

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

PRINTED: 05/26/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/25/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RUN/ROBIN'S NEST GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3845 ROBIN'S NEST ROAD LA GRANGE, NC 28551</b>		
(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 137	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure 1 of 5 audit clients (#7) had the right to appropriate fitting clothing. The finding is:</p> <p>During observations in the home on 5/24/21 client #7 was observed wearing a gray pair of sweat pants which did not fit properly. At 11:47am, client #7 was observed coming from outside into the home and her sweat pants were very low on her hips; with her stomach and buttocks visible. At 11:55am, client #7 was standing in the doorway of the patio and her sweat pants were very low on her hips with her stomach and buttocks visible. From 12:16pm until 12:19pm, client #7's sweat pants were low on her hips and her stomach and buttocks were visible. At 12:23pm, client #7 stood up from the table and her sweat pants were hanging very low on her hips and her stomach and buttocks were visible. Client walked pass a staff person at 12:27pm with her sweat pants hanging low and she was not prompted or assisted with fixing or changing her pants. At 12:45pm, the behavior specialist (BS) walked pass client #7 while her sweat pants were hanging low with her stomach and buttocks visible. Further observations revealed the BS did not prompt or assist client #7 with her sweat pants. During observations from 3:23pm until 7pm, while client #7 was either walking or</p>	W 137	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider or the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>Personal inventory checklist will be done on client #7 clothes to determine what can fit and what needs to be purchased, will be completed by GHM. New objective for client #7 to pick out clothes that are comfortable and fit appropriately, will be completed by the HS.</p> <p>Staff will be in-serviced on chain of communication to ensure individuals have the opportunity for new clothing and to ensure clothing are well fitting, clean, neat and in good condition, completed by GHM.</p> <p>Review of client #7 community abilities through ABI assessment will be updated, completed by HS</p> <p>Results from ABI assessment will be documented in PCP, completed by QP. Informal monitoring to occur through daily observations by QP, Group home Manager and/or HS. Formal monitoring to occur at least monthly through completion of the Interaction assessment and appearance checklist.</p> <p><b>DHSR - Mental Health</b></p> <p><b>JUN 09 2021</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	<p>7.20.2021</p> <p>7.20.2021</p> <p>7.20.2021</p> <p>7.20.2021</p> <p>7.20.2021</p>	

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

*Jana Nicki & Hudg*

TITLE

*Administrator*

(X6) DATE

*6.3.2021*

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 137

Continued From page 1  
standing her sweat pants were hanging very low on her hips and her stomach and buttocks were visible. At no time was client #7 prompted to fix her pants or was she given any assistance.

During morning observations in the home on 5/25/21 from 6:38am until 9:06am, client #7 was observed wearing a pair of blue jeans. Further observations revealed client #7's blue jeans were hanging very low on her hips, with her stomach and buttocks visible. At 9:03am, client #7 was given a verbal prompt to pull up her blue jeans, but they still hung very low on her hips.

During an interview on 5/25/21, the program specialist confirmed client #7's blue jeans were hanging very low on her hips and her stomach and buttocks were visible. Further interview revealed the QIDP buys client #7's clothes and client #7 does not go on any of the shopping trips.

Review on 5/25/21 of client #7's adaptive behavior inventory (ABI) dated 1/18/21 stated, "Requires supervision from staff to ensure proper choices are made."

During an interview on 5/25/21, the qualified intellectual disabilities professional (QIDP) stated the home manager buys client #7 her clothes. Further interview revealed client #7 does not go on the shopping trips because it makes her anxious.

W 240

INDIVIDUAL PROGRAM PLAN  
CFR(s): 483.440(c)(6)(i)

The individual program plan must describe relevant interventions to support the individual toward independence.

