STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G321	A. BUILDING _____ B. WING _____	08/31/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAYSIDE A & B	617 & 619 RAY AVENUE HENDERSONVILLE, NC 28739

(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 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 training to meet identified client needs relative to communication for 1 of 4 sampled clients (#5). The finding is: Observations in the group home throughout the 8/30-31 survey revealed client #5 to communicate wants and needs with pointing and minimal words such as "baby, hi, bye, bubbles and thank you." Continued observation revealed staff to communicate with client #5 with the use of objects or verbally acknowledging words the client used. Review of records for client #5 on 8/31/21 revealed a communication assessment dated 2/2/16. Review of the 2016 communication assessment revealed client #5 indicates wants and needs through pulling staff, being independent in obtaining a desired object, using an object (hands remote to staff to request TV) and a few verbalizations. Continued review of the 2016 communication assessment revealed needs to include increased consistency in responding to interactions and increase in effectiveness as a communicator. Further review of the 2016 communication assessment revealed recommendations to include a TEACCH schedule	W 227		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 227	Continued From page 1 should be implemented at home and at the vocational center; A TEACCH picture schedule format of the presentation of one picture at a time in a photograph book should be tried as client #5 did not respond appropriately to a TEACCH picture schedule on the wall. Continued review of records for client #5 revealed a communication program that was discontinued 5/1/17 for lack of progress. Continued review of the past communication program for client #5 revealed the program objective to read: Client #5 will comply with moving to the appropriate area when shown a TEACCH card with 90% independence. Further review of records for client #5 revealed no revised communication goal or current communication objective since 5/1/17. Subsequent review of records for client #5 revealed no updated communication evaluation since the 2/2/16 evaluation. Interview with the facility qualified intellectual disabilities professional (QIDP) on 8/31/21 verified client #5 has communication deficits and had no current communication program. Continued interview with the QIDP verified client #5 had not had an updated communication assessment since 2/2/2016.	W 227		
W 287	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by:	W 287		

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W 287	Continued From page 2	W 287		

Based on observations, record review and interviews, the team failed to assure restrictive techniques to manage inappropriate behavior was not used as a convenience for staff for 4 of 4 clients (#2, #4, #5 and #8) in Rayside B relative to television remote access. The finding is:

Observations in the group home throughout the 8/30-31/21 survey revealed various clients at various times to sit in the living room of the group home and the television to be turned off or to be turned on with staff assistance. At no time was it observed for the television remote to be present in the living room of the group home. Subsequent observation revealed the television remote to sit on top of the refrigerator of the group home kitchen.

Observation in the group home on 8/31/21 at 7:45 AM revealed client #4 to sit in the living room facing the television that was turned off and staff A to tell the client "one minute, and I will help you." Continued observation revealed staff to enter the kitchen, access the television remote off the top of the refrigerator and return to the living room to assist client #4 with finding a preferred channel. Further observation revealed staff A to return the television remote to the top of the refrigerator after assisting client #4.

Interview with staff A on 8/31/21 revealed the television remote for the living room television is kept on top of the refrigerator as clients #4 and #5 will lose it or hide it. Interview with the qualified intellectual disabilities professional (QIDP) on 8/31/21 revealed most clients in the group home need assistance with using the television remote while client #2 can independently use the television remote. Further

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W 287	Continued From page 3 interview with the QIDP on 8/31/21 verified no client in the group home had a restriction in their habilitation plan relative to the television remote of the group home.	W 287		