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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G336	A. BUILDING ______ B. WING ______	C 08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILLS GROUP HOME	**1913 FOREST HILLS DRIVE GREENVILLE, NC 27858**

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W 000	INITIAL COMMENTS A complaint survey was completed on 8/30/22. Deficiencies were cited as a result of the complaint survey for intake #NC00192239.	W 000		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to conduct a thorough investigation of one report of injury of unknown origin. This affected 1 of 2 audit clients (#2). The finding is: Review on 8/30/22 of an email dated 8/16/22 from the parent of client #2 to the Qualified Intellectual Disabilities Professional (QIDP) and Program Director (PD) revealed they were notified of raised red areas on client #2's hand. The parent of client #2 indicated that she spoke with the House Manager (HM) and showed her the marks and scratches on client #2 and the HM was unaware of the injuries. The parent indicated that client #2 was in pain from his injuries. Review on 8/30/22 of an additional email dated 8/17/22, the parent of child #2 asked the QIDP if she determined the source of client #2's injuries and if they could be the result from any bugs in his bed or if staff knew of the source of his injuries. Hours later on 8/17/22 the QIDP responded to the parent's email and revealed that she had went to the home and examined client #2's bedding, windows for cracks to allow insect entry, under his bed and in his bathroom and could not find anything that would cause scratches. The QIDP also revealed that she	W 154		

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 154	Continued From page 1 checked client #2's body and compared it to the injuries the parent had photographed and did not find injuries. The QIDP stated there was no safety concern. Interview on 8/30/22 with the HM revealed she spoke with the parent of client #2 the day he went home for a home visit earlier this month. The parent showed her what appeared to be a bump on client #2's index finger. The HM stated that injury was barely detectable and she did not know how it happened. The HM stated she was not asked to provide a statement about the incident. Interview on 8/30/22 with the QIDP, she revealed that she came to the home to examine client #2 and his room after she became aware of the parent's concerns. The QIDP acknowledged that she did not conduct interviews with staff who had worked with client #2 during the week about possible injuries or actions that would have caused an injury. Interview on 8/30/22 with the PD acknowledged that she was aware of the parent's concerns that client #2 had been injured between his home visits, after returning to the group home. The PD stated that a social worker from Department of Social Services (DSS) had come to the home to investigate and take photographs of client #2 as well. The PD revealed that they did not file an incident report or expand their investigation because it was believed that the QIDP had already rule out safety concerns from her investigation.	W 154		
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii)	W 257		

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The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.
This STANDARD is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure clients individual program plan (IPP) was reviewed and revised after the client failed to make progress on objectives. The affected 1 of 2 audit clients (#2). The finding is:

Review on 8/30/22 of client #2's IPP dated 7/11/22 and the Adaptive Behavior Inventory (ABI) dated 7/11/22 it revealed the Habiliatation Specialist (HS) determined he had no independence in wiping himself after a bowel movement or brushing his teeth independently. Client #2 was also dependent on staff to apply deodorant, bathe him, changes his clothes when dirty and groom his hair.

Review on 8/30/22 of the 7/19/21 objective goals for client #2 revealed he should brush his teeth without assistance 70% for 3 consecutive review periods; wash his upper body for 70% for 3 consecutive review periods and with an inital verbal cue, wash his face 60% for 3 consecutive months 3/2/22 to 2/28/23. The program data was reviewed for client #2 during this training period and reviewed that he was not able to achieve more than 40% independence in any objective.

Interview on 8/30/22 with client #2's teacher revealed that he needed to be assisted at school when toileting and on a few occassions had noticeable brown skid marks in his underwear from not wiping properly. The teacher also

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indicated that client #2 mostly wore his hair in the braids. On Mondays, the braids would appear neat in client #2's hair but as the week progressed, the braids became messier. The teacher indicated that client #2 did not know how to style his hair.

Interview on 8/30/22 with Staff A and Staff B revealed Staff A needed to assist and monitor client #2 while using the bathroom. Staff A stated that client #2 would place the toothpaste in his mouth but would not attempt to brush his teeth; staff would have to intervene. As far as bathing, Staff A stated that client #4 would hold the wash cloth but in order for his bathing to be thorough, staff would have to wash him up. Staff B mentioned that she mostly bathed client #2 and braided his hair.

Interview on 8/30/22 with the Home Manager and Qualified Intellectual Disabilities Professional (QIDP) revealed that they were not aware that there were hygience issues with client #2's toileting and stained clothing. The QIDP acknowledged that when client #2 did not make progress in his training goals, the objectives should have been revised.

Interview on 8/30/22 with the Program Director (PD) revealed the HS was on leave until 9/1/22. The PD revealed client #2's mother was not satisfied with the manner the staff trained her son on toothbrushing. The mother demonstrated that she was able to get him to brush his teeth by holding down his hand and using her hand over his hand to brush his teeth. The PD told the mother they did not support rights violation and could not brush his teeth in that manner.

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W 340	Continued From page 4	W 340		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, policy and staff interviews, the facility failed to ensure that staff were sufficiently trained in wearing face masks and screening visitors for COVID-19. This potentially effected all the clients in the home. The findings is: During observations in the home on 8/30/22 at 1:30pm, Staff A answered the door to the home, without wearing a face mask and allowed the surveyor to enter without any screening questions. Staff B was observed preparing food at the sink without wearing a face mask. Client #6, was home with Staff A and Staff B. Staff B notified the Home Manager (HM) of survey activities. After the phone call, Staff B asked the surveyor to take body temperature and answer screening questions. During an additional observation on 8/30/22 at 4:00pm of Staff A revealed she now wore two face masks over her nose and mouth. During observations in the home on 8/30/22 at 1:35pm, a sign hung on the kitchen cabinet that read "All staff must wear surgical mask daily." Review on 8/30/22 of the facility's Vaccination Policy dated 1/27/22, it revealed any staff approved for exemption are required to wear	W 340		

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W 340	Continued From page 5 additional personal protective equipment (PPE) such as double surgical masks and/or a surgical mask and a face shield. Review on 8/20/22 of the facility's staff COVID-19 vaccination status revealed Staff A was granted religious exemption from the vaccine from the nurse. Interview on 8/30/22 with the HM revealed that one staff had developed COVID-19 this month and the home just concluded quarantine on 8/16/22. Interview on 8/30/22 with Staff A and Staff B revealed they had not resume wearing their face masks after getting off of the facility's van earlier that afternoon. Staff A also acknowledged that initially she only had on one face mask after the surveyor questioned her but was told to put on two masks by the HM, later in her shift. Interview on 8/30/22 with the Program Director confirmed that all unvaccinated staff should wear two face masks or a face mask plus a face shield.	W 340		