W 137

W 240

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NAME OF PROVIDER OR SUPPLIER

**FOX RUN/ROBIN'S NEST GROUP HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE

**3845 ROBIN'S NEST ROAD  
LA GRANGE, NC 28551**

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W 240	Continued From page 2  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #4's Individual Program Plan (IPP) described specific interventions to support him behaviorally. This affected 1 of 5 audit clients. The finding is:  During observations throughout the survey in the home on 5/24 - 5/25/21, client #4 inconsistently hesitated when verbally prompted to perform tasks. The client often required several prompts to complete tasks such as filling a pitcher with water, picking up items or completing activities. On 5/24/21 at 4:00pm, clients gathered at the table for a snack. Client #4 obtained a single cookie from his bowl and held it between the fingers on his right hand. Staff C gave numerous verbal prompts for the client to go ahead and eat the cookie. The client continued to hold the cookie in upright in his hand. At 4:33pm, other clients had finished their snack while client #4 remained at the table holding the cookie in the same position as previously described. Staff C continued to provide verbal prompts to the client to eat the cookie. He ignored the staff and continued to hold the cookie. At 4:50pm, Staff C asked the client if he would like to save his cookies for later. The client entered the kitchen holding his bowl of cookies in one hand and the same single cookie in the other hand. At 5:05pm, Staff C took the bowl of cookies from client #4's hand and threw them into the trash. The client continued to stand in the kitchen holding the single cookie. At 5:13pm, after another staff physically touched client #4's arm, he ate the cookie.	W 240	Client #4 to be assessed by Psychologist. QP will update PCP on behavior and how staff should best respond. Staff will be trained on the formal or informal strategies to redirect individual appropriately. Informal monitoring to occur through daily observations by QP, Group home Manager and/or HS. Formal monitoring to occur at least monthly through completion of the Interaction assessment	7.20.2021  7.20.2021



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W 240	Continued From page 3  Interview on 5/24/21 with Staff C revealed client #4 can do a lot for himself; however, he sometimes "does this in spells" when he waits for staff to physically prompt him before he completes a task. The staff noted this was a "behavior" that needs to be addressed.  Interview on 5/24/21 with Staff A indicated at times it takes client #4 several "hours" to get ready in the morning because he hesitates to complete a task waiting for staff to give him physical prompts. The staff noted the client does not act this way all the time and some days he will do whatever you ask without hesitation.  Review on 5/25/21 of client #4's IPP dated 1/6/21 revealed he feeds himself independently and completes most tasks independently or with verbal and/or gestural cues. Additional review of the plan did not include specific guidance for staff to support the client during incidents in which he hesitates and waits for physical prompts to complete tasks.	W 240			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  The individual program plan must include opportunities for client choice and self-management.	W 247			



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W 247	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#11 and #12) had consistent opportunities for personal choice and self-management. The findings are:</p> <p>A. During observations throughout the survey in the home on 5/24 - 5/25/21, various staff repeatedly and consistently verbally prompted client #11 and client #12 to "Sit down" or "Go sit down". For example, on 5/24/21 when client #12 stood up and walked towards the hallway, staff consistently called his name and/or prompted him to sit back down. As client #11 frequently stood up and adjusted his clothes or walked a few steps to look out the front door, staff immediately called his name and/or prompted him to return to the couch.</p> <p>Interview on 5/25/21 with Staff F revealed client #11 has a problem with "impulse control" and client #12 likes to go into other peoples' bedrooms.</p> <p>Review on 5/25/21 of client #11's Individual Program Plan (IPP) dated 7/9/20 revealed, "Encourage [Client #11] to make choices throughout his day."</p> <p>Review on 5/25/21 of client #12's IPP dated 10/27/20 revealed, "[Client #12] uses various modes of communication to express his emotions, needs and interact with his environment." Additonal review of the plan noted, "Increase choice making."</p> <p>Interview on 5/25/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients</p>	W 247	<p>Psychology department complete observations and update the behavior support plan to assist staff with managing behaviors.</p> <p>Staff will retake computer based training "Supporting &amp; Empowering" section of Foundations of IDD.</p> <p>Staff will be in-serviced on Behavior Support Plans, Objectives and on choice making and self-management with emphasis on individuals' rights to eat when they are ready to eat.</p> <p>Informal monitoring to occur through daily observations by QP, Group Home Manager and/or HS. Formal monitoring to occur through Interaction and Meal Time Assessments completed monthly by QP, Group Home Manager, and/or HS.</p>	7.20.2021  7.20.2021  7.20.2021	

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W 247	Continued From page 5  in the home should be afforded choice and opportunities to move freely throughout their home.  B. During 3 of 3 mealtime observations in the home throughout the survey on 5/24 - 5/25/21, clients were prompted to wait for someone to say grace before consuming their food. At all meals, as client #11 attempted to begin eating his food, he was prompted to put his utensil down and wait for grace. At the lunch meal on 5/24/21 as some clients, including client #11, started eating their food, Staff A stated, "Why are y'all eating? We not ready to eat yet guys...Put your hands together...You know the routine." Clients were not given the choice to begin eating their food without waiting for someone to say grace.  Interview on 5/24/21 with Staff A revealed clients have been waiting for someone to say grace before eating their food for many years now.  Review on 5/25/21 of client #11's IPP dated 7/9/20 revealed, "Encourage [Client #11] to make choices throughout his day."	W 247			
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	W 249			

