

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FORSYTH GROUP HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8460 BELEWS CREEK ROAD BELEWS CREEK, NC 27009</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 287	<p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> 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: Based on observation, record review and interviews, the interdisciplinary team failed to assure restrictive practices were not used for the convenience of staff for 6 of 6 clients based on the needs of one client (#2). The finding is:</p> <p>Observation in the group home throughout the survey on 6/13-14/22 revealed continuous use of a chime alarm system being triggered by 6 of 6 clients when entering and exiting the laundry room and hallway bathrooms.</p> <p>Record review on 6/14/22 revealed a behavior support plan (BSP) dated 3/1/22 for client #2. The 6/14/22 BSP revealed target behaviors of property damage, flushing - excessive toilet paper or items that shouldn't be flushed (e.g. paper towels), forcibly blowing his nose - into the air or onto surfaces, skin picking and sexually inappropriate behavior - exposing himself to masturbate in areas where others can see him.</p> <p>Continue review of the BSP revealed an approval for rights restrictions/limitations for a lock attached to client #2's closet to limit the number of items accessed and potentially damaged and a lock on the laundry room door to prevent client #2 from entering the room to masturbate and/or destroy items of clothing. Further review of all client records did not indicate nor approve the use of the chime alarms on the laundry room or bathroom doors for client #2 or clients #1, #3, #4.</p>	W 287		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

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

PRINTED: 06/17/2022  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>FORSYTH GROUP HOME #2</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8460 BELEWS CREEK ROAD BELEWS CREEK, NC 27009</b>		
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W 287	Continued From page 1 #5 and #6.  Interview with facility staff on 6/14/22 revealed the door chimes were implemented a few months ago to make staff aware when client #2 enters or exits the locked laundry room and both hallway bathrooms. Continued interview with facility staff revealed client #2 has a tendency of going into the bathrooms and overstuffing the toilets with toilet paper, paper towels or anything that shouldn't be flushed.  Interview with the qualified intellectual disabilities professional (QIDP) on 6/14/22 verified that door chimes were implemented to make staff aware of when client #2 enters and/or exit the laundry room and bathroom which is not part of his behavior plan and it also affects clients #1, #3, #4, #5 and #6 of having to hear the chime door alarm when they enter or exit the laundry room and bathroom. Continued interview with the QIDP verified use of the chime door alarm was for staff convenience.	W 287			
W 368	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the system for drug administration failed to assure all drugs were administered according to physician's orders for clients (#1 and #2) observed receiving medications. The findings are:  A. Medications were not administered as	W 368			

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W 368	<p>Continued From page 2</p> <p>prescribed per physician order for client #1. For example:</p> <p>Observation in the group on 6/14/22 at 6:00 AM revealed client #1 to be in his room awake and dressed. Continued observations at 6:25 AM revealed client #1 to enter the common area, bathroom, put placemats on the dining table and engage in a leisure activity. Further observation at 7:00 AM revealed client #1 to enter the medication room with staff to prepare for his medication administration. Subsequent observation revealed client #1 to receive the following medications: Claritin 10mg, vitamin B12 100mcg, vitamin D3 50mcg and insulin 4 units after getting his blood sugar results of 183.</p> <p>Interview with the facility residential team lead (RTL) verified by review of the facility MAR revealed topical medications were signed off by third shift staff prior to 6:00 AM.</p> <p>A review of physician orders dated 1/31/22 for client #1 revealed multiple medications ordered at 7:00 AM that included: Tinactin, Lamisil, and fluticasone 50mcg spray.</p> <p>Interview with the facility nurse on 6/14/22 revealed all medications can be administered up to one hour before and one hour after the time prescribed. Continued interview with the facility nurse verified client #1's physician orders are current.</p> <p>B. Medications were not administered as prescribed per physician order for client #2. For example:</p> <p>Observation in the group on 6/14/22 at 6:00 AM</p>	W 368			

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W 368	<p>Continued From page 3</p> <p>revealed client #2 to be in his room. Continued observations at 6:45 AM revealed client #2 to enter the common area and engage in a coloring activity. Further observation at 7:17 AM revealed client #2 to enter the medication room with staff to prepare for his medication administration. Subsequent observation revealed client #1 to receive the following medications: Acidophilus cap, Keppra 75mg, Risperdal 1mg, vitamin D3 50mcg and Claritin 10mg.</p> <p>Interview with the facility residential team lead (RTL) verified by review of the facility MAR revealed topical medications were signed off by third shift staff prior to 6:00 AM.</p> <p>A review of physician orders dated 1/31/22 for client #2 revealed multiple medications ordered at 8:00 AM that included: Lamisil AER 10% powder on feet and in shoes.</p> <p>Interview with the facility nurse on 6/14/22 verified client #1's physician orders are current. Continued interview revealed all medications should be administered as prescribed.</p>	W 368			