


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2021
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NAME OF PROVIDER OR SUPPLIER BOXWOOD ACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 3464 US HWY 601 SOUTH 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 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 observations, interviews and record reviews, the facility failed to ensure 1 of 3 sampled clients (#5) received a continuous active treatment program consisting of needed interventions as identified in their person centered plans (PCPs) relative to toileting and privacy. The finding is:</p> <p>Observations in the group home on 4/21/21 from 8:40 AM to 8:50 AM revealed client #5 to sit in the bathroom while toileting with the door open and unattended by staff. Further observations at 8:50 AM revealed staff A to walk past the bathroom door and close it as client #5 was pulling up her pants. At no point during the observation period was client #5 accompanied by staff while toileting.</p> <p>Review of the record for client #5 on 4/21/21 revealed a person-centered plan (PCP) dated 2/11/21 which indicates that client #5 should be accompanied by staff during visits to the bathroom to ensure her privacy. Further review of the record revealed bathroom guidelines relative to toileting and privacy. Client #5 will be given a verbal prompt, paired with a gestural</p>	W 249	<p>W249</p> <p>The Qualified Professional and Habilitation Specialist will review client #5 Toileting Guidelines. All staff will be trained to implement Client #5 Toileting Guidelines by the Habilitation Specialist and the Qualified Professional. 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 Client #5 Toileting Guidelines are implemented as prescribed. . In future the Qualified Professional will ensure staff are trained to implement Person Centered Plan as prescribed.</p> <p style="text-align: right;">DHSR - Mental Health MAY 10 2021 Lic. & Cert. Section</p>	6/20/21
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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.

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

PRINTED: 05/03/2021
FORM APPROVED
OMB NO. 0938-0391

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W 249	<p>Continued From page 1</p> <p>prompt to close the bathroom door. Staff will provide client #5 with the identified prompt stated in each step according to bathroom guidelines. Staff will provide hand over hand assistance to close the door while stating "close the bathroom door". If client #5 doesn't respond, staff will state "close the door" a second time while staff physically move the client's hand into motion towards the door. Once staff feel client #5 is taking control of her own movement, staff will release physical guidance. If client #5 does not respond, staff will state to the client a third time "close the bathroom door" while pointing to the door.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) verified that client #5 has a history of disrobing and toileting with the door open. The QIDP verified that staff may not have been aware that client #5 was toileting unattended with the door open. The QIDP verified that all of client #5's goals are current. The QIDP confirmed during the interview that staff should follow all interventions for client #5 relative to toileting and privacy.</p>	W 249		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 4, 2021

Katherine Benton, Administrator
RHA Health Services, Inc.
195 Ervin Woods Drive
Kannapolis, NC 28081

Re: Recertification Completed April 21, 2021
3464 Hwy 601 S; Mocksville, NC; 27028
Provider Number 34G062
MHL #030-006
E-mail Address: kbenton@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 20, 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

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 Clarissa Henry at 704-589-2523.

Sincerely,



Clarissa Henry, MHSA, QP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

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

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Clarissa Henry, MHSA, QP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

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



5/5/2021

Ms. Clarissa Henry, MHSA, QP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: MHL-030-006 Boxwood

Dear Ms. Henry:

Please see the enclosed Plan of Correction (POC) for the deficiencies cited at the Boxwood 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 6/20/2021 to review our POC items.

Please contact me with any further issues or concerns regarding the Boxwood Group Home (MHL-030-006).

Sincerely,

A handwritten signature in cursive script, appearing to read "Katherine Benton".

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