

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2021
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NAME OF PROVIDER OR SUPPLIER KING GEORGE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 323 KING GEORGE ROAD GREENVILLE, NC 27834
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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. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 3 audit clients (#1 and #3) included objectives to address their money management needs. The findings are:</p> <p>A. Review on 12/6/21 of client #1's IPP dated 4/14/21 revealed, "[Client #1] can safely carry \$5.00. She can identify the names of coins and dollar bills up to \$100. [Client #1] is not able to count the variations of many (coins and dollars) together." Additional review of the client's Adaptive Behavior Inventory (ABI) last updated 4/5/21 indicated she can independently recognize money, identify the use of money, identify coins and bills, count money combinations up to \$20 and making change up to \$20. The ABI did not include an assessment of her ability to identify and state the equivalency of a half dollar, budgeting through the week/month, maintaining a checking/savings account, making deposits/withdrawals and balancing a checkbook. Further review of client #1's IPP did not include formal objectives to address her money management needs.</p> <p>Interview on 12/7/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated she was not sure if any training had been completed for client #1 in the area of money management. Additional interview confirmed the client could benefit from formal training in the area of money</p>	W 227	<p>Preparation and execution of this Plan of Correction does not constitute admission of agreement by the provider or the truth of facts alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <p>W227A. QP will work with Habilitation Specialist to update Client #1 objectives to address her money management needs.</p> <p>W227A. Habilitation Specialist will assess Client #1 to determine her ability to identify various bills and coins as well as her ability to budget.</p> <p>W227A. Habilitation Specialist will work with House manager to ensure all staff members have been inserviced to support Client #1 with money management goals.</p> <p>Plan to prevent re-occurrence: Monitoring will be conducted by GHM, QP, Hab. Specialist to ensure implementation of new objectives and to monitor progress on a weekly basis.</p>	02/04/2022
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 12/30/21
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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>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. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 3 audit clients (#1 and #3) included objectives to address their money management needs. The findings are:</p> <p>A. Review on 12/6/21 of client #1's IPP dated 4/14/21 revealed, "[Client #1] can safely carry \$5.00. She can identify the names of coins and dollar bills up to \$100. [Client #1] is not able to count the variations of many (coins and dollars) together." Additional review of the client's Adaptive Behavior Inventory (ABI) last updated 4/5/21 indicated she can independently recognize money, identify the use of money, identify coins and bills, count money combinations up to \$20 and making change up to \$20. The ABI did not include an assessment of her ability to identify and state the equivalency of a half dollar, budgeting through the week/month, maintaining a checking/savings account, making deposits/withdrawals and balancing a checkbook. Further review of client #1's IPP did not include formal objectives to address her money management needs.</p> <p>Interview on 12/7/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated she was not sure if any training had been completed for client #1 in the area of money management. Additional interview confirmed the client could benefit from formal training in the area of money</p>	W 227	<p>Preparation and execution of this Plan of Correction does not constitute admission of agreement by the provider or the truth of facts alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <p>W227A. QP will work with Habilitation Specialist to update Client #1 objectives to address her money management needs.</p> <p>W227A. Habilitation Specialist will assess Client #1 to determine her ability to identify various bills and coins as well as her ability to budget.</p> <p>W227A. Habilitation Specialist will work with House manager to ensure all staff members have been inserviced to support Client #1 with money management goals.</p> <p>Plan to prevent re-occurrence: Monitoring will be conducted by GHM, QP, Hab. Specialist to ensure implementation of new objectives and to monitor progress on a weekly basis.</p>	02/04/2022	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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	Continued From page 1 management. B. Review on 12/6/21 of client #3's IPP dated 5/12/21 revealed, "[Client #3] can keep up to \$20 on her person safely. She knows the worth of change but needs assistance with making purchases or using the vending machines. [Client #3] has no budgeting skill and will need assistance to budget effectively." Additional review of the plan indicated client #3 had completed training on an objective to make the requested dollar and coin amount combinations for 80% of trials per month for 3 consecutive months (implemented 8/1/19). Further review of the client's ABI (last updated 4/27/21) indicated she can independently recognize money, identify the use of money, state coin equivalency up to \$1, count money combinations up to \$5.00 and budget for purchases through the week/month. The ABI; however, did not assess her ability to maintain a checking/savings account, make deposits/withdrawals and balance a checkbook. Interview on 12/7/21 with the QIDP indicated no further training had been implemented after client #3 had completed the objective implemented in August '19. Additional interview confirmed the client could benefit from continued formal training in the area of money management.	W 227	W227B. QP will work with Habilitation Specialist to update objectives to address Client #3s money management needs. W227B. Habilitation Specialist will assess Client #3s ability to maintain a saving/checking account, make deposits/withdrawals and balance a checkbook. W227B. Habilitation Specialist will work with House Manager to ensure all staff members have been inserviced to support Client #3 money management goals.		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 263	W263 QP will ensure updated informed consent is included for Client #3s Behavior Support Plan dated 11/16/2021. Verbal consent will also be acquired as QP awaits signed consent to be returned. This information will be written on the BSP.	02/04/2022	

