


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2021
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NAME OF PROVIDER OR SUPPLIER TWINBROOKS	STREET ADDRESS, CITY, STATE, ZIP CODE 189 FAIRMONT DRIVE MOCKSVILLE, NC 27028
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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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</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 observation, review of records and interview, the person centered plan (PCP) failed to have sufficient training objectives to meet identified client needs for 1 of 4 sampled clients (#6). The finding is:</p> <p>Observations in the group home throughout the 4/20-21/2021 survey revealed at various times for staff to engage in verbal communication with client #6. Observation of client #6 with staff communication revealed the client to often ask staff to repeat questions, directives or instructions. Subsequent observation also revealed staff to get close to client #6 when communicating and speak loudly to the client.</p> <p>Review of records for client #6 on 4/21/21 revealed a PCP dated 1/14/21. Review of the 1/2021 PCP revealed current training objectives relative to: knock on the bathroom door, medication administration, greeting others, laundry and to match value of coins. Subsequent review of records for client #6 revealed no program objective or training related to communication.</p> <p>Continued review of records for client #6 revealed a communication evaluation dated 2/5/20. Review of the current communication evaluation</p>	W 227	<p>W227</p> <p>The team will meet to discuss a training objective to address Clients #6 needs relevant to communication. The Habilitation Specialist will in-service the 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 2 times a week for a period of one month then, on a routine basis to ensure the communication needs for client #6 are being addressed. In addition a hearing evaluation will be scheduled for Client #6. In the further the Qualified Professional will ensure the Person Centered Plan includes interventions to address client needs.</p> <p>DHSR - Mental Health MAY 10 2021 Lic. & Cert. Section</p>	6/21/21
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director of Operations	(X6) DATE 5/5/21
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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 227	<p>Continued From page 1</p> <p>revealed overall communication abilities are moderately impaired. Continued review of the 2/2020 communication evaluation revealed recommendations to include: 1) staff may consider a visual schedule to help provide routine and structure 2) consider developing a basic orientation board (month, day, year, weather) and review daily and 3) monitor hearing with recommendations of audiologist.</p> <p>Further record review for client #6 revealed a hearing evaluation dated 2/17/20. Review of the 2/2020 hearing evaluation revealed speech thresholds for client #6 were consistent with moderate hearing loss for at least a portion of the frequencies in each ear. Continued review revealed word recognition scores were poor in each ear, with speech presented at an elevated listening level in quiet. Further review of the current hearing evaluation revealed visual reinforcement audiometry in the sound field was consistent with severe to moderate hearing loss in at least one ear, although reliability was considered poor. A review of recommendations of the 2/2020 hearing evaluation revealed the need to follow-up with ENT, re-test per ENT recommendation or with caregiver concern, hearing protection in noise, and amplification recommendations withheld due to poor reliability of findings.</p> <p>A review of an ENT evaluation dated 2/17/20 revealed hearing loss could not be ruled out. Poor reliability of results with audio. Return as needed.</p> <p>Interview with staff on 4/21/21 revealed client #6 did not have a hearing aid and seems to hear what he wants to hear. Interview with the facility</p>	W 227			

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

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W 227	Continued From page 2 nurse on 4/21/21 revealed no further testing had been conducted relative to client #6's hearing since 2/2020. Continued interview with the facility nurse revealed the guardian of client #6 has reported the client has always asked for things to be repeated and has not attributed this to a communication or hearing deficit. Interview with the qualified intellectual disabilities professional (QIDP) verified client #6 had no program relative to communication. Subsequent interview with the QIDP and facility nurse, verified by current assessments, that a hearing impairment for client #6 had not been ruled out. Additional interview with the QIDP and facility nurse verified recommendations of the communication evaluation for client #6 should have been considered to further monitor communication deficits.	W 227			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide training to address non-compliance behavior with a recommended gait belt for 1 of 3 sampled clients (#2). The finding is:	W 436	W436 The team will meet to discuss a training objective to address Clients #6 needs relevant to compliance with wearing his gait belt. The Behavior Analyst will in-service the 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 2 times a week for a	6/21/21	