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W 249	<p>Continued From page 6</p> <p>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 observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of objective implementation, adaptive equipment use, self-help skills, and communication. This affected 5 of 5 audit clients (#4, #5, #7, #11 and #12). The findings are:</p> <p>A. During evening observations in the home on 5/24/21 at 5:07am, Staff D obtained client #4's medication, poured his water, took the medication to him at a table, poured the pills into his mouth and gave him a cup of water. The client threw away his trash.</p> <p>Immediate interview with Staff D revealed client #4 does not participate with the administration of his medications on second shift.</p> <p>Review on 5/25/21 of client #4's IPP dated 1/6/21 revealed, "Provide informal instruction during medication administration times. Encourage him to complete all steps as independently as possible. He can come to the med cart when asked and obtain his pill cup, drinking cup and pour his beverage independently. He can locate and push his pills with physical assistance. He can take his pills and dispose of the trash independently."</p>	W 249	<p>Staff will be in-serviced to allow the highest level of independence during medication administration as determined by the ABI for medication administration and as written in the PCP.</p> <p>Informal monitoring to occur through daily observations by QP, Group home Manager and/or HS. Formal monitoring to occur at least monthly through completion of the Medication Pass Observation form by the Group Home Manager, HS and Nursing.</p>	7.20.2021	



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W 249	<p>Continued From page 7</p> <p>Interview on 5/25/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 can assist with the administration of his medications as indicated in his IPP and should have been prompted to do so.</p> <p>B. During observations throughout the survey on 5/24 - 5/25/21, no clients were prompted, assisted or encouraged to utilize manual sign language. Staff were not observed to use manual sign language during interactions with clients in the home. A poster containing several manual signs was also observed in the home.</p> <p>Review on 5/24/21 of client #12's IPP dated 10/27/20 revealed he can independently sign 'eat,' 'toilet,' 'drink,' and 'go'. He requires verbal cues to sign 'thank you' and requires and initial verbal cue to sign 'yes'. Additional review of the plan noted, "Continue informal instruction to sign more with verbal cues."</p> <p>Interview on 5/25/21 with the QIDP confirmed client #12 should be using signs when appropriate and staff should encourage him to do so.</p> <p>C. During 3 of 3 mealtime observations in the home throughout survey on 5/24 - 5/25/21, client #4 did not utilize any manual sign language. Staff were not observed to prompt or encourage the client to use manual signs during meals.</p> <p>Interview on 5/24/21 with Staff C revealed client #4 use to talk when he initially came to the home several years ago but only says words when he gets upset. Additional interview indicated client #4 is mostly non-verbal.</p>	W 249	<p>Staff will be in-serviced on Objectives and Sign Language.</p> <p>Staff will be in-serviced that objective training should take place at every opportunity, to utilize sign language and to encourage the individuals to use sign language when appropriate.</p> <p>Informal monitoring to occur through daily observations by QP, Group home Manager and/or HS. Formal monitoring to occur monthly through completion of the Interaction assessment by the QP, Group Home Manager and/or HS.</p>	7.20.2021	

