

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

PRINTED: 09/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2021
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NAME OF PROVIDER OR SUPPLIER RAYSIDE A & B	STREET ADDRESS, CITY, STATE, ZIP CODE 617 & 619 RAY AVENUE HENDERSONVILLE, NC 28739
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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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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</p>	W 227	<p>W 227</p> <p>The IDT members will ensure Client #5 is reassessed by the Speech & Language Pathologist to assess, develop & implement a new communication program to address her communication deficits. The IDT members will ensure communication needs are monitored and assessed annually. This will be monitored through the QA Audit and Chart Review Process. Client #5 was assessed by the SLP on 9/10/21. Any new communication programs for Client #5 will be in-serviced by the Habilitation Specialist. In the future the IDT members will ensure communication needs are monitored and assessed annually.</p>	10/31/2021
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DHSR - Mental Health
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Katherine Benton	TITLE Director of Operations	(X6) DATE 9/15/2021
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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 227	<p>Continued From page 1</p> <p>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.</p> <p>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.</p> <p>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.</p>	W 227		
W 287	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>This STANDARD is not met as evidenced by:</p>	W 287		

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W 287	<p>Continued From page 2</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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</p>	W 287	<p>W 287</p> <p>The Qualified Professional (QP) will in-service all direct care staff to ensure the remote control is accessible to all Clients in the living room. The IDT members will continue to assess the needs of the clients in the home and ensure any new behavior interventions are not implemented until they are updated in the clients' Behavior Support Plan and appropriate Due Process is obtained for any needed Rights' Limitations. This will be monitored through the QA Audit and Chart Review process and quarterly HRC meetings. In the future the QP and Behavior Analyst will ensure all BSPs are updated as needed to address any needed behavior interventions.</p>	10/31/2021
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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		
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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

September 9, 2021

DHSR - Mental Health

SEP 17 2021

Katherine Benton, Facility Administrator
RHA Health Services, Inc.
145 Cane Creek Industrial Park Drive, Suite 250
Fletcher, NC 28732

Lic. & Cert. Section

Re: Recertification Completed 8/30/21 and 8/31/21
Rayside A and B 617 & 619 Ray Avenue Hendersonville, NC 28737
Provider Number 34G321
MHL# 045-064 and 045-065
E-mail Address: kbenton2@rhanet.org

Dear Ms. Benton::

Thank you for the cooperation and courtesy extended during the recertification survey completed August 31, 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 October 31, 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.ncdhs.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.***

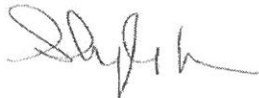
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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 me at (828) 750-2702.

Sincerely,



Shyluer Holder-Hansen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: QM@partnersbhm.org
dhhs@vayahealth.com



September 15, 2021

Shyluer Holder-Hansen
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-045-065 Rayside A & B

Dear Ms. Holder-Hansen:

Please see the enclosed Plan of Correction (POC) for the deficiencies cited at the Rayside A & B Group Home during your Annual Survey visit on 8/31/2021. We have implemented the POC and invite you to return to the facility on or around 10/31/2021 to review our POC items.

Please contact me with any further issues or concerns regarding the Rayside A & B Group Home (MHL-045-065).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

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

DHSR - Mental Health

SEP 17 2021

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