

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

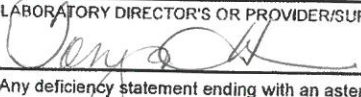
PRINTED: 04/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2021
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NAME OF PROVIDER OR SUPPLIER FORSYTH GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 8460 BELEWS CREEK ROAD BELEWS CREEK, NC 27009
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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 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the system for drug administration failed to assure all drugs were administered according to physician's orders for 2 of 6 clients (#1, #6). The finding is:</p> <p>Observations in the group home on 4/14/21 at 7:05 AM revealed client #1 to enter the medication room with staff to prepare for his medication administration. Continued observations revealed client #1 to receive the following medications: Levothyroxine 125mcg, vitamin D3 2000IU, B12 100 mcg, Loratidine 10 mg, Aspirin 81 mg, Fluticasone 50 mcg and anti-fungal foot spray. Further observations at 7:15 AM revealed client #1 to exit the medication room and sit at the dining table and immediately participate in the breakfast meal. Observations at 7:40 AM revealed client #1 to place his dishes in the kitchen sink and transition to the next activity. At no point during the breakfast meal was client #1 prompted to wait 30 minutes after his medication administration.</p> <p>Subsequent observations in the group home on 4/14/21 at 7:15 AM revealed client #6 to enter the medication room with staff to prepare for his medication administration. Continued observations revealed client #6 to receive the following medications: Levothyroxine 50 mcg, Lactulose 15ml, Benztropine 1 mg, Divalproex</p>	W 368	<p>W368</p> <p>The Nurse will in-service all staff on ensure client #1, client #6 and all of the people supported are receiving medications per physicians orders. The clinical team will monitor 2 times a week for 1 month, then on a routine basis through Medication Observation Assessments to ensure all physician orders are followed per the MAR. In the future, the Qualified Professional will ensure all staff are trained on following the MAR and administering medications per physician orders.</p> <p>By 6/6/2021</p> <p><i>DHSR - Mental Health</i> <i>MAY 14 2021</i> <i>Lic. & Cert. Section</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Qualified Professional</i>	(X6) DATE <i>5/10/2021</i>
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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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NAME OF PROVIDER OR SUPPLIER FORSYTH GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 8460 BELEWS CREEK ROAD BELEWS CREEK, NC 27009
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W 368	<p>Continued From page 1</p> <p>250 mg, Propranolol 80 mg and Vitamin D3 2000 IU. Further observations at 7:30 AM revealed client #6 to exit the medication room and to sit at the dining table and immediately participate in the breakfast meal. At no point during the breakfast meal was client #6 prompted to wait 30 minutes after his medication administration.</p> <p>Review of the record for client #1 on 4/14/21 revealed a person-centered plan (PCP) dated 6/18/20. Further review of the record revealed a physician's order dated 1/25/21 which indicates that client #1 should have his medications dispensed at 7:00 AM. Continued review of the physician's order revealed that client #1 should take his Levothyroxine on an empty stomach by mouth daily and wait 30 minutes before a meal.</p> <p>Subsequent review of the record for client #6 on 4/14/21 revealed a person-centered plan (PCP) dated 3/25/20. Further review of the record revealed a physician's order dated 1/25/21 which indicates that client #6 should have his medications dispensed at 7:00 AM. Continued review of the physician's order revealed that client #6 should take his Levothyroxine on an empty stomach by mouth daily and wait 30 minutes before a meal.</p> <p>Interview with the facility nurse and interim qualified intellectual disabilities professional (QIDP) on 4/14/21 verified that clients #1 and #6 should have had their Levothyroxine medications on an empty stomach and staff should have waited 30 minutes prior to allowing clients to participate in the breakfast meal. The facility nurse and QIDP also verified that client #1's and #6's physician's orders are current. The facility nurse and QIDP confirmed that client #1 and #6</p>	W 368		
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W 368	Continued From page 2 should receive all of their medications as prescribed.	W 368			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

April 29, 2021

Sheila Shaw, Administrator
RHA Health Services, LLC.
1701 Westchester Drive, Ste. 940
High Point, NC 27262

DHSR - Mental Health

MAY 14 2021

Lic. & Cert. Section

Re: Recertification Completed April 14, 2021
Forsyth Group Home II; 8460 Belews Creek Road; Belews Creek, NC 27009
Provider Number #34G192
MHL #034-043
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the recertification survey completed April 14, 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 6, 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: DHSR_Letters@sandhillscenter.org