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W 249	<p>Continued From page 8</p> <p>Review on 5/24/21 of client #4's IPP dated 1/6/21 revealed, "[Client #4] is non-verbal...[Client #4] is adding to vocabulary of sign language through objective H4HH (sign spoon) and H4II (sign cup). He may then begin incorporating these signs into his communication repertoire." Additional review of both objectives noted, "[Client #4] will have the opportunity to practice this skill during mealtime."</p> <p>Interview on 5/25/21 with the QIDP confirmed client #4's sign language objectives were current and staff should be incorporating them into his mealtime routine.</p> <p>D. During observations in the home throughout the survey on 5/24 - 5/25/21, various staff periodically poured drinks for client #4 or served food items to him without his participation. For example, during snack observations on 5/24/21 at 4:08pm, Staff C poured a drink for client #4 and placed cookies in a bowl for him. Later at dinner, the same staff served client #4 a bowl of cereal and added milk, after he refuses other dinner foods. During breakfast on 5/25/21, Staff B poured client #4's bowl of cereal for him.</p> <p>Interview on 5/24/21 with Staff C revealed client #4 will often refuse to do things for himself even though he is able to do them.</p> <p>Review on 5/25/21 of client #4's IPP dated 1/6/21 revealed he can pour from a pitcher and serve himself from a bowl/platter with verbal and gestural cues.</p> <p>Interview on 5/25/21 with the QIDP confirmed client #4 can pour and serve himself and should be prompted to do so.</p>	W 249	<p>Staff will be in-serviced to allow the highest level of independence as written in the PCP.</p> <p>Informal monitoring to occur through daily observations by QP, Group home Manager and/or HS. Formal monitoring to occur at least monthly through completion of the Interaction Assessment by the Group Home Manager, HS and QP.</p>	7.20.2021	

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W 249	<p>Continued From page 9</p> <p>E. During all meal observations in the home during the survey on 5/24 - 25/21, client #5 sat at the table in a dining room chair. Further observations revealed client #5 sat cross legged in the chair. At no time was client #5 prompted to uncross her feet/legs. Further observations of lunch, snack and dinner revealed client #5 did not wear anything over her clothing to protect it from getting stained.</p> <p>Review of client #5's IPP dated 6/17/20 revealed, "A footstool is used to properly position feet during dinning secondary to short stature...adaptive collar ..."</p> <p>Review on 5/24/21 of client #5's meal card dated 6/17/20 stated, "Equipment...footstool...adaptive collar."</p> <p>Review on 5/25/21 of client #5's nursing evaluation dated 7/2/19 revealed, "...a footstool to properly position her feet during dining and an adaptive collar."</p> <p>During an interview on 5/25/21, Staff I was unsure if client #5 uses a footstool at mealtime. Further interview revealed client #5 wears an adaptive collar during all her meals.</p> <p>During an interview on 5/25/21, the QIDP stated client #5 uses a footstool during all her meals and it helps her feet from not dangling. Further interview revealed client #5 should use a "smock" over her clothes during meals, which helps to prevent her clothes from spillage.</p> <p>F. During lunch observations in the home on 5/24/21 at 13:28pm, client #7's portion control device was placed on her plate by staff. Further</p>	W 249	<p>Staff will be in-service to follow the PCP, BSP and meal cards to ensure staff are utilizing the appropriate adaptive equipment identified.</p> <p>Staff will be in-serviced on the use of the portion control device.</p> <p>Will request OT to write a portion control protocol to assist consistency with staff and individual.</p> <p>Informal monitoring to occur through daily observations by QP, Group home Manager and/or HS. Formal monitoring to occur at least monthly through completion of the Interaction and Meal Time Assessments by the Group Home Manager, HS and QP.</p>	<p>7.20.2021</p> <p>7.20.2021</p> <p>7.20.2021</p>	



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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/25/2021</b>
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NAME OF PROVIDER OR SUPPLIER

**FOX RUN/ROBIN'S NEST GROUP HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE

**3845 ROBIN'S NEST ROAD  
LA GRANGE, NC 28551**

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W 249	<p>Continued From page 10</p> <p>observations at 12:32pm, revealed client #7 removing the portion control device from her plate. Client #7 then proceeded to scoop fried chicken and mixed vegetables without the portion control device being on her plate. At no time was client #7 prompted to put the device back on her plate before she scooped more food. During dinner observations in the on 5/24/21 at 6pm, client #7 scooped the pea salad onto plate and not into her portion control device. Additional observations during lunch and dinner during the survey client #7 was observed not wearing a smock over her clothing</p> <p>Review on 5/24/21 of client #7's IPP dated 1/19/21 revealed, "Adaptive Equipment: Portion control plate and Smock."</p> <p>Review on 5/25/21 of client #7's nursing evaluation dated 1/5/21 stated, " adaptive equipment: control plate, smock ... "</p> <p>During an interview on 5/24/21, Staff H stated client #7 should be using her portion control plate during all her meals. Staff H revealed when client #7 scoops her food items, it is suppose to go into the holes on the device and then client #7 removes the device from her plate after she finishes scooping her food.</p> <p>During an interview on 5/25/21, Staff I revealed client #7 wears an adaptive collar during all her meals.</p> <p>During an interview on 5/25/21, the QIDP revealed client #7 should use her portion control device at all meals and it helps with portion control. Further interview indicated client #7 should wear her "smock" during all meals and it</p>	W 249		

