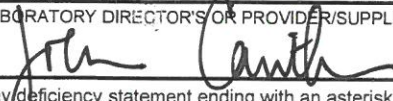


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOREST BEND GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 S OAK STREET BREVARD, NC 28712</b>
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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 217	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include nutritional status.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to complete a nutritional assessment within 30 days after admission for 2 of 3 sampled clients (#4 and #5). The finding is:</p> <p>A. The facility failed to complete a nutritional assessment after admission for client #5. For example:</p> <p>Observations in the group home during the 5/5-5/6/21 survey revealed client #5 to participate in meals with other residents of the group home. Observation during meals of the place setting for client #5 revealed the client to use a plate guard.</p> <p>A review of records for client #5 conducted on 5/6/21 revealed an admission date of 2/28/20. Continued review of records for client #5 revealed a person centered plan dated 3/25/21. Further record review revealed a swallow study was conducted 9/16/20 with client #5 due to coughing at meals. Review of recommendations from the 9/2020 swallow study revealed solid foods to be mechanical soft (ground)/pureed; moisten all solids before consumption, thin liquids and medications in pill form should be embed in applesauce. Further review of recommendations from the current swallow study revealed the client was to remain upright 60 minutes after eating, swallow 2 x for each bite/sip, check mouth for pocketing and alternate solids and liquids always ending with a sip of liquid. Additional review of</p>	W 217	<p>The Regional Director of Operations will in-service the Qualified Professionals and nursing on the requirement of obtaining evaluations in the first 30 days of admission. A Nutritional Assessment will be obtained for client #5 and client #4. The Habilitation Specialist or Qualified Professional will in-service staff on the recommendations from the evaluation. The Qualified Professional will revise the Person Centered Plan to reflect the recommendations from the evaluation. The clinical team will monitor through Meal Time Assessments 2 times a week for a period of one month and then on a routine basis to ensure recommendations from the Nutritional Evaluation are implemented. In the further the Qualified Professional will ensure evaluations for new admissions are obtained and included in Person Centered Plans.</p> <p>By: July 6, 2021</p> <p style="text-align: right;"><b>DHSR - Mental Health</b> <b>MAY 24 2021</b> <b>Lic. &amp; Cert. Section</b></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>5/19/21</b>
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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 217	<p>Continued From page 1</p> <p>records revealed a nutritional evaluation had not been completed for client #5 as of the current survey date, 14 months after admission.</p> <p>An interview conducted with the facility nurse on 5/6/21 confirmed the initial nutritional assessment for client #5 had not been completed as of the current survey date. Continued interview with the facility nurse verified client #5 had experienced coughing at meals that resulted in a swallow study. Further interview with the facility nurse revealed the recent health pandemic was attributed to the reason for the delay in obtaining a nutritional assessment for client #5.</p> <p>B. The facility failed to complete a nutritional assessment after admission for client #4. For example:</p> <p>Observations in the group home during the 5/5-5/6/21 survey revealed client #4 to participate in meals with other residents of the group home. Observation during meals of the place setting for client #4 revealed the client to use a plate guard and built up utensils.</p> <p>A review of records for client #4 conducted on 5/6/21 revealed an admission date of 2/28/20. Further review of the record for client #4 revealed a person centered plan dated 3/25/21. Further review of the record revealed a nutritional evaluation had not been completed for client #4 as of the current survey date, 14 months after admission.</p> <p>An interview conducted with the facility nurse on 5/6/21 confirmed the initial nutritional assessment for client #4 had not been completed as of the</p>	W 217		



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W 217	Continued From page 2 current survey date. Further interview with the facility nurse revealed the recent health pandemic was attributed to the reason for the delay in obtaining a nutritional assessment for client #4.	W 217			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  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.  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 guidelines or training to meet identified client needs relative to safe swallowing for 1 of 3 sampled clients (#5). The finding is:  Observations in the group home during the 5/5-5/6/21 survey revealed client #5 to participate in meals with other residents of the group home. Observation during meals of the place setting for client #5 revealed the client to use a plate guard.  A review of records for client #5 conducted on 5/6/21 revealed an admission date of 2/28/20. Continued review of the record for client #5 revealed a person centered plan dated 3/25/21. Additional record review revealed a swallow study was conducted 9/16/20 with client #5 due to coughing at meals. Review of recommendations from the 9/2020 swallow study revealed solid foods to be mechanical soft (ground)/pureed; moisten all solids before consumption, thin liquids and medications in pill form should be embed in	W 227	A team meeting will be held to discuss client #5 swallow study. The Habilitation Specialist and Qualified Professional 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. The clinical team will monitor through Meal Time Assessments 2 times a week for a period of one month then, on a routine basis to ensure recommendations from the swallow study are implemented as prescribed. In the future the Qualified Professional will ensure Person Centered Plans contain objectives to meet client's needs.  By: July 6, 2021		

