

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

PRINTED: 03/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY COVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 28 HILLPARK DRIVE HENDERSONVILLE, NC 28739
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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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure client rights relative to privacy for 1 of 3 sampled clients (#3) and 1 of 3 non-sampled clients (#6). The findings are:</p> <p>A. The facility failed to ensure privacy during personal care for client #3. For example:</p> <p>Observations in the group home during the 2/23-24/22 survey revealed two video monitors to be placed on a living room side table in open view. Continued observations throughout the survey revealed one monitor to be for client #3, and for the monitor to remain on throughout all survey observations to include when the client was not in her room.</p> <p>Observation in the group home on 2/24/22 at 8:45 AM revealed client #3 to be assisted by staff E with going to her bedroom for morning hygiene. Continued observation revealed staff E to shut client #3's bedroom door for privacy, while the video monitor in the living room remained on. Further observation revealed client #3's personal care, that included changing and showering in her bedroom, to be viewed from the video monitor and visible to any passerby that entered the living room. It should be noted during this time, various staff and clients entered in and out of the living room area.</p> <p>Review of records for client #3 on 2/24/22</p>	W 130	<p>W 130 A and B</p> <p>The Qualified Professional will in-service staff on Client #3 and #6 use of a video monitor and the importance of ensuring clients privacy. The clinical team will monitor two times a week for one month then on a routine basis through Interaction Assessments to ensure client #3 and #6 video monitors are being implemented as prescribed. In the future the Qualified Professional will ensure staff are trained on client's rights relevant to privacy.</p> <p>By: April 25, 2022</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>R. Scott Edwards</i>	TITLE <i>Administrator</i>	(X6) DATE <i>3/14/2022</i>
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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 130	<p>Continued From page 1</p> <p>revealed a diagnosis of profound intellectual disability, incontinence, osteoporosis, and seizure disorder. Continued review of client #3's records revealed a person-centered plan (PCP) dated 8/4/21. Review of client #3's PCP indicated adaptive equipment to include a harness for walking, a wheelchair as needed, a high-sided dish, clothing protector, shower chair, oxygen, and video monitor. Further review of client #3's record revealed a nursing assessment dated 7/29/21. Review of the nursing assessment revealed client #3 is video monitored at night for seizures.</p> <p>Interview with staff D on 2/24/22 revealed the video monitors are left on 24/7. Interview with the qualified intellectual disabilities professional (QIDP) on 2/24/22 confirmed client #3's video monitor is strictly in place to monitor for seizure activity at night. Continued interview with the QIDP confirmed the video monitor should be turned off during the day and especially when client #3 is receiving support with personal care.</p> <p>B. The facility failed to ensure privacy for client #6. For example:</p> <p>Observations in the group home during the 2/23-24/22 survey revealed two video monitors to be placed on a living room side table in open view during all survey observations. Continued observations throughout the survey revealed one monitor to be for client #6, and for the monitor to remain on throughout all survey observations to include when the client was not in his room.</p> <p>Review of records for client #6 on 2/24/22 revealed a diagnosis of profound intellectual disability, Down's Syndrome, and epilepsy.</p>	W 130	
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W 130 Continued From page 2
Continued review of client #6's records revealed a person-centered plan (PCP) dated 5/12/21. Review of the PCP for client #6 revealed sleeping guidelines to include a monitor that allows staff to ensure client safety while the client's bedroom door is shut at night. Further review of client #6's record revealed a nursing assessment dated 5/10/21. Review of the nursing assessment revealed supervision guidelines for client #6 to include line-of-sight during the day and video monitored at night.

W 130

W 247 Interview with staff D on 2/24/22 revealed the video monitors in the group home are left on 24/7. Interview with the QIDP on 2/24/22 confirmed the video monitor for client #6 is strictly in place to monitor for seizure activity at night. Continued interview with the QIDP confirmed the video monitor for client #6 should only be used at night as prescribed.

