

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

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2022
NAME OF PROVIDER OR SUPPLIER EMORY ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 20 EMORY ROAD ASHEVILLE, NC 28806	
(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 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to ensure 1 of 3 non-sampled clients (#2) had the right to retain and use appropriate personal possessions and clothing relative to shoes. The finding is:</p> <p>Observations in the group home on 4/26/22 at 6:51 AM revealed client #2 to walk to the office and put on their sandals that were sitting outside the office door. Continued observation at 6:55 AM revealed client #2 to take their sandals off and leave them at the office door. Further observation revealed the HM to enter the office to bring client #2 a pair of loafers instead. Additional observation at 7:10 AM revealed client #2 to switch back to their sandals that had remained on the floor by the office door.</p> <p>Review of client #2's records on 4/26/22 revealed a behavior support plan (BSP) dated 7/1/21. Review of the BSP indicated target behaviors of uncooperation, property destruction, physical aggression, self-injurious behavior, unsanitary behaviors, and leaving a supervised area. Further review of property destruction behaviors in the BSP indicated hitting hand held items, the floor, the wall, other hard surfaces, pounds on surfaces and may break objects both intentionally and unintentionally, will throw items at window and door, rip pictures from the wall, break glass, rip items, and break cell phone.</p>	W 137	<p>W 137</p> <p>The Behavior Specialist/QP will ensure the Behavior Support Plan (BSP) is updated for Client #2 to include securing Client #2's shoes from property destruction. The BS/QP will in-service the Emory Rd direct care staff on the updated BSP for Client #2 and ensure the Human Rights Consent is obtained for the needed restriction for Client #2. This will be monitored at the quarterly Human Rights Committee (HRC) meetings. In the future, the QP will ensure the direct care staff are fully trained on the BSPs and all required consents are in place.</p> <p>RECEIVED MAY 23 2022 DHSR-MH Licensure Sect</p> <p>RECEIVED MAY 23 2022 DHSR-MH Licensure Sect</p>	6/25/2022

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

TITLE

(X6) DATE

Katherine Benton,

Director of Operations

5/20/2022

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 137	Continued From page 1 Continued review of client #2's record revealed a consent for rights limitations dated 2/3/22. Review of the consent indicated sharp knives are locked, televisions in common areas are kept locked behind plexiglass, alarms on doors and windows, outside privacy fence surrounding the home, office locked at all times, cell phone locked in medication closet. Interview with the home manager on 4/26/22 revealed client #2's shoes are kept locked in the staff office due to a history of ripping and destroying shoes. Further interview with the home manager revealed that the shoes were kept in the office "for everyone's sanity." Interview with the qualified intellectual disabilities professional (QIDP) on 4/26/22 revealed they were unaware that staff were locking client #2's shoes in the office. Continued interview with the QIDP confirmed there is no consent for the client's shoe restriction and verified client #2 should have unrestricted access to their shoes.			W 137			
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 ensure the person centered plans (PCPs) for 6 of 6 clients in the group home (#1, #2, #3, #4, #5 and #6) included opportunities for client choice and self-management regarding meal preparation and dining as evidenced by observation, interview and record verification. The finding is: Afternoon observations in the group home at 4:00			W 247	W 247 The Habilitation Specialist will in-service all Emory Rd direct care staff on Active Treatment and including all people supported in the meal preparation process daily. This will be monitored through weekly Meal Observations for 1 month and then on a routine basis. In the future, the QP will ensure all direct care staff are in-service trained on Active Treatment and including all people supported in the meal preparation process.		6/25/2022

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NAME OF PROVIDER OR SUPPLIER

EMORY ROAD HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**20 EMORY ROAD
ASHEVILLE, NC 28806**

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W 247	<p>Continued From page 2</p> <p>PM on 4/25/22 revealed staff A in the group home with client #5 and client #6 while staff B was noted to be taking the rest of the clients on a "van ride." Further observations revealed client #5 and client #6 to spend time in their bedrooms while staff A prepared supper. Continued observations revealed a store bought lasagna cooking in the oven and staff A to open peas to heat on the stove before cutting a loaf of french bread and toasting it in the oven.</p> <p>Subsequent observations at 4:15 PM revealed clients #1, #2, #3 and #4 returned to the group home with staff B at 4:15 PM but were not allowed in the kitchen or allowed to assist with preparation of the meal. Staff A was noted to cut the pan of lasagna into 6 portions and serve each portion onto plates at the bar in the kitchen at 4:27 PM and then cut some of the clients' portions into more bite size pieces at 4:29 PM. Additional observations at 4:31 PM revealed each client was prompted to come to the bar one at a time to be served supper. Staff A was observed to serve the clients their portions and the clients were observed to carry their plates and drinks to the table to eat. The only participation was observed to be client #6 pouring his own milk and getting bread, client #4 spooning out her portion of peas and client #1 pouring his milk and spooning out his peas.</p> <p>Interview with staff A revealed the way supper on 4/25/22 was cooked and served was typical for the group home. Further interview with staff A revealed he had been working at the group home for nearly a year and they have served the clients in this manner since he started. Continued interview revealed they served the meals at the bar in the kitchen due to client #3's behaviors and</p>	W 247		