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W 249	<p>Continued From page 11</p> <p>helps with keeping her clothes clean from spillage while she eats.</p> <p>G. During observations in the home on 5/24/21 from 10:57am until 1pm and 3pm until 4:06pm, client #7 was observed not wearing her knee pads. At no time was client #7 prompted to have her knee pads on.</p> <p>Review on 5/24/21 of client #7's IPP dated 1/19/21 stated, "She wears knee pads to minimize tissue damage (knee banging)...[Client #7] has a history of falling to her knees from time to time during a behavior."</p> <p>Review on 5/25/21 of client #7's behavior support plan (BSP) dated 12/1/19 indicated, "She should wear padding over her knees during her waking day."</p> <p>Review on 5/25/21 of client #7's nursing evaluation dated 1/5/21 revealed, "Adaptive equipment:...knee pads."</p> <p>During an interview on 5/24/21, Staff H explained to the surveyor client #7 wears the knee pads because she will bang her knees if she falls to the floor. Further interview revealed client #7 should wear her knee pads all the time while she is awake.</p> <p>During an interview on 5/25/21, the QIDP stated there are times when client #7 skin picks and she wears the knee pads for that reason. Further interview also revealed there are times when client #7 will throw herself on the floor.</p> <p>H. During morning observations in the home on 5/25/21 at 8:11am, Staff I brought client #5 her</p>	W 249		

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W 249	Continued From page 12 medications and a glass of water. Further observations revealed client #5 was sitting in the living room with 2 of her peers. Staff I spoon fed client #5 her medications. Client #5 was not prompted to participate with feeding herself.  During an interview on 5/25/21, Staff I stated client #5 is not going to get up and go into the medication area or feed herself her medications.  Review on 5/25/21 of client #5's adaptive behavior inventory (ABI) for medication administration dated 3/9/21 stated she had partial independence when it comes to going into the medication area when asked and pouring water from a pitcher.  Review on 2/25/21 of client #5's IPP dated 6/17/20 revealed, "She needs assistance obtaining drinking cup, pill cup and pouring liquid in cup. She needs assistance scooping spoon into cup to obtain medication and taking loaded spoon to mouth."  During an interview on 5/25/21, the QIDP stated client #5 can be prompted to participate in aspects of medication administration. Further interview revealed client #5 should have been given privacy during the medication administration.	W 249	Nursing to review ABI medication administration and updated as needed.  Staff will be in-serviced to allow the highest level of independence during medication administration as determined by the ABI for medication administration and as written in the PCP.  Informal monitoring to occur through daily observations by QP, Group home Manager and/or HS. Formal monitoring to occur at least monthly through completion of the Medication Pass Observation form by the Group Home Manager, HS and Nursing.	7.20.2021	7.20.2021
W 267	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)  The facility must develop and implement written policies and procedures for the management of conduct between staff and clients.	W 267			



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W 267	<p>Continued From page 13</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure implementation of policies and procedures which facilitated positive conduct and interactions between staff and clients throughout their daily life. This potentially affected all clients residing in the home (#1, #4, #8, #10, #11, and #12). The finding is:</p> <p>During observations in the home throughout the survey on 5/24 - 5/25/21, various staff frequently spoke with an elevated tone of voice and made inappropriate comments when interacting with clients in the home. For example:</p> <p>Throughout the survey, multiple staff were observed to consistently prompt client #11 and client #12 to "Sit down" or "Go sit down" as they stood up from the couch.</p> <p>During 3 of 3 meals, multiple staff used an elevated tone of voice while prompting client #11 to put down his utensils or cup. The staff yelled, "Put it down, [Client #11]!"</p> <p>On 5/24/21, As client #8 opened cabinets and manipulated window blinds while unloading the dishwasher, Staff D yelled from the living room, "[Client #8], Get out that cabinet and do them dishes!...Get out the cabinet!...[Client #8], Get out the blinds!"</p> <p>On 5/24/21, As client #4 held a single cookie in his hand without biting into it, Staff C stated abruptly, "[Client #4] I'm not fennin' to feed you no food!...Go ahead and eat [Client #4]!"</p> <p>Interview on 5/24/21 with Staff D revealed she has worked at the facility for about 2 years and</p>	W 267	<p>Staff will be in-serviced to facilitate a positive demeanor when interacting with the individuals throughout the day.</p> <p>Staff will be in-serviced on abuse, neglect and exploitation annually and as needed.</p> <p>ProAct A and Quality of Life will be reviewed with staff.</p> <p>Informal monitoring to occur through daily observations by QP, Group Home Manager and/or HS. Formal monitoring to occur through Interaction Assessments completed monthly by QP, Group Home Manager, and/or HS.</p>	<p>7.20.2021</p> <p>7.20.2021</p> <p>7.20.2021</p>	

