

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

PRINTED: 10/27/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2021
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NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655
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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 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: The facility failed to assure the individual program plan (IPP) for 1 of 5 sampled clients (#5) included interventions to support the client toward independence in dressing as evidenced by observation, interview and record verification. The finding is:</p> <p>Morning observations in the group home on 10/20/21 at 7:40 AM revealed client #5 using her wheelchair to roll into the dining room from the hallway. Further observations revealed the client to go to a grab bar fastened to the wall where the client uses the bar to do her physical therapy exercises. Continued observations revealed the client to position herself to use the bar to pull herself into a standing position so she could independently pull up her pants, which were observed from across the dining room and living room to be down to above her knees. Subsequent observations revealed staff C entered the dining room as the client was attempting to stand and assisted the client to pull up her pants.</p> <p>Review of client #5's IPP dated 10/20/21 revealed an Adaptive Behavior Assessment (ABA) dated 8/26/21 which notes that the client has the ability to independently dress herself. Observations in the bathroom and client #5's bedroom, substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed no grab bars are currently available in either area to allow client #5 to dress</p>	W 240	<p>The QP will file a maintenance order to have support bars installed in the bedroom of client #5 as well as the bathroom that is used by client #5.</p> <p>The QP and House Manager will in-service staff in the home on the need to have client #5 utilize these bars in her room and in the bathroom when getting dressed and/or adjusting her clothing and pants as needed while maintaining privacy. Furthermore, staff will be in-serviced that the support bar in the main dining room area is only to be used for the purposes of PT exercises or transfers for client #5 to another chair, and is not to be used for dressing or adjustment of clothing. The QP and House manager will ensure compliance with this training by conducting direct observation at least weekly.</p> <p style="text-align: center;">DHSR - Mental Health NOV 10 2021 Lic. & Cert. Section</p>	12/2/21
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

QP

(X6) DATE

10/5/21

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 240	Continued From page 1 independently in private when needed. The client instead is dependent on staff assistance or having to dress in front of everyone in the common area of the group home to be independent.	W 240		
W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: The facility failed to assure the individual program plans (IPPs) for 4 of 6 sampled clients (#1, #3, #5 and #6) included opportunities for client choice and self-management regarding meal preparation as evidenced by observations, interviews and record verification. The finding is:</p> <p>Afternoon observations in the group home on 10/19/21 revealed client #4 assisting staff in the kitchen with various tasks to complete supper. Interview with staff and review of client #4's IPP dated 7/21/21 revealed the client to have an objective to learn to follow a simple recipe to cook. Further observations during the afternoon on 10/19/21 revealed several tasks related to clients' personal dining needs and preferences were conducted by staff instead of clients. For example, staff were observed at 5:05 PM to process food for client #6 and then for client #5 without their assistance. Staff was also observed to squirt ketchup on everyone's meatloaf while it was on the serving plate on the table instead of allowing the clients to do so only in they wanted that condiment.</p> <p>Continued morning observations on 10/20/21</p>	W 247	<p>The QP, House Manager, and Program Specialist will ensure that all staff in the home are inserviced on the need to ensure client participation at all levels of meal prep and clean up, among all clients. This will also include reinservicing all relevant meal time programs for all clients that currently possess them.</p> <p>Staff will be reinserviced on individual client's diets, as well as how to properly ensure they are being followed in terms of preparation, plating and measuring portions.</p> <p>The QP and House Manager will ensure compliance with this standard by conducting direct observation in the home at least weekly.</p>	12/2/21

