STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G264	A. BUILDING _____ B. WING _____	05/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTLAND GROUP HOME	2307 HARTLAND ROAD MORGANTON, NC 28655

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W 186	DIRECT CARE STAFF CFR(s): 483.430(d)(1-2) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure sufficient direct care staff were available to effectively implement the active treatment programs for 6 of 6 sampled clients (#1, #2, #3, #4, #5, and #6) in accordance with their individual personal plan (IPP). The finding is: Observation in the group home on 5/19/21 at 8:45 AM revealed three staff on shift with the group home manager and all clients to be ready and waiting for transportation to the vocational program. Continued observation at 8:50 AM revealed client #1 to fall asleep in the recliner of the living room and client #3 to go to his bedroom and to get back in his bed. Observation at 9:00 AM revealed staff to assist client #3 with getting out of bed and returning to the living room when client #3 then went outside and attempted to get on the facility van until staff redirected the client back inside the group home. Additional observation from 9:00 AM until 9:35 AM revealed client's #1, #2, #3, #4, #5 and #6 to all sit in the living room and to either sleep, engage in a leisure activity or wander around the group home waiting to go to the vocational program.	W 186	DHSR - Mental Health JUN 16 2021 Lic. & Cert. Section ComServ will mee the requirements for the standard in the following way: The House Manager will ensure that there are enough staff scheduled for a given shift to meet client needs for active treatement, including the ability to trasnport to the day program on time. In the event that there is a call in from staff that may potentially delay client's transportation, the house manager and/or staff present will contact the QP so that alternative coverage can be obtained in a timely manner so as to prevent or minimize delays in active treatment at the day program. In the event of such a dealy, while staff are waiting for additional people to assist with coverage, staff are to make sure to engage all clients in the home in appropriate active treatement in the form of habilitative programs, daily living, and/or leisure activities. Staff and Residential Manager were in-serviced on this on 6/10/11 at the June House . meeting. This will be monitorerd by the QP daily by checking MITC schedules and communication with residential manager. And direct observation in the home at least weekly.	7/19/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE QP | (X6) DATE 6/11/21

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 186	Continued From page 1 Observation at 9:35 AM revealed all clients to be assisted by staff with loading the facility van. Subsequent observation revealed an additional staff to arrive at the group home and all clients to leave for their vocational program. Interview with the group home manager (GHM) on 5/19/21 revealed the group home was short staffed and clients were delayed from leaving to go to their vocational program due to a staff that would be coming in late. Continued interview with the GHM revealed there was only one staff on shift available for transport until another staff arrived and (2) staff were required for transport to the vocational program. Subsequent interview with the GHM verified clients were prevented from leaving the group home on time to go to the voc site due to staffing issues.	W 186		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure the individual personal plan (IPP) for 1 of 6 sampled clients (#3) included objective training to address observed needs relative to privacy. The finding	W 242		

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W 242	Continued From page 2 is: Observation in the group home on 5/18/21 at 6:35 PM revealed client #3 to exit a hallway bathroom with his pants down and to walk down the hallway of the group home towards the living room. Continued observation revealed staff C to observe client #3 walking with no pants and to redirect the client back to the bathroom. Further observation revealed the group home manager to assist staff C with redirecting client #3 back to the bathroom. Review of records for client #3 on 5/19/21 revealed an IPP dated 9/15/20. Continued review of client #3's IPP revealed a diagnosis that included severe intellectual disability, autism and ADHD. Further review of the 9/2020 IPP for client #3 revealed a toileting skills objective dated 3/27/19 to teach privacy concerning client #3 and others. Continued review of client #3's toileting skills objective revealed the trainer must prompt the client to knock on the door to the restroom before entering and explain the importance of knocking before entering. Interview with the group home manager on 5/18/21 revealed client #3 will leave the bathroom with his pants down if not supervised. Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #3 has privacy deficits and has a formal training program to address knocking on doors to address privacy issues. Continued interview with the QIDP verified client #3's current program to address privacy did not address exiting the bathroom inappropriately clothed.	W 242	The program specialist will develop a habilitative program about maintaining privacy, specifically in making sure that Client #3 exits the bathroom and/or his bedroom appropriately clothed. This will be in-serviced with staff the program specialist, QP and House Manager will ensure this program is being implemented at every available opportunity through direct observation in the home done at least weekly, as well as through monthly progress notes.	7/19/21
W 249	PROGRAM IMPLEMENTATION	W 249		

