

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2022
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NAME OF PROVIDER OR SUPPLIER ROUSE'S GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5949 NC 135 STONEVILLE, NC 27048
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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 131	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(8)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not compelled to perform services for the facility. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that 1 sampled client (#8) was not compelled to perform services for other clients in House #2. The finding is:</p> <p>Afternoon observations in the group home on 8/22/22 from 5:20 PM - 6:00 PM revealed client #8 to assist staff in cooking, meal preparation and clean up. Continued observations at 5:27 PM revealed client #8 to prepare 4 clients' plates with the following dinner meal: lasagna, salad, water and sugar free beverage. Further observations revealed client #8 to pour the drinks for all clients at the dining table. Observations at 5:32 PM revealed staff and client #8 to prompt all clients to sit at the dining table and participate in the dinner meal. At no point during the observation were clients prompted to pour their own drinks and make their plates with hand over hand assistance.</p> <p>Morning observations in the group home on 8/23/22 from 6:40 AM - 7:30 AM revealed client #8 to assist staff in meal preparation and clean up. Continued observations revealed staff and client #8 to prepare 4 clients' plates and coffee with sugar and cream. The breakfast meal consisted of the following: waffles, sausage, water and coffee. Further observation at 6:55 AM revealed staff to use one fork and cut the waffles and sausage of clients (#3, #5, and #15) into bite size pieces using the same fork. Observations also revealed client #8 to prompt clients without</p>	W 131		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

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

PRINTED: 09/01/2022
FORM APPROVED
OMB NO. 0938-0391

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W 131	Continued From page 1 staff redirection to slow their rate of eating, put their forks down and drink a sip of water during the meal. At no point during the observation were clients prompted to make their plates, pour their drinks and/or make their coffee with hand over hand assistance. Interview with staff on 8/23/22 revealed she does not know what hand over hand assistance means and at times will assist the clients by preparing their plates and cutting their food for them. Interview with the QP Assistant and qualified intellectual disabilities professional (QIDP) on 8/23/22 revealed that clients should make their plates and drinks with hand over hand assistance from staff as necessary. Continued interview with the QIDP also revealed during the interview that all clients should participate in meal and drink selections without prompting or assistance from other clients. The QIDP also revealed no client should perform services for other clients in the facility.	W 131			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for the review year. The findings are: A. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #1. For example:	W 440			

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W 440	<p>Continued From page 2</p> <p>Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 6 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (3rd), 5/21/22 (2nd), 4/16/22 (1st), 9/26/21 (1st) and 8/14/21 (3rd).</p> <p>B. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #2. For example:</p> <p>Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 7 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (2nd), 5/21/22 (2nd), 4/16/22 (1st), 10/24/21 (1st), 9/26/21 (1st) and 8/14/21 (3rd).</p> <p>C. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #3. For example:</p> <p>Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 7 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (3rd), 5/21/22 (2nd), 4/16/22 (1st), 10/24/21 (1st), 9/26/21 (1st) and 8/14/21 (3rd).</p> <p>D. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #4. For example:</p>	W 440			

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W 440	Continued From page 3 Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 6 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (3rd), 5/21/22 (2nd), 4/16/22 (1st), 10/24/21 (1st) and 9/26/21 (1st). E. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #5. For example: Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed 10 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (3rd), 5/21/22 (2nd), 4/16/22 (1st), 3/20/22 (3rd), 2/17/22 (2nd), 1/11/22 (1st), 10/24/21 (1st), 9/26/21 (1st) and 8/14/21 (3rd). Interview with the facility QA/QI personnel on 8/23/22 revealed that fire drills for each shift of personnel could not be located during the survey. Continued interview with the qualified intellectual development professional (QIDP) verified that each facility should have conducted fire evacuation drills for each shift of personnel each quarter of the review year.	W 440			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and	W 475			

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W 475	<p>Continued From page 4</p> <p>interview, the facility failed to assure that clients (#3,#5, #8, #15, #21) were provided with appropriate utensils to allow each client to eat as independently as possible in accordance with their highest functioning level in House #2. The findings are:</p> <p>Afternoon observations in the group home on 8/22/22 at 5:32 PM revealed all clients to sit at the dining table to prepare for the dinner meal. The dinner meal consisted of the following: lasagna, salad, water and choice of beverage. Continued observations revealed staff to provide all clients with a fork only as they participated in the dinner meal. At no point during the observation period were clients offered a full place setting of a fork, knife and spoon during the dinner meal.</p> <p>Morning observations on 8/23/22 at 6:55 AM revealed all clients to sit at the dining table to prepare for the breakfast meal. The breakfast meal consisted of the following: waffles, sausage, coffee and water. Continued observations revealed staff to provide clients with a fork only as the clients participated in the breakfast meal. Further observations revealed staff to use one fork to cut the waffles and sausage of clients #3, #5 and #15 with the same fork.</p> <p>Review of the record for client #3 on 8/23/22 revealed an individual support plan (ISP) dated 8/12/22. Review of the ISP revealed client #3 eats with a fork, requires staff to cue her to use a spoon when needed, and requires reminders to use a knife to cut her food. Continued review of the record revealed an Adaptive Behavior Inventory form (ABI) dated 10/20/20 which states that client #3 can use a knife with partial</p>	W 475			

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W 475	<p>Continued From page 5</p> <p>independence and a spoon and fork with full independence. Further review of the ABI revealed that client #3 can use appropriate eating utensils for different foods with full independence.</p> <p>Review of the record for client #5 revealed an ISP dated 11/4/21. Continued review of the record revealed an ABI dated 10/21/20 which states that client #5 can use a fork, knife and spoon with full independence. Further review of the ABI revealed client #5 can use appropriate eating utensils for different foods with full independence.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) and QP Assistant on 8/23/22 revealed all clients (#3,#5, #8, #15, #21) in House #2 should have been offered a full place setting including a fork, knife and spoon during all meals. Continued interview with the QIDP verified that all clients should be provided a full place setting to promote independence during mealtimes.</p>	W 475			