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W 247	Continued From page 2 revealed staff E and staff F completely fixed, plated and served breakfast without client participation. Staff were observed to make a blueberry bread loaf, cold cereal with milk, and orange slices without client participation before setting the table and carrying the food to the table for the clients. Staff were also observed to make instant grits for client #6 instead of giving him the bread and also gave him applesauce instead of giving him the orange slices. Interview with the qualified intellectual disabilities professional (QIDP), substantiated by review of client #1, #3, #5 and #6's IPPs dated 4/23/21, 4/16/21, 10/20/20 and 12/1/20, respectively, revealed each client has the ability to participate in meal preparation and should be encouraged to participate to the best of their abilities with each meal.	W 247		
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: The facility failed to assure the communication objective contained in the individual program plan (IPP) for 1 of 5 sampled clients (#6) was implemented as prescribed as evidenced by observation, interview and record verification.	W 249		

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W 249	Continued From page 3 The finding is: Observations in the group home during the 10/19-20/21 survey revealed staff verbally prompting client #6 with each activity or request. For example, on 10/19/21 at 4:35 PM staff was observed to repeatedly prompt client #6 and peers to sit in the living room. Further observations on 10/20/21 at 7:15 AM revealed staff to verbally prompt the client to come to the medication room to take his medications. Interview with staff C, substantiated by review of client #6's IPP dated 12/1/20, revealed the client to have a communication program which uses a communication symbol board that is mounted on the wall near the hallway. Review of the communication program revealed the client should independently identify (touch) the corresponding symbol when cued by staff. Interview with the qualified intellectual disabilities professional (QIDP) revealed staff should have been prompting the client to use the communication symbol board throughout the survey to help with transitions and also with identifying the client's needs.	W 249		
W 286	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used for disciplinary purposes. This STANDARD is not met as evidenced by: The facility failed to assure techniques to manage the inappropriate client behavior of 1 of 5 sampled clients (#1) was not used for disciplinary purposes as evidenced by observations, interview	W 286	Staff will be reinserviced on Client #6's communication program, as well as when it is to be utilized as outlined in the body of the program. The QP and House Manager will ensure compliance with this standard through direct observation in the home at least weekly.	12/2/21

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W 286	Continued From page 4 and record verification. The finding is: Morning observations in the group home on 10/20/21 revealed client #1 requesting coffee with her breakfast at 8:05 AM. Staff E was noted to tell the client that she had to earn her coffee and due to her behaviors on the previous day that she was not allowed to have coffee. The client was noted to be upset and argue that she was good yesterday afternoon and wanted coffee with breakfast but staff again refused. Further observations at 8:10 AM revealed client #1 to independently go to her bedroom after continuing to be upset about coffee. Continued observations revealed the client to stay in her room until 8:25 AM when she came out and asked for coffee again and was again denied coffee by staff. Observations at breakfast at 8:35 AM revealed staff to give other client's at the table coffee, but not client #1. Interview with the qualified intellectual disabilities professional (QIDP), substantiated by review of client #1's IPP dated 4/23/21, revealed coffee restriction and behavior contingency is not part of client #1's behavior program and should not be limited by staff. Continued interview with the QIDP and review of the IPP revealed the client is on a 1500 calorie diet, but has no restrictions on coffee consumption.	W 286	The QP and Program Specialist will ensure that all staff in the home are reinserviced on Client #1's Behavior Support Plan, with special attention given to intervention strategies for each target behavior. Furthermore, staff will be inserviced on what 'response cost' measures are (the withholding of items or activities as a means of behavioral control) and that such measures cannot be used for any individual unless it has been included as a part of an approved Behavior Support Plan. Staff will also be inserviced on the fact that at this moment, no individuals currently have any response cost measures as part of their BSP's. The QP and House Manager will ensure compliance with this standard by conducting direct observation in the home at least weekly.	12/2/21	12/2/21
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 5 The facility failed to assure techniques to manage the behavior of 1 of 5 sampled clients (#6) was not used for the convenience of staff as evidenced by observations, interviews and record verification. The finding is: Morning observations in the group home on 10/19/21 at 6:43 AM revealed staff D in the office pouring small amounts of shampoo and conditioner from large bottles into small plastic cups for client #6 to use during his bath. Interview with staff D revealed client #6 does not have access to all of his toiletries as the client will waste them and use all of it at once. Further interview with staff D revealed that the client requires staff to watch him closely so he does not misuse them. Keeping them in the office and limiting the amount he has for his shower helps staff make sure he is not wasting products. Interview with the qualified intellectual disabilities professional (QIDP), substantiated by review of client #6's individual program plan (IPP) dated 12/1/20 revealed the client should have access to all of his toiletries and there is currently no training or behavioral need identified to justify limiting the client's right to have access to his personal toiletries.	W 287	Staff will be inservice on the need for all clients to have toiletry baskets in their rooms and available to them at all times, including standard sized supplies of all required toiletry items such as toothpaste, toothbrush, soap/bodywash and shampoo. Staff will also be inserviced on the need for staff to provided at least periodic, if not continuous, monitoring and verbal guidance for all individuals while conducting self-care to ensure that individuals are using toiletry items in ways and amounts that are appropriate without being wasteful.	12/2/21	
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, interviews and record	W 460			