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NAME OF PROVIDER OR SUPPLIER  FOREST BEND GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 47 S OAK STREET BREVARD, NC 28712		
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W 227	Continued From page 3 applesauce. Further review of recommendations from the current swallow study revealed the client was to remain upright 60 minutes after eating, swallow 2 x for each bite/sip, check mouth for pocketing and alternate solids and liquids always ending with a sip of liquid.  An interview conducted with the facility nurse on 5/6/21 confirmed client #5 had experienced coughing at meals that resulted in a swallow study. Continued interview with the facility nurse revealed she was unsure if client #5 was receiving medications in applesauce as recommended in the swallow study recommendations. Further interview with the facility nurse and the facility qualified intellectual disabilities professional (QIDP) verified guidelines or training objectives relative to the recommendations of client #5's swallow study had not been implemented. Additional interview with the facility nurse and QIDP verified client #5 should have formal guidelines to address the recommendations of the client's current swallow study.	W 227			
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. This STANDARD is not met as evidenced by: The facility failed to assure the person centered plans (PCPs) for 2 of 3 sampled clients (#4 and #5) included opportunities for choice and self-management regarding meal preparation and dining as evidenced by observation, interview and record verification. The finding is:	W 247			

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W 247	<p>Continued From page 4</p> <p>Afternoon observations in the group home on 5/5/21 revealed staff beginning supper preparation at 4:30 PM. Staff were observed to complete all aspects of supper preparation without any client assistance. Besides cooking all of the meal, staff was noted to set out the clients' plates and to spoon chocolate powder into various client cups and serving containers. Staff was further observed to use the processor to ground menu items for client #5.</p> <p>Morning observations of breakfast on 5/6/21 revealed staff to again complete all cooking and breakfast preparation without client participation. Staff was further observed to use the processor to ground menu items for client #5.</p> <p>Further observations after both meals revealed the only participation by the clients was for client #2 to assist with table setting at each meal and for each client to put their plates, cups and utensils in the dishwasher after each meal.</p> <p>Review of records for client #4 and #5 revealed PCPs both dated 3/25/21. Review of the PCP for client #4 revealed an adaptive behavior inventory dated 2/9/21 with independent skills related to the selection of correct flatware and dishes. Continued review of client #4's ABI revealed partial independence skills with the use of an electric can opener, the use of measuring cups/spoons and storing food properly.</p> <p>Review of the PCP for client #5 revealed an adaptive behavior inventory dated 2/9/21 with independent skills related to the use of meal utensils for spreading. Continued review of client #5's ABI revealed partial independence skills with the use of an electric can opener and the use of</p>	W 247	<p>A team meeting will be held to discuss client #4 and client #5 needs relevant to meal preparation and dinning. The Habilitation Specialist and Qualified Professional 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. The clinical team will monitor through Meal Time Assessments 2 times a week for a period of one month then, on a routine basis to ensure all clients are being afforded the opportunity to participate in meal preparation and dining as outlined in their Person Centered Plans. In the future, the Qualified Professional will ensure staff are trained and implement independence and participation in meal preparation and dinning.</p> <p>By: July 6, 2021</p>	



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W 247	Continued From page 5 measuring cups/spoons. Subsequent review of records for client's #4 and #5 revealed no objective training in the area of meal preparation.  Interview with the facility qualified intellectual disabilities professional (QIDP) revealed clients should be offered the opportunity to participate in meal preparation to the extent they are capable. Continued interview with the QIDP verified client #5 would be capable of using a processor with staff supervision and guidance to ground meal items. Further interview with the QIDP verified client #4 and #5 would benefit from training objectives to address meal preparation.	W 247		
W 436	<b>SPACE AND EQUIPMENT</b> 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 teaching relative to eyeglasses for 2 of 3 sampled clients (#4 and #5). The finding is:  A. The facility failed to provide teaching relative to eyeglasses for client #4. For example:  Observation in the group home on 5/5/21 revealed client #4 to participate in various	W 436	A team meeting will be held to discuss client #4 and client #5's use of eye glasses. The Habilitation Specialist and Qualified Professional 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. Implementation of interventions to address client #4 and client #5 use of eyeglasses will be monitored 2 times a week for a period of one month then on a routine basis through Interaction Assessments and routine observations. In future the Qualified Professional will ensure Person Centered Plans contain interventions to teach clients about adaptive equipment or medical devices.  By: July 6, 2021	

