STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G230	A. BUILDING _____ B. WING _____	11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE GROUP HOME	723 HILLS FARM STREET LENOIR, NC 28645

(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 249	PROGRAM IMPLEMENTATION 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 review and interviews, the facility failed to ensure the behavior support plan (BSP) for 1 of 4 sampled clients (#3) was implemented as prescribed relative to supervision. The finding is: Observations in the group home on 11/23/21 at 6:33 AM revealed client #3 to walk to the bedroom of client #4. Client #3 was then observed to open the bedroom door of client #4 and enter the client's bedroom. Continued observation revealed client #3 to turn on client #4's bedroom light, verbally yell "It's time to get up" and exit client #4's bedroom leaving the door open. Further observation at 6:44 AM revealed client #3 to walk down the back hallway of the group home and to enter client #4's bedroom while client #4 was in the dining room. Client #3 was then observed to pick up clothing in client #4's bedroom and to open drawers of client #4's dresser and stuff clothing items found in the client's bedroom into client #4's dresser.	W 249	DHSR - Mental Health DEC 21 2021 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kristi Berry	QP	12-14-21

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 249	Continued From page 1 Subsequent observation at 6:59 AM revealed client #3 to walk to the medication room of the group home and to open the med room door without knocking while client #6 was participating in medication administration. Additional observation revealed staff to direct client #3 to close the medication room door and for client #3 to stand in the doorway, then close the medication room door and walk away. Review of records for client #3 on 11/23/21 revealed a BSP dated 7/24/21. Review of the BSP revealed target behaviors of non-compliance, verbal disruptions, telling untruths, stealing, bothering others, interrupting the privacy of others, inappropriate clothing wear, physical aggression, property destruction, excessive activity and PICA. Continued review of the BSP revealed client #3 is excessively active and it is important the client has support in selecting appropriate activities. Interview with the facility program specialist on 11/23/21 revealed client #3 needs close supervision to support behaviors outlined in the BSP. Continued interview with the program specialist verified, based on observations of client #3 on 11/23/21, revealed staff failed to adequately supervise client #3 as needed by the BSP to address target behaviors.	W 249		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate	W 340		

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W 340	Continued From page 2 health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, interdisciplinary team failed to ensure staff were adequately trained to perform appropriate health and hygiene methods for 2 of 4 sampled clients (#3 and #4). The findings are: A. The facility failed to ensure appropriate health and hygiene methods were implemented relative to glove use. For example: Observations in the group home on 11/23/21 from 6:10 AM to 8:12 AM revealed staff E to prepare the breakfast meal, to assist with serving the breakfast meal, to clean dishes and to assist with activities while wearing a single pair of vinyl gloves. At no time during the observations was staff E observed to change gloves. Interview on 11/23 with the facility nurse verified that staff should change gloves and clean hands while performing different tasks and during individual client care. Continued interview with facility nurse confirmed staff did not follow proper procedures with glove use. B. The facility failed to ensure appropriate health and hygiene methods for client #3 and #4. For example: Observations in the group home at 6:58 AM on 11/23/21 revealed client #3 to assist staff E in the kitchen to scoop oatmeal into a bowl. Continued observation at 6:59 AM revealed staff E to prompt client #4 to put away a table activity to prepare for the breakfast meal with washing her hands. Further observation revealed client #3 to walk	W 340		

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W 340	Continued From page 3 about the home and staff E to prompt client #3 to wash her hands for breakfast. Subsequent observation at 7:03 AM revealed client #3 to enter the bathroom (in the back hallway of the group home, near client #4's bedroom) to turn water on and off and exit the bathroom. Observation at 7:04 AM revealed client #4 to enter the bathroom after client #3, to turn on the water and to exit the bathroom. Additional observation in the group home on 11/22/21 and 11/23/21 revealed the bathroom near client #4's bedroom had no hand soap throughout survey observations. Review of records for client #3 on 11/23/21 revealed an Individual Program Plan (IPP) dated 3/29/21 with training objectives to improve dental care, to knock on closed doors, to brush teeth, to apply lotion, to wash face, to wipe and recite house rules. Continued review of record for client #3 revealed an adaptive behavior assessment dated 4/2019. Further review of adaptive behavior assessment revealed client #3 to have moderate independence with the ability to wash and dry her hands and needs prompting to perform all the task. Review of record for client #4 on 11/23/21 revealed an Individual Program Plan (IPP) dated 7/15/21 with training objectives to match clothes, to fold clothes, to tie shoes, to clean room and communication. Continued review of record for client #4 revealed an adaptive behavior assessment dated 7/21/21. Further review of adaptive behavior assessment revealed client #4 to have maximum independence with the ability to wash and dry her hands.	W 340		

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W 340	Continued From page 4 Interview on 11/23/21 with the home manager verified that the facility had hand soap available. Continued interview with the home manager confirmed that staff should have ensured hand soap was available in all bathrooms for client use.	W 340		

W249 1-23-2022

The facility will ensure target behaviors are addressed and adequately supervised. All staff will be inserviced on all client's target behaviors identified in the BSP's in addition to identified privacy needs of all individuals. The QP and or designee will monitor through direct observation at least weekly and through monthly behavioral progress summaries.

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A. All staff will be inserviced to ensure adequate hygiene and sanitation is observed for all individuals in the home. This includes proper procedures for health and hygiene relative to glove use. The QP and or designee will monitor at least weekly through direct observation.
B. All staff will be inserviced in order to ensure adequate hygiene and sanitation is observed. This includes: directive and procedures for proper handwashing, including soap, making soap readily available to all individuals, as well as identification of appropriate times for handwashing implementation. This will be monitored weekly through direct observation in the home by the QP and or designee.

Kristi Berry, QP
12-14-21