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:
Based on observation and interviews, the facility failed to provide opportunities for client choice and self-management relative to incontinence pads. The finding is:

Observation in the group home throughout the 2/23-24/22 survey revealed incontinence pads to be placed on all the living room furniture throughout all survey observations. Continued observations throughout the survey revealed various staff and clients to utilize the living room

W 247

W 247
The Qualified Professional will in-service staff on the use of incontinence pads on the living room furniture. The clinical team will monitor two times a week for one month then on a routine basis through Interaction Assessments to ensure incontinence pads are being used based on client choice. In the future the Qualified Professional will ensure clients are provided opportunities for client choice relative to incontinence pads.

By: _____ April 25, 2022

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W 247	Continued From page 3 furniture and for the incontinence pads to remain on the furniture.	W 247	
W 249	<p>Interview with staff D on 2/24/22 confirmed the incontinence pads remain on furniture at all times due to several client's being incontinent. Continued interview with staff D revealed the incontinence pads are to be washed every night on 3rd shift and placed back on the furniture. Interview with the qualified intellectual disabilities professional (QIDP) on 2/24/22 revealed incontinence training pads should not remain on the furniture when they are not being used.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the behavior support plan (BSP) for 1 of 3 sampled clients (#4) was implemented as prescribed relative to room checks/ PICA sweeps. The finding is:</p> <p>Observation in the group home on 2/23/22 at 4:15 PM revealed client #4 to participate in dinner meal preparation in the kitchen. Continued</p>	W 249	<p>W 249 The Behavior Specialist will in-service staff on client #4 Behavior Support Plan and supporting documentation requirements. The clinical tem will monitor two times a week for one month then on a routine basis through Interaction Assessments to ensure client #4 Behavior Support Plan and documentation is being implemented as prescribed. In the future the Qualified Professional will ensure staff are trained on implementing clients Behavior Support Plans and documentation as prescribed in the Person Centered Plan.</p> <p>By: _____ April 25, 2022</p>

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W 249	Continued From page 4 observation revealed client #4 to participate in the dinner meal and to participate in leisure activity in the living room after the dinner meal. At no time during observations from 4:15 PM until 6:00 PM was it observed by the surveyor for staff to enter client #4's room to conduct a room check/PICA sweep.	W 249	
	<p>Observation in the group home on 2/24/22 at 7:00 AM revealed client #4 to be in her room. Continued observation at 7:20 AM revealed client #4 to exit her bedroom. Further observation throughout the morning from 7:20 AM until 9:00 AM revealed client #4 to participate in morning meal preparation, to participate in medication administration and to complete cleaning tasks in the kitchen after breakfast before returning to her room. At no point during morning observations was it observed by the surveyor for staff to conduct a room check/PICA sweep of client #4's bedroom.</p> <p>Review of records for client #4 on 2/24/22 revealed an admit date of 1/4/21. Continued review of records revealed an updated person centered plan (PCP) dated 1/11/22. Review of client #4's PCP revealed a diagnosis of moderate intellectual disability, major depression disorder, PICA, adjustment disorder, personality disorder and schizophrenia. Further review of client #4's PCP revealed a BSP addendum dated 8/20/21 that revealed client #4 swallowed another battery. Continued review of the addendum revealed the addition of prevention measures to address PICA behavior of client #4 that included the need for staff to complete and document daily PICA sweeps.</p> <p>Further review of records for client #4 on 2/24/22</p>		

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W 249	Continued From page 5 revealed a updated BSP dated 1/1/22 for target behavior of generalized anxiety, PICA and self injury. Continued review of the 1/1/22 BSP revealed PICA behavior has required frequent medical treatment, abdominal scans and surgical removal of foreign objects.	W 249		
	<p>Review of facility incident reports revealed on 8/13/21 client #4 took batteries from a device in another consumers room, swallowed the batteries and reported the incident to staff. Continued review of incident reports revealed on 2/1/22 client #4 notified staff she had swallowed coins.</p> <p>Interview with staff B on 2/24/22 revealed client #4 will often stay in her room for long periods of time and likes to sleep a lot after breakfast. Interview with lead staff on 2/24/22 revealed daily room sweeps are conducted of client #4's bedroom although the sweeps have never been documented.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed client #4's behavior plan should be implemented as prescribed with daily room checks. Continued interview with the QIDP verified documentation should also be collected as prescribed relative to room checks due to the severity of client #4's PICA behavior. Subsequent interview with the QIDP verified she was unsure if room checks for client #4 had ever been documented to ensure checks were completed by staff.</p>			
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals</p>	W 382		