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W 249	Continued From page 3 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 and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to ensure 4 of 6 sampled clients (#1, #2, #4, and #6) received a continuous active treatment program by failing to implement objective training as identified in the individual personal plans (IPPs) relative to toothbrushing. The finding is: Morning observations in the group home on 5/19/21 from 6:20 AM until 9:30 AM revealed clients to get up, get ready for the day, and take their medications. Continued observations revealed clients to eat breakfast which consisted of low-fat bacon, fried eggs, toasted hamburger bun, and tomato slices. Further observations after breakfast revealed the staff to engage the clients in various activities. Subsequent observation revealed staff did not give any client the opportunity to brush their teeth after breakfast. Review of client #1's IPP dated 6/20/20 revealed a goal dated 3/28/20 for client #1 to improve her toothbrushing. Review of client #2's IPP dated 8/5/20 revealed a goal dated 9/19/20 for client #2	W 249	Staff will be inserviced on making sure that individuals are given the opportunity to engage in proper oral hygiene following all meals. This can include but is not limited to toothbrushing and flossing. The QP, House Manager and clinical team will ensure compliance with this standard through direct observation in the homes at least weekly.	7/19/21

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W 249	Continued From page 4 to brush her teeth with 90% independence. Review of client #4's IPP dated 10/6/20 revealed a goal dated 5/24/19 for client #4 to improve dental care by flossing his teeth with 100% accuracy. Review of client #6's IPP dated 9/8/20 revealed a goal dated 2/23/16 for client #6 to improve his toothbrushing preparations. Further review of these IPPs , substantiated by continued interview with the QIDP, revealed that staff should have implemented these training goals after breakfast in the group home. Interview with the qualified intellectual disabilities professional (QIDP) revealed that all clients should receive tooth brushing assistance after meals. Further interview with the QIDP revealed staff should have assisted clients with toothbrushing before leaving the group home for the vocational program.	W 249		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 of 6 sampled clients (#6) with not ensuring staff training relative to a change in client health status. The finding is: Observation in the group home on 5/18/21 from 4:45 PM until 6:30 PM revealed client #6 to stay in his bed, in his bedroom with staff B sitting near the clients bed for monitoring. Continued	W 331	Nursing will train staff on how to properly document in the aforementioned book for Client #6. The QP, House Manager, and nursing staff will make sure that staff are documenting correctly and at all opportunities through direct observation in the home at least weekly.	7/19/21

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W 331	Continued From page 5 observation revealed staff B to exit client #6's bedroom for short intermittent periods of time and then to return to the bedroom of client #6. Observation of client #6 at various times revealed the client to sleep, watch television and to be served his dinner meal in his bedroom. Observation in the group home on 5/19/21 revealed a notebook on a table outside the bedroom of client #6. Review of documentation in the notebook for client #6 revealed tracking forms for food intake, fluid intake, temperature, seizure activity and urine. Review of the tracking form for temperature revealed: Take temperature every 2 hours with no data collection recorded. Review of the tracking form for fluid intake revealed 5 days of documented data: 5/11/21, 5/12/21, 5/16/21, 5/17/21, 5/18/21. Continued review of documentation revealed no data entries for food intake on 5/4/21, 5/6/21, 5/11/21, 5/12/21 and 5/17/21 with multiple other dates missing documentation at various meals. Continued observation on 5/19/21 revealed client #6 to be dressed and assisted to the dining room at 7:50 AM in his wheelchair. Further observation revealed client #6 to engage with staff in the kitchen, to enter the medication room at 8:01 AM with staff assistance and to return to the kitchen area at 8:15 AM for breakfast. Subsequent observation revealed client #6 to load the facility van at 9:35 AM for transport to the vocational program. Review of records for client #6 on 5/19/21 revealed a consult from the wound care center dated 5/11/21. Review of documentation from the would care center revealed a condition of a chronic right ischial decubitis ulcer with	W 331		

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W 331	Continued From page 6 recommendations to continue wet dry dressing with silicon dressing on top, continue to hold wound vac. Interview with staff B on 5/18/21 revealed client #6 is to primarily stay in bed due to his current health condition and is monitored regularly by staff while the client mostly sleeps. Interview with the facility nurse on 5/19/21 verified client #6 has had recent health issues. The facility nurse further verified client #6 was receiving medical oversight for a open wound resulting from an ulcer. Continued interview with the facility nurse on 5/19/21 revealed client #6 should not be in his bed long periods of time, does not need 1:1 staff supervision and is able to sit up in his recliner in the living room of the group home. Further interview with the facility nurse verified the notebook outside the bedroom of client #6 should be filled out by staff daily and data was important with monitoring the client's current health status. Additional interview with the facility nurse verified she had not conducted a formal in-service training with staff relative to the needs of client #6 or implemented guidelines to support staff with consistency in providing care to client #6 with the recent change in health status.	W 331		