

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

PRINTED: 08/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2022
NAME OF PROVIDER OR SUPPLIER RAYSIDE A & B			STREET ADDRESS, CITY, STATE, ZIP CODE 617 & 619 RAY AVENUE HENDERSONVILLE, NC 28739		
(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 000	INITIAL COMMENTS	W 000			
W 186	<p>#NC00190292</p> <p>DIRECT CARE STAFF CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide sufficient direct care staff to manage and supervise the clients in accordance with their individual program plans. The finding is:</p> <p>Observations in the group home from 10:20 AM to 11:20 AM on 7/29/22 revealed two direct care staff present with four clients at Rayside A, and one direct care staff present with four clients at Rayside B. Continued observation at Rayside A revealed two clients watching television in the living room and two clients engaged in a leisure activity at the dinning room table. Further observation at Rayside B revealed two clients lying in bed, one client ambulating around the home, and one client being supported by the staff.</p> <p>Interview with the staff on 7/29/22 revealed there is one staff scheduled to work 1st shift on Friday's at Rayside B, and there is one staff each scheduled weekly to work 2nd shift at Rayside A and B.</p>	W 186			

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 186	<p>Continued From page 1</p> <p>Review of records for client #1 at Rayside A revealed a person-centered plan (PCP) dated 2/3/22. Review of client #1's PCP indicated they are non-ambulatory and require assistance with all activities of daily living (ADL).</p> <p>Review of records for client #3 at Rayside A revealed a person-centered plan (PCP) dated 12/14/21. Review of client #3's PCP indicated they are non-ambulatory and require assistance with all activities of daily living (ADL).</p> <p>Review of records for client #6 at Rayside B revealed a person-centered plan (PCP) dated 11/11/21. Review of client #6's PCP indicated they require constant supervision due to AWOL behaviors. Continued review of client #6's record revealed a positive behavior support plan (PBSP) dated 1/1/22 with target behaviors to include non-cooperation, self-injurious behaviors, property destruction, aggression, tantrums, and leaving the supervised area. Continued review of the PBSP indicated client requires close supervision and assistance with all self-care and other skills to help meet their basic needs. Further review of the PBSP indicated staff supervision interventions include a zone schedule to monitor client for safety.</p> <p>Review of records for client #8 at Rayside B revealed a person-centered plan (PCP) dated 4/2/22. Review of client #8's PCP indicated they are non-ambulatory and require assistance with all activities of daily living (ADL).</p> <p>Interview with the facility administration on 7/29/22 and substantiated by staffing schedules verified there is currently one staff each scheduled to work 2nd shift at Rayside A and B,</p>	W 186			

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W 186	Continued From page 2 and one staff scheduled to work 1st shift on Friday's at Rayside B. Continued interview revealed the staffing pattern is supposed to be 2-2-1 for 1st, 2nd, and 3rd shifts respectively and clinical and support staff are filling in when they can. Further interview confirmed client #6's PBSP relative to supervision requires at least two staff at all times to provide zone monitoring for safety and further confirmed the facility does not have sufficient staff to meet client's needs.	W 186			