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W 267	Continued From page 14 had initial training on abuse/neglect at that time but has not had received any training since then.  Review on 5/25/21 of client #4's Individual Program Plan (IPP) dated 1/6/21 revealed, "Characteristics of people who do not work well with me - People who are not kind, patient and speak to him in a harsh tone..."  Review on 5/25/21 of client #11's IPP dated 7/9/20 revealed, "Characteristics of people who do not work well with me - People who do not speak to him in a respectful tone and are not patient..."  Review on 5/25/21 of client #12's IPP dated 10/27/20 indicated, "Characteristics of people who do not work well with me - People who are not kind, patient and speak to him in a harsh tone..."  Interview on 5/25/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff have been trained on how to interact with clients appropriately.	W 267		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure techniques to manage client #11's rapid eating and drinking	W 288		

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W 288	<p>Continued From page 15</p> <p>were included in a formal active treatment program. This affected 1 of 5 audit clients. The finding is:</p> <p>During 3 of 3 mealtime observations throughout the survey in the home on 5/24 - 5/25/21, various staff implemented techniques to address client #11's rate of eating at meals. For example, at lunch on 5/24/21 at 12:28pm, Staff B sat next to client #11 as he ate his food rapidly and gulped his drinks. The staff frequently prompted him to put his utensil down between 2 - 3 bites of food and to put his cup down. The staff shouted, "Put it down...Put it down, [Client #11]!" As the client continued to gulp his drink and eat rapidly the staff yelled, "Scoot back!, Push back!" Client #11 immediately pushed himself about 3 - 4 feet away from the table for approximately 20 - 30 seconds before the staff prompted him to return. The client was prompted to move back from the table at least three times at the meal. At one point during the meal after client #11 ignored the staff's prompts to put his cup down, Staff B removed his drinks and placed them on a nearby china cabinet until the client had finished eating. Two additional mealtime observations in the home revealed other staff prompting, directing and utilizing the same techniques with client #11 as he consumed his food.</p> <p>Interview on 5/24/21 with Staff B revealed prompting client #11 to put his utensil/cup down and to push back in his chair to help slow down his eating. Additional interview indicated these techniques were a part of his behavior plan and they had been trained to address his rate of eating.</p> <p>Interview on 5/25/21 with Staff D revealed client</p>	W 288	<p>Staff will be in-serviced on individuals BSP and using only the techniques that are incorporated into the individuals' plan.</p> <p>Will have OT assess and develop a therapeutic feeding protocol, if needed.</p> <p>Informal monitoring to occur through daily observations by QP, Group Home Manager and/or HS. Formal monitoring to occur through Interaction and Meal time assessments completed monthly by QP, Group Home Manager, and/or HS.</p>	<p>7.20.2021</p> <p>7.20.2021</p>

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W 288	Continued From page 16  #11 does not chew his food and the techniques observed at the meal are used to keep him from choking. The staff indicated this was the way they were trained to address his rate of eating.  Review on 5/25/21 of client #11's Individual Program Plan (IPP) dated 7/9/20 revealed, "Verbal and physical cues are needed to slow pace of dining and to prevent overfilling of utensil. He is encouraged to place his left hand in his lap to prevent finger feeding." Additional review of the plan noted, "Prevent choking by monitoring during meals and follow current diet regimen. 1/2 inch diet texture appears to be the safest given his rapid rate of dining as he frequently does not chew thoroughly, adds more food prior to swallowing and does not consistently respond to verbal requests to slow his pace. Staff should continue to provide verbal cues to slow dining pace. Staff should adhere to mealtime procedures regarding rate of dining." Further review of the plan did not include utilization of previously described techniques at meals to address client #11's rate of eating.  Interview on 5/25/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should be addressing client #11's rate of eating as identified in his IPP and the techniques observed to be used by staff are not a part of his plan.	W 288		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.	W 460		