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W 436	<p>Continued From page 3</p> <p>Observation in the group home on 4/20/21 at 5:02 PM revealed client #2 to walk around the group home with a gait belt that fell off the client. Observation of client #2's gait belt revealed the belt to be a wide black belt with handles towards the back and multiple personal patches attached. Continued observation revealed staff to observe client #2 without the gait belt, to then place the gait belt around client #2 and to tighten it on the client.</p> <p>Subsequent observation in the group home from 5:45 PM until 6:15 PM revealed client #2 to ambulate throughout the group home and to repeatedly take his gait belt off by placing his hands into the sides of the belt and sliding the adaptive device down to the floor. Staff were observed multiple times to attempt to place the gait belt back on the client and the client to continue to slip the adaptive equipment off to the floor. Staff were also observed to access a different gait belt from the clients room that the client also slipped off and at times to allow the client to ambulate without his belt due to client resistance.</p> <p>Observation in the group home on 4/21/21 at 7:12 AM revealed staff to place client #2's gait belt on the client. Continued observation at 7:14 AM revealed client #2 to slip off his gait belt and continue to ambulate throughout the group home. Further observation revealed client #2 to repeatedly take his gait belt off with staff efforts to put the gait belt back on the client. Subsequent observation revealed client #2 to state "I win" with taking his gait belt off and bringing the adaptive device to staff. Observation at 7:25 revealed staff to swap out the wide gait belt of client #2 for a different belt accessed from the client's room.</p>	W 436	<p>W436 (continued from page 3)</p> <p>period of one month then, on a routine basis to ensure client #6 compliance with his gait belt is being addressed. In the further the Qualified Professional will ensure the Person Centered Plan includes interventions to address client needs relevant to adaptive equipment.</p>	

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W 436	<p>Continued From page 4</p> <p>Review of client #2's record on 4/21/21 revealed a person centered plan (PCP) dated 9/9/20. Review of client #2's PCP revealed training objectives relative to knocking on the bathroom door, to follow directions, to use appropriate table manners, hand washing and bill identification. Continued review of client #2's record revealed a behavior support plan dated 9/19/19 with target behaviors of: activity refusal, hallucinations, excessive drinking, self injurious behavior, property destruction, AWOL, verbal aggression and physical aggression. A Review of client #2's PCP revealed no programs, training objectives or guidelines to address refusal behavior related to the client's gait belt use.</p> <p>Subsequent review of records for client #2 revealed a fall risk screening dated 12/28/20. Review of the the current fall risk assessment revealed client #2 has a gait belt to assist with walking, has trouble with balance when walking/standing and sitting, needs help occasionally when walking and with transfers and has visual limitations with cataracts.</p> <p>Review of an occupational therapy (OT) evaluation for client #2 dated 8/4/20 revealed client #2's mobility reflects instability on his feet with decreased mobility. Review of a physical therapy (PT) evaluation dated dated 8/5/20 revealed client #2 is impulsive with movement placing him at risk of falls and adaptive equipment includes a gait belt when up.</p> <p>Interview with staff on 4/21/21 revealed client #2 is resistant to wearing his gait belt on a daily basis and has had frequent falls. Continued interview with staff revealed a new gait belt was</p>	W 436		

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W 436	Continued From page 5 provided to client #2 on 4/20/20 in hopes he would wear the new belt better than the previous belt. Subsequent interview with staff verified documentation was not specifically collected with client #2's non-compliance with wearing his gait belt. Interview with the facility qualified intellectual disabilities professional (QIDP) revealed client #2 will often take his gait belt off. Continued interview with the QIDP verified a recent attempt to support client #2 with compliance in wearing his gait belt included furnishing the client with a new belt that included patches representing personal interests of the client. Further interview with the QIDP verified client #2 did not have a program or guidelines to address the need to wear his gait belt as prescribed.	W 436			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 3, 2021

Katherine Benton, Administrator
RHA Health Services, Inc.
211 Roseman Lane
Cleveland, NC 27013

Re: Recertification Completed April 21, 2021
Twinbrooks
Provider Number #34G064
MHL# 030-005
E-mail Address: Kbenton2@rhanet.org

Dear Ms. Benton:

Thank you for the cooperation and courtesy extended during the recertification survey completed April 21, 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 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 June 21, 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

5/3/21
Twinbrooks
Katherine Benton

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) 750-2664.

Sincerely,



Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
QM@partnersbhm.org

5/3/21
Twinbrooks
Katherine Benton

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) 750-2664.

Sincerely,



Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
QM@partnersbhm.org



5/5/2021

Ms. Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: MHL-030-005 Twinbrooks

Dear Ms. Mitchell:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Twinbrooks Group Home during your Annual Survey visit on 4/21/2021. We have implemented the POC and invite you to return to the facility on or around 6/21/2021 to review our POC items.

Please contact me with any further issues or concerns regarding the Twinbrooks Group Home (MHL-030-005).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton". The signature is fluid and cursive, with a large initial "K" and "B".

Katherine Benton
Director of Operations
RHA Health Services, LLC
Kbenton2@rhanet.org