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W 263	Continued From page 2 failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#3). The finding is: Review on 12/6/21 of client #3's Behavior Support Plan (BSP) dated 11/16/21 revealed the objective, "...I will decrease my explosive episodes as evidenced by a daily average of .05 or less hourly intervals per month for 6 out of 12 consecutive months." The BSP incorporated the use restrictive medications to address client #3's inappropriate behaviors. Additional review of the record did not reveal a current consent for the BSP. Interview on 12/7/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current consent had been obtained from client #3's guardian as of the date of the survey.	W 263	Plan to prevent re-ocrrance: Montioring will be conducted by the GHM, QP, with support from Psychologist to ensure all behavioral support plans have current consents during Level III monthly meetings.		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a drug used to manage client #2's inappropriate behaviors was used only as an integral part of her Individual Program Plan. This affected 1 of 3 audit clients. The finding is: Review on 12/6/21 of client #2's physician's orders dated 11/27/21 revealed an order for "Atarax 50mg, per crisis plan, take 1 tablet by	W 312	W312 Qualified Profesional will ensure Client #2s Behavioral Support Plan includes all medication as prescribed by the pyschiatrist. Plan to prevent re-occurrence: Monitoring will be conducted by the GHM, QP, LPN to ensure all medication prescribed matches Behavioral Support Plans, and PCPs on a bi weekly basis during FMT.	02/04/2022	

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W 312	Continued From page 3 mouth for behaviors that last longer than 10 minutes. May repeat in 30 minutes for max dose of 100 mg in 24 hours". Additional review of the client's Behavior Support Plan (BSP) dated 5/22/20 revealed an objective to "...decrease any explosive episodes as evidenced by a daily average of .30 or less hourly intervals per month for 5 out of 12 consecutive months". Further review of the plan identified the use of Valporic Acid, Risperdal and Clonidine to address behaviors; however, the plan did not include the use of Atarax. Interview on 12/7/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 ingests Atarax for behaviors; however, the drug is not included in a formal active treatment plan.	W 312			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times/conditions. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5, and #6). The finding is: Review on 12/6/21 of fire drill reports from 11/2020 - 11/2021 revealed the following: Four fire drills were conducted on third shift (12pm - 8:00am): 2:30am, 3:27am, 3:03am, and 3:03am. Four fire drills were conducted on first shift	W 441	W441 House manager will inservice staff members on conducting fire evacuation drills at varied times/ conditions during their shift. Plan to prevent re-occurrence: Monitoring will be conducted by GHM, QP, PD to ensure drills are conducted at varied times by reviewing monthly completions and reminding staff on varying the times during monthly house meetings.	02/04/2022	

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

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W 441	Continued From page 4 (8:00am - 4:00pm): 10:24am, 9:03am, 9:03am, and 10:03am. Interview on 12/7/21 with the Home Manager indicated staff are not specifically trained to conduct fire drills at varied times on their shift. Interview on 12/7/21 with the Program Director confirmed the fire drills conducted on first shift and third shift were not varied throughout the shift.	W 441			