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W 460	<p>Continued From page 17</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 5 of 5 audit clients (#4, #5, #7, #11 and #12) received specially-prescribed diets as indicated. The findings are:</p> <p>A. During lunch observations in the home on 5/24/21 at 12:28pm, client #11 was assisted to serve himself a single serving of steak, mashed potatoes and green beans. The client also consumed one pudding cup and one cup of Fruit fiber mix.</p> <p>Review on 5/24/21 of client #11's Individual Program Plan (IPP) dated 7/9/20, meal card and physician's orders (signed 4/27/21) revealed, "[Client #11] receives a 1/2 inch weight gain, double portions at all three meals, Fruit fiber mix (2 containers) at lunch and may have regular snacks." His physician's orders also noted the client should be offered a salad at meals.</p> <p>Interview on 5/25/21 with Staff B revealed they follow each client's meal card which includes their diets.</p> <p>Interview on 5/25/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #11's diet should have been followed as indicated on his physician's orders.</p> <p>B. During breakfast observations in the home on 5/25/21 at 8:46am, client #12 was assisted to serve himself a single serving of grits, eggs and toast.</p> <p>Review on 5/24/21 of client #12's physician's</p>	W 460	<p>Staff will be in-service to read and follow the individuals' diet as indicated on the meal cards.</p> <p>QP, Group Home Manager and/or HS will ensure all recommended drinks are in the home and available.</p> <p>Informal monitoring to occur through daily observations by QP, Group Home Manager and/or HS. Formal monitoring to occur through Meal Time Assessments completed monthly by QP, Group Home Manager, and/or HS.</p>	7.20.2021  7.20.2021	



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W 460	<p>Continued From page 18</p> <p>orders (signed 4/27/21) and meal card revealed he receives "double portions at breakfast".</p> <p>Interview on 5/25/21 with Staff B they follow each client's meal card which includes their diets.</p> <p>Interview on 5/25/21 with the QIDP confirmed client #12's diet should have been followed as indicated on his physician's orders.</p> <p>C. During breakfast observations in the home on 5/25/21 at 8:46am, client #4 consumed cereal with milk. No other food or drinks were consumed.</p> <p>Review on 5/34/21 of client #4's IPP dated 1/6/21, his meal card and physician's orders (signed 4/27/21) revealed he should receive "4 oz prune juice at breakfast".</p> <p>Interview on 5/25/21 with Staff B they follow each client's meal card which includes their diets.</p> <p>Interview on 5/25/21 with the QIDP confirmed client #4's diet should have been followed as indicated on his physician's orders.</p> <p>D. During lunch observations in the home on 5/24/21, client #5's lunch consisted of fried chicken, one baked potato, mixed vegetables and one slice of bread. Additional observations revealed client #5 drank one glass each of tea and tap water. Additional observations revealed client #5 did not consume or drink anything else. At no time was client #5 offered anything else to eat or drink.</p> <p>During dinner observations in the home on</p>	W 460		

