile transmission contains confidential medical record information. This information has been disclosed to the recipient identified above and is protected by State and Federal law.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

February 12, 2021

Ms. Malissa Pompey, Administrator
RHA Health Services of NC, LLC
15235 Airport Road
Maxton, North Carolina 28364

Re: Recertification Completed on February 9, 2021
College Park, 1900 Lake Drive, Laurinburg, North Carolina 28352
Provider Number :34G138
MHL# 083-009
E-mail Address: Malissa.Pompey@rhanet.org

Dear Ms. Pompey:

Thank you for the cooperation and courtesy extended during the recertification survey completed on February 9, 2021. 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 practice(s) that does/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 **April 9, 2021**.

What to include in the Plan of Correction

- 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.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- 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

February 12, 2021
RHA Health Services of NC, LLC
Ms. Malissa Pompey, Administrator

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.**

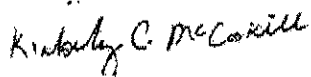
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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 Kimberly McCaskill at (919)218-9152 or email at: Kim.McCaskill@dhhs.nc.gov.

Sincerely,



Kimberly C. McCaskill, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: DHSRreports@eastpointe.net