

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOREST BEND GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 S OAK STREET BREVARD, NC 28712</b>		
(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 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> 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:</p> <p>The facility failed to assure the person centered plans (PCPs) for 3 of 4 sampled clients (#2, #4 and #5) included training objectives relative to meal preparation training needs as evidenced by observation, interview and record verification. The finding is:</p> <p>Afternoon observations of supper on 7/13/22 and morning observations of breakfast on 7/14/22 revealed almost all tasks were completed by staff with limited involvement by client #2 who set the table at both meals and client #5 who helped grind food in a blender. Observations also revealed all other tasks consisting of cooking, preparing and serving the food for meals were completed by staff.</p> <p>Review of client #2's PCP dated 10/5/21 revealed the client "enjoys being a part of what is going on and loves to help out" and the client's adaptive behavior inventory (ABI) dated 10/27/21 revealed the client has the ability to help prepare meals. Further review of the PCP, however, revealed no objective training is included increasing the client's meal preparation skills.</p> <p>Review of client #4's PCP dated 5/6/22, substantiated by interview with staff, revealed the client had a previous program to help learn to blend his meal but the program was discontinued on 7/2/21. Client #4 had a second program to prepare a beverage that was discontinued before</p>	W 227			

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.

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

PRINTED: 07/21/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOREST BEND GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 S OAK STREET BREVARD, NC 28712</b>		
(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 227	Continued From page 1 10/25/21. Review of the client's ABI dated 10/25/21 revealed the client currently has deficits in preparing a sandwich, preparing meals and cleaning the kitchen. Further review of the client's PCP revealed no current meal preparation objectives and no follow-up objectives were implemented when the client's grinding and beverage prep objectives were discontinued.  Review of client #5's PCP dated 5/6/22, substantiated by interview with staff, revealed the client did have a program to learn to use a food processor which was discontinued on 11/16/21 due to lack of progress. Further review of the client's PCP revealed no program was implemented to replace the client's food processor program. Continued review of the PCP for client #5 did not reveal any meal preparation skills objective training of any kind.	W 227			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  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 opportunities for client choice and self-management were provided for 3 of 4 sampled clients (#2, #4 and #5) regarding meal preparation as evidenced by observations, interview and record verification. The finding is:  Afternoon observations in the group home on 7/13/22 at 3:40 PM revealed staff A working in the kitchen cooking supper on the stove including roast beef, mixed vegetables and rice. Further afternoon observations before supper at 4:45 PM	W 247			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOREST BEND GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 S OAK STREET BREVARD, NC 28712</b>		
(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 247	<p>Continued From page 2</p> <p>revealed staff A to finish cooking the meal and placing the food into serving bowls without client participation. Client participation during supper preparation was observed to be limited to client #5 helping use a blender to chop food and client #2 setting the table and making her own drink. Three staff working were observed to open cans of pineapples and serve the clients their food including preparing several clients prescribed powdered supplement drinks without client participation.</p> <p>Morning observations in the group home on 7/14/22 at 7:10 AM revealed staff A to start breakfast by cracking eggs and making french toast. Further observations revealed staff A to wash breakfast pans, open cans of peaches and make each clients coffee. The only client participation was observed to be client #2 setting the table as staff were observed to grind and cut up all client foods, add syrup to the french toast, make prescribed powder supplement drinks and pour beverages. Continued observations during breakfast revealed clients to ask for additional food and drink which was served by staff. No client prticipation was observed during the meal.</p> <p>Interview with staff revealed clients #2, #4 and #5 are the most capable clients currently living in the group home and have a lot of ability to complete tasks independently. Review of client #2, #4 and #5's person centered plans (PCPs) dated 10/5/21, 5/6/22 and 5/6/22, respectively revealed each client to have either independence in meal preparation skills or the need to learn those new skills. The facility failed to provide opportunities for client choice and self-management in meal preparation as required.</p>	W 247			