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W 382	<p>Continued From page 6 locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure all biological's and prescribed treatments were kept locked except when being prepared for administration. The finding is:</p> <p>Observation in the group home on 2/23/22 during afternoon observations revealed multiple treatments with prescribed physician labels to sit on the counter and outside the shower area of the bathroom used by client #3 and #6. Continued observation of the unlocked treatments revealed the items to be identified as a shampoo treatment for client #3 (Selsun Blue), a prescribed treatment for client #3 (Balmex) and a prescribed treatment (Minerin cream) for client #6. Continued observation in the group home throughout observations on 2/23/22 revealed the prescribed treatments to remain in the bathroom of client #3 and #6.</p> <p>Observation in the group home on 2/24/22 at 7:40 AM revealed the identified treatments observed on 2/23/22 to remain in the bathroom of client #3 and #6. Observation at 7:50 AM revealed staff E to take client #3's prescribed shampoo treatment to the medication room and to leave the additional treatments for client #3 and #6 in the bathroom.</p> <p>Review of physician orders on 2/24/22 for client #3 and client #6 revealed orders dated 12/8/21. Review of current physician orders for client #3 and client #6 verified the prescribed treatments observed in the bathroom of the group home on 2/23-2/24/22.</p>	W 382	<p>W 382 The Qualified Professional will in-service staff on ensuring all biologicals and prescribed treatments are kept locked in the medication closet. The clinical tem will monitor two times a week for one month then on a routine basis through Medication Administration Assessments to ensure call biologicals and treatments are being stored and locked appropriately. In the future the Qualified Professional will ensure staff are trained on to keep all medications, biologicals and treatments are kept locked except when prepared for administration.</p> <p>By: _____ April 25, 2022</p>
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W 382	Continued From page 7	W 382	
W 448	<p>Interview with the facility qualified intellectual disabilities professional (QIDP) verified all prescribed biologicals and treatments should never be left in a bathroom of the group home. Continued interview with the QIDP revealed all prescribed treatments should be kept in the medication closet, as trained by nursing.</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv)</p> <p>The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to investigate all problems with evacuation drills specific to the analysis of the timeliness of the evacuation: The finding is:</p> <p>Review of facility fire drill reports from 2/2/21 through 1/3/22 revealed staff had documented extended times to complete the evacuation on third shift during 2 of 3 drills. Continued review of the third shift fire drills revealed no identified reason or issue with the evacuations that reflected an extended evacuation time. Review of fire drills on third shift for the review year revealed the following:</p> <p>3/3/21 - 3rd - 15.00 minutes 9/1/21 - 3rd - 15.00 minutes 12/1/21-3rd- 3.00 minutes</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/24/22 revealed she is not aware of the extended times noted on third shift drills. Continued interview with the QIDP confirmed no inquiry or investigation had been</p>	W 448	<p>W 448</p> <p>The Regional Administrator will in service the Administrator and Safety Chairperson on the importance of reviewing all Fire Drills and developing a Plan of Action for any problems noted during the drill. The Safety Chairperson and Administrator will monitor all Fire Drills to ensure they are completed and evacuation time meets standard. If problems are noted they will implement and monitor the Plan of Action. In the future the Administrator will ensure all Fire Drills are monitored for timeliness of evacuation and a Plan of Action implemented if needed.</p> <p>By: _____ April 25, 2022</p>



March 14, 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

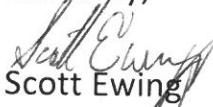
RE: MHL-045-068 Country Cove

Dear Mr. Sprehe:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Country Cove Group Home during your annual visit on 2/24/2022. We have implemented the POC and invite you to return to the facility on or around 4/25/2022 to review our POC items.

Please contact me with any further issues or concerns regarding Country Cove Group Home (MHL-045-068).

Sincerely,


Scott Ewing

Administrator, Hendersonville Unit
RHA Health Services
Roger.ewing@rhanet.org