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W 460	<p>Continued From page 6</p> <p>verifications, the facility failed to assure 2 of 5 sampled clients (#1 and #5) received their specially prescribed diets as required. The findings are:</p> <p>A. Review of client #1's individual program plan (IPP) dated 4/23/21 revealed the client to currently be on a 1200 calorie ADA diet to encourage weight loss. Further review of the IPP revealed the client to currently be diagnosed with Prader Willi Syndrome and have a behavior support plan dated 5/10/21 to address taking food inappropriately. Interview with the qualified intellectual disabilities professional (QIDP) revealed client #1's 1200 calorie diet is still current and she should follow the prescribed diet as ordered.</p> <p>Observations during the 10/19-20/21 survey revealed the staff did not provide client #1 with the required diet as prescribed. For example, supper observations on 10/19/21 at 5:10 PM revealed the client to receive the same amount of meatloaf, greenbeans, potatoes and a pudding cup as the other clients in the home even though the menu book for the meal notes the client should receive less meatloaf and potatoes. Further observations on 10/20/21 again revealed the same food as other clients even though the menu called for less fruit, less cereal and a slice of toast instead of the blueberry bread that was given.</p> <p>Review of the client's nutritional evaluation dated 3/26/21 revealed the client "needs to follow diet closely" and noted the client had gained 27 lbs. over the past year.</p> <p>B. Review of client #5's IPP dated 10/20/20</p>	W 460	<p>Staff will be reinserviced on individual client's diets, as well as how to properly ensure they are being followed in terms of preparation, proper consistency and measuring portions.</p> <p>The QP and House Manager will ensure compliance with this standard by conducting direct observation in the home at least weekly.</p>	12/2/21	

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W 460	<p>Continued From page 7</p> <p>revealed the client to currently be on a 1200 calorie chopped diet to encourage weight loss. Review of the client's nutritional evaluation dated 9/4/21 revealed the client has gained 4 lbs. over the past year and is 52 lbs. above her desirable weight range and noted the client "needs to lose weight." Further review of the IPP, substantiated by observations, revealed the client uses a wheelchair for mobility and requires a pull up bar or staff assistance to stand or transfer.</p> <p>Observations during the 10/19-20/21 survey revealed the staff did not provide client #5 with the required diet as prescribed. For example, supper observations on 10/19/21 at 5:10 PM revealed the client to receive the same amount of meatloaf, greenbeans, potatoes and a pudding cup as the other clients in the home even though the menu book for the meal notes the client should receive less meatloaf and potatoes. Further observations on 10/20/21 again revealed the same food as other clients even though the menu called for less fruit, less cereal and a slice of toast instead of the blueberry bread that was given.</p> <p>Even though the client has only gained 4 lbs during the past year, interview with the QIDP verified that the client should be receiving her diet as prescribed and needs to lose weight for her health and mobility.</p>	W 460		
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