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W 247	Continued From page 3 to help monitor portion size. Review of client #1's, client #2's, client #3's, client #4's, client #5's and client #6's PCPs dated 8/25/21, 6/25/21, 9/16/21, 1/27/22, 11/14/21 and 6/16/21, respectively revealed each client to be independent or mostly independent in aspects of eating, table manners and meal preparation. Further review of the PCPs, substantiated by observations of meals during the 4/25-26/22 survey, revealed none of the clients require any adaptive equipment for dining. The facility failed to ensure the clients in the group home were allowed and encouraged to use their self-management skills or have choices during afternoon supper preparation and supper on 4/25/22.			W 247			
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: The facility failed to assure updated written consents were obtained for 1 of 3 sampled clients (#3) as evidenced by interview and record verification. The finding is: Review of client #3's person centered plan (PCP) dated 9/16/21 revealed the client to have a behavior support plan (BSP) to address behaviors such as loud vocalizations, physical aggression, self-injurious behavior, property destruction and taking others possessions. Further review of the client's PCP revealed the client has a diagnosis that includes			W 263	W 263 The Qualified Professional (QP) will update all required annual consents for Client #3 including getting consent for Client #3's new medication Trazadone. Client #3's consents have been sent the his legal guardian on 4/29/22 & 5/19/22 by the QP. This will be monitored by the monthly chart review process and Quality Assurance audit reports. In the future, the QP will ensure all annual and new consents are obtained in a timely manner.		6/25/2022

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W 263	Continued From page 4 Schizoaffective Disorder, Autism and Polydipsia. Continued review of the PCP, substantiated by interview with the qualified intellectual disabilities professional (QIDP) on 4/26/22, revealed the client to be prescribed Zyprexa, Depakote, Paxil, Ativan for behavior management and have a recent physician order for Trazadone to aid with sleep. Subsequent review of the PCP, substantiated by further interview with the QIDP, revealed none of the consents for the behavior medications prescribed for client #3 nor the consent for the client's BSP were up to date. Additional review revealed the most recent consents available were noted to be 10/7/20 for the BSP, Zyprexa and Ativan while the other medications were noted to be from 2019. No consent was present for the client's new prescription of Trazadone which started 4/5/22.	W 263			
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: The facility failed to ensure techniques used to manage inappropriate client behavior for 1 of 3 sampled clients (#3) was not used for the convenience of staff as evidenced by observation, interview and record verification. The findings are: A. Afternoon observations in the group home at 4:00 PM on 4/25/22 revealed staff A in the group home with client #5 and client #6 while staff B was noted to be taking the rest of the clients on a	W 287	W 287 A The Behavior Specialist/QP will in-service all Emory Rd direct support staff on the current Behavior Support Plans (BSPs) for the people supported and to ensure the direct care staff only implement approved BSP interventions when addressing targeted behaviors. This will be monitored through weekly Interaction Assessments for 1 month and then ongoing on a routine basis. In the future, the QP will ensure all direct support staff are trained on the BSPs for all people supported.		6/25/2022

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W 287	<p>Continued From page 5</p> <p>"van ride." Further observations revealed a store bought lasagna cooking in the oven and staff A to open peas to heat on the stove before cutting a loaf of french bread and toasting it in the oven.</p> <p>Continued observations at 4:15 PM revealed clients #1, #2, #3 and #4 returned to the group home with staff B at 4:15 PM but were not allowed in the kitchen or allowed to assist with preparation of the meal. Staff A was noted to cut the pan of lasagna into 6 portions and serve each portion onto plates at the bar in the kitchen at 4:27 PM and then cut some of the clients' portions into more bite size pieces at 4:29 PM. Additional observations at 4:31 PM revealed each client was prompted to come to the bar one at a time to be served supper. Staff A was observed to serve the clients their portions and the clients were observed to carry their plates and drinks to the table to eat. The only participation was observed to be a couple of the clients pouring their own milk or spoon out their own peas.</p> <p>Interview with staff A revealed the way supper on 4/25/22 was cooked and served was typical for the group home. Further interview with staff A revealed he had been working at the group home for nearly a year and they have served the clients in this manner since he started. Continued interview revealed they served the meals at the bar in the kitchen due to client #3's behaviors of stuffing food in his pockets and to help monitor portion size.</p> <p>Review of client #3's person centered plan (PCP) dated 9/16/21 revealed a behavior support plan (BSP) dated 11/1/21 to address many target behaviors including taking others possessions. Further review of the BSP, substantiated by</p>	W 287			

