

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

PRINTED: 06/28/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2022
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NAME OF PROVIDER OR SUPPLIER BOXWOOD ACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 3464 US HWY 601 SOUTH MOCKSVILLE, NC 27028
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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 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to furnish, maintain in good repair, and provide teachings for 1of 3 sample clients (#1) relative to eyeglasses. The finding is:</p> <p>Observation in the home 6/21/22 from 3:50 PM to 6:00 PM revealed client #1 to participate in various activities including: watching television, participation in the dinner meal, clearing her dishes from the dinner table after the meal, following staff directives and donning on her pajamas. Continued observation throughout the evening observations on 6/21/22 revealed client #1 not to wear her prescribed glasses.</p> <p>Observation in the home on 6/22/22 from 6:50 AM to 10:30 AM revealed client #1 to complete a morning routine of hygiene, to watch television, to set her breakfast place setting on the table, to participate in the breakfast meal, to clear her breakfast dishes, to enter into the medication room for medication administration. Continued observation revealed at no time did staff offer or prompt client #1 to wear her prescribed glasses.</p> <p>Review of records for client #1 on 6/22/22 revealed a person-centered plan (PCP) dated 4/21/22. Review of the PCP for client #1 revealed training objectives to address daily exercise,</p>	W 436	<p>W 436</p> <p>The RHA Habilitation Specialist will ensure new and spare sets of glasses are ordered and made available for Client #1. The Hab Specialist will ensure the direct support staff are trained on Client #1's program to wear and maintain her glasses. The IDT members will complete two Interaction Assessments per week for 1 month and then on a routine basis to ensure the direct support staff are implementing Client #1's program as required. In the future the QP will ensure all direct support staff are trained on all programs for the people supported at the facility.</p> <p style="text-align: right;">DHSR - Mental Health JUL 08 2022 Lic. & Cert. Section</p>	8/21/22
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Katherine Benton</i>	TITLE Director of Operations	(X6) DATE 7/6/2022
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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 436	<p>Continued From page 1</p> <p>complete bathroom routine, hang clothes, use napkin when needed, monitor condition of eyeglasses wear, exercise rights, identify various shapes & coins, be safe and wash hands. Continued review of records for client #1 revealed adaptive equipment as follows: depends, wear eyeglasses daily (Habilitation Specialist keeps extra pair of glasses as backup) and walker (as needed). Further review of records revealed an eye examination dated 1/21/22 with Peak Eye Clinic. Subsequent review of the eye exam revealed cataract progressing, not visually significant, new prescription given, may consider cataract surgery in the future and return for follow up on 1/2023.</p> <p>Interview with facility staff A on 6/22/22 at 9:30 AM revealed client #1 does wear eyeglasses but the whereabouts of client #1's eyeglasses are unknown.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 6/22/22 verified client #1 does wear prescribed glasses and does have a maintenance program to monitor the condition of the eyeglasses that staff failed to implement. Continued interview with the QIDP revealed client #1's back up pair of eyeglasses was located at client #1's work placement. The new eyeglass prescription from the 1/21/22 vision appointment should be obtained, and continued training and support are needed to encourage client #1's daily wear of the prescribed eyeglasses.</p>	W 436			



July 6, 2022

Shyluer Holder
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-030-006 Boxwood Acres

Dear Ms. Holder:

Please see the enclosed Plan of Correction (POC) for the deficiency sited at the Boxwood Acres Group Home during your annual visit on 6/22/2022. We have implemented the POC and invite you to return to the facility on or around 8/21/2022 to review our POC item.

Please contact me with any further issues or concerns regarding the Boxwood Acres Group Home (MHL-030-006).

Sincerely,

A handwritten signature in black ink that reads "Katherine Benton".

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