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W 436	<p>Continued From page 6</p> <p>activities such as leisure with watching television in his bedroom, to exercise with walking around the group home utilizing a walker, to wash hands for the dinner meal and to participate in the dinner meal. Observation in the facility on 5/6/21 revealed client #4 to participate in watching television in his bedroom, to enter the medication room for administration of morning medications, watch television in the living room, to wash his hands and to participate in the breakfast meal. Additional observation during the 5/5-5/6/21 survey revealed at no time for client #4 to wear glasses.</p> <p>Review of records for client #4 on 5/6/21 revealed a person centered plan (PCP) dated 3/25/21. Review of the PCP for client #4 revealed adaptive equipment to include glasses. Continued review of records for client #4 revealed a vision consult dated 2/19/21. Review of the vision consult revealed presenting symptoms of blurry vision when watching television and a diagnosis of compound hyopia, and cataracts. Continued review of the current vision consult for client #4 revealed prescribed glasses with continual frequency.</p> <p>Interview with the facility home manager (HM) on 5/6/21 verified client #4 has prescribed glasses that the client keeps in his room and does not like to wear most of the time. Interview with the facility nurse on 5/6/21 verified client #4 has glasses for vision deficits identified in the current vision consult. Continued interview with the facility nurse verified client #4 should wear or be encouraged to wear his glasses as prescribed. Interview with the qualified intellectual disabilities professional (QIDP) verified client #4 did not have a current program to address training relative to</p>	W 436			



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W 436	<p>Continued From page 7 the use and wear of his eyeglasses.</p> <p>B. The facility failed to provide teaching relative to eyeglasses for client #5. For example:</p> <p>Observation in the group home on 5/5/21 revealed client #5 to participate in various activities such as leisure with watching television in his bedroom, to play a checkers game with staff, to wash hands for the dinner meal and to participate in the dinner meal. Observation in the facility on 5/6/21 revealed client #5 to participate in watching television in his bedroom and to put on glasses while sitting in his bedroom. Continued observation at 8:42 AM revealed client #5 to remove his glasses and exit his room and walk to the medication room for administration of morning medications. Further observation revealed client #5 to participate in handwashing and the breakfast meal without glasses.</p> <p>Review of records for client #5 on 5/6/21 revealed a person centered plan (PCP) dated 3/25/21. Continued review of records for client #5 revealed a vision consult dated 2/19/21. Review of the 2/2021 vision consult revealed a diagnosis of hyperopia, cataracts and retinal hemorrhage. Continued review of the current vision consult for client #5 revealed a prescription for glasses with use for distance.</p> <p>Interview with the facility HM on 5/6/21 verified client #5 has prescribed glasses the client keeps in his room and does not like to wear most of the time. Interview with the facility nurse on 5/6/21 verified client #5 has glasses for vision deficits identified in the current vision consult. Continued interview with the facility nurse verified client #5 should wear or be encouraged to wear his</p>	W 436		



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W 436	Continued From page 8 glasses as prescribed. Interview with the QIDP on 5/6/21 verified client #5 did not have a current program to address training relative to the use and wear of his eyeglasses.	W 436			



May 19, 2021

Kaila Mitchell  
Facility Compliance Consultant II  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation

145 Cane Creek Ind. Park Rd  
Suite 250  
Fletcher, NC 28732

Phone: 828.684.1940  
Fax: 828.684.1553

Re: Recertification Survey at Forest Bend completed 5-6-21

Dear Ms. Mitchell,

Please find the enclosed Plan of Correction for the Forest Bend Group Home.

If you have any questions feel free to contact me at [john.carithers@rhanet.org](mailto:john.carithers@rhanet.org) or call me at 828-817-9565.

Thank you,

A handwritten signature in black ink, appearing to read "John", written in a cursive style.

John M. Carithers  
RHA Facility Administrator