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W 287	<p>Continued From page 6</p> <p>interview with the qualified intellectual disabilities professional (QIDP), revealed the client will often pick up things he finds or take others things and stuff them in his pockets. Further interview with the QIDP and review of the BSP revealed this has never included food his is currently eating at the table such as the lasagna or peas the clients were having for supper on 4/25/22.</p> <p>Subsequent observations during supper on 4/25/22 revealed staff A to stand behind the bar for the majority of the time while the clients were eating supper before moving into a seat in the dining room close to the table. Staff B was observed to be standing away from the table or go outside while the clients were eating. The clients were not offered seconds on food or beverage except staff brought client #5 more water during the meal. Additional observations revealed none of the clients needed adaptive equipment to eat their meal and each client was able to eat independently with limited spillage. Continued interview with the QIDP revealed staff should be providing family style dining for the clients during supper with staff assisting and monitoring the clients as needed.</p> <p>B. Morning observations in the group home on 4/26/22 at 7:30 AM, substantiated by interview with the home manager, revealed a locked cabinet in the office containing various foods and snacks for the clients. Further interview with the home manager revealed the snacks were kept in the office to keep an eye on them as there are clients who steal and hoard food and things have been taken. Continued interview with the home manager revealed it is just easier to keep that sort of food in the office. Interview with QIDP revealed no knowledge that the snack foods were</p>	W 287	W 287 B	6/25/2022	
			<p>The Residential Team Leader (RTL) will in-service all Emory Rd direct care staff to refrain from locking up the snack food in the group home. This will be monitored through weekly Meal Assessments for 1 month and then ongoing on a routine basis. In the future, the QP & RTL will ensure all direct care staff are in-serviced on approved rights limitations and food storage.</p>		

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W 287	Continued From page 7 kept in the office. Further interview revealed that although client #3 does occasionally steal small items to put in his pockets, locking food is not part of his or any other clients' BSP and food should not be locked away in the office.	W 287			
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 observation, record review, and interviews, the facility failed to ensure 5 of out 6 clients (#1, #2, #3, #4, #5) received a nourishing, well balanced diet to include modified and specially prescribed diets. The finding is: Observation in the group home at 4:27 PM revealed the dinner menu to be a store-bought lasagna, peas, French bread, sugar free peaches, milk, and water. Continued observation revealed Staff A to cut the pan of lasagna into 6 portions and serve each portion onto plates at the bar in the kitchen. Further observation revealed each client, including client #6 who is prescribed a regular diet, to consume the dinner meal independently. Review of client #1's record revealed a person-centered plan (PCP) dated 8/25/21 and a nutritional evaluation dated 8/19/21. Review of the nutritional evaluation indicated client #1 is prescribed a diabetic, whole diet. Review of client #2's record revealed a PCP	W 460	W 460 The Dietitian has reviewed all of the diets at Emory Rd and submitted all new diet recommendations. The Habilitation Specialist will ensure all diets are updated and in-service trained with the direct care staff. The Nurse will ensure all diets are reviewed and signed by the FN-P. The QP will in-service the correct meal service expectations and portion sizes. This process will be monitored through weekly Meal Assessments and then ongoing on a routine basis. In the future, the QP will ensure all direct care staff are in-service trained on the correct diets for each person supported.	6/25/2022	

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W 460	<p>Continued From page 8</p> <p>dated 6/25/21 and a nutritional evaluation dated 8/13/21. Review of the nutritional evaluation indicated client #2 is prescribed a diabetic, whole diet, no seconds.</p> <p>Review of client #3's record revealed a PCP dated 9/16/21 and a nutritional evaluation dated 7/23/21. Review of the nutritional evaluation indicated client #3 is prescribed a diabetic diet, 1/4" consistency, no NutraSweet or citrus, no seconds, no caffeine.</p> <p>Review of client #4's record revealed a PCP dated 1/27/22 and physician's orders dated 3/10/22. Review of the physician's orders indicated client #4 is prescribed a diabetic, whole diet.</p> <p>Review of client #5's record revealed a PCP dated 11/14/21 and an annual nursing evaluation dated 11/5/21. Review of the nursing evaluation indicated client #5 is prescribed a heart health, diabetic, whole diet.</p> <p>Interview with the house manager on 4/26/22 revealed there is not a menu in the home that specifies regular diet from modified diet. Interview with the qualified intellectual disabilities professional (QIDP) on 4/26/22 confirmed a modified diet menu must be utilized in order for staff to ensure that each client receives their diet as prescribed.</p>	W 460			



May 20, 2022

Chad Sprehe, MA, LCMHC, CI
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: MHL-011-351 Emory Rd

Dear Mr. Sprehe:

Please see the enclosed Plan of Correction (POC) for the deficiencies cited at the Emory Road Group Home during your annual visit on 4/26/2022. We have implemented the POC and invite you to return to the facility on or around 6/25/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Emory Road Group Home (MHL-011-351).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

Katherine Benton
Director of Operations
RHA Health Services, LLC
Kbenton2@rhanet.org

RECEIVED

MAY 23 2022

DHSR-MH Licensure Sect