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NAME OF PROVIDER OR SUPPLIER  <b>FOX RUN/ROBIN'S NEST GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3845 ROBIN'S NEST ROAD LA GRANGE, NC 28551</b>		
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W 460	<p>Continued From page 19</p> <p>5/25/21, client #5's dinner consisted of tomato soup, saltine crackers, grilled cheese sandwich and green pea salad. Additional observations revealed client #5 drank one glass each of juice and tap water. Additional observations revealed client #5 did not consume or drink anything else. At no time was client #5 offered anything else to eat or drink.</p> <p>Review on 5/24/21 of client #5's IPP dated 6/17/20 stated, "Small salad at lunch and supper with dressing. Propel water with meals."</p> <p>Review on 5/24/21 of client #5's meal card dated 6/17/20 indicated, "Lunch-small salad and Propel water...Dinner-small salad and Propel water."</p> <p>Review on 5/25/21 of client #5's nutritional evaluation dated 7/2/19 revealed, "Small salad at lunch and Supper with regular dressing."</p> <p>During an interview on 5/25/21, Staff I stated client #5's meal card was correct and should be followed. Staff I opened the refrigerator and showed the surveyor the bags of salad located in a lower drawer; along with salad dressing located in the door of the refrigerator. Staff I opened and looked in the cabinets in the kitchen and could not locate the Propel water.</p> <p>During an interview on 5/25/21, the QIDP revealed client #5 should receive a small salad at lunch and dinner. Further interview revealed the salad helps her feel more satisfied after eating. The QIDP also confirmed client #5 should have drank Propel water at each meal.</p> <p>E. During lunch observations in the home on 5/24/21, client #7's lunch consisted of fried</p>	W 460			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/25/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RUN/ROBIN'S NEST GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3845 ROBIN'S NEST ROAD LA GRANGE, NC 28551</b>		
(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 460	<p>Continued From page 20</p> <p>chicken, one baked potato, mixed vegetables and one slice of bread. Additional observations revealed client #5 did not consume anything else. At no time was client #7 offered anything else to eat.</p> <p>During dinner observations in the home on 5/25/21, client #5's dinner consisted of tomato soup, saltine crackers, grilled cheese sandwich and green pea salad. Additional observations revealed client #5 drank one glass each of juice and tap water. Additional observations revealed client #5 did not drink anything else. At no time was client #7 offered anything else to eat.</p> <p>Review on 5/24/21 of client #7's IPP dated 1/19/21 stated, "...large salad at lunch and supper."</p> <p>Review on 5/25/21 of client #7's meal card dated 11/11/20 revealed, "Lunch-Lg salad with fat free dressing. Dinner-Lg salad with fat free dressing."</p> <p>Review on 5/25/21 of client #7's nutritional evaluation (no date) indicated, "Large salad at Lunch and Supper."</p> <p>During an interview on 5/25/21, Staff I stated client #7's meal card was correct and should be followed. Staff I opened the refrigerator and showed the surveyor the bags of salad located in a lower drawer; along with salad dressing located in the door of the refrigerator.</p> <p>During an interview on 5/25/21, the QIDP revealed client #7 should receive a large salad at lunch and dinner. Further interview revealed the salad helps her feel more satisfied and full after eating.</p>	W 460			

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NAME OF PROVIDER OR SUPPLIER  <b>FOX RUN/ROBIN'S NEST GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3845 ROBIN'S NEST ROAD LA GRANGE, NC 28551</b>		
(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 481	<p><b>MENUS</b> CFR(s): 483.480(c)(2)</p> <p>Menus for food actually served must be kept on file for 30 days.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure food substitutions and foods actually served were documented. The finding is:</p> <p>During lunch observations in the home on 5/24/21 at 12:28pm, clients consumed chopped steak, green beans, mashed potatoes, sliced bread, milk, choice of pudding or jello cup, Kool-aid and water.</p> <p>During dinner observations in the home on 5/24/21 at 6:01pm, clients consumed baked chicken, baked beans, white rice, cooked apples, milk, Kool-aid and water.</p> <p>Review on 5/24/21 of the lunch menu posted in the kitchen revealed the following: Swiss Steak, Mashed potatoes with gravy, Stewed tomatoes, Roll or Bread, Margarine, Fantasy Fruit, Milk and Beverage of Choice.</p> <p>Review of the dinner menu posted in the kitchen revealed the following: Roasted chicken, Rice Pilaf, Mixed vegetables, Roll or Bread, Margarine, Fruit cobbler, Milk and Beverage of choice.</p> <p>Interview on 5/25/21 with Staff B revealed food substitutions are not documented in the home.</p> <p>Interview on 5/25/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff in the home are not documenting food substitutions.</p>	W 481	<p>Staff will be in-serviced to follow menu and the process for substitution if needed</p> <p>Informal monitoring to occur through daily observations by QP, Group Home Manager and/or HS. Formal monitoring to occur through Meal Time Assessments completed monthly by QP, Group Home Manager, and/or HS.</p>		7.20.2021



June 3, 2021

Wilma Worsley-Diggs, M.Ed., QIDP  
Mental Health Licensure and  
Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Dear Ms. Worsley-Diggs,

Enclosed is the Plan of Correction for the deficiencies noted during the recertification survey completed on May 24-25, 2021 for Fox Run and Robin's Nest.

Please feel free to contact me with any questions or concerns. We look forward to seeing you soon for the follow-up.

Respectfully,

A handwritten signature in black ink that reads "Tara Nicki Ethridge". The signature is written in a cursive, flowing style.

Tara "Nicki" Ethridge, RN  
Administrator