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 09/27/2022

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

(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 A complaint survey was completed on 9/27/22 for intake #NC00192963. The allegation was substantiated and deficiencies were cited as a result of the investigation.	W 000		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were trained on procedures for assuring client safety and supervision during behaviors for 1 of 2 audited clients (#6). The finding is: Record review on 9/27/22 of an in-service attendance sheet for client #6's supervision protocol on 9/1/22 revealed that effective immediately, he must be visually supervised at all times during waking hours. He may have alone time in his private bedroom if he chooses to. During these times, staff must conduct fifteen (15) minute checks to ensure safety. Staff A who was assigned to client #6 on 8/31/22, the day he left the home unsupervised, was not in attendance for the in-service. Staff B and Staff C were not identified as receiving training on the supervision protocol. Interview on 9/27/22 with the Program Director (PD) revealed that the Home Manager (HM) told her that she verbally trained Staff A on 9/1/22 after the team met to revise client #6's supervision plan, but she failed to document her	W 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 189	Continued From page 1 actions. The PD also revealed that she did not have any written evidence that new employees, Staff B and Staff C were trained on these guidelines.	W 189		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all data relative to hourly supervision to prevent elopement was documented. This affected 1 of 2 audited clients (#6). The finding is: Record review on 9/27/22 of the Hourly Interval Behavior Charts (HIBC) for client #6 from 8/29/22 to 9/26/22 revealed consistent gaps in daily data collection. Record review on 9/27/22 of an in-service attendance sheet for client #6's supervision protocol on 9/1/22 revealed that effective immediately, he must be visually supervised at all times during waking hours. He may have alone time in his private bedroom if he chooses to. During these times, staff must conduct fifteen (15) minute checks to ensure safety. Interview on 9/27/22 with the Psychiatrist revealed that staff were expected to record every hour on the HIBC either no behavior occurred or	W 252		

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W 252	Continued From page 2 identified what behavior happened and give more detail on the ABC data sheet. Interview on 9/27/22 with the Program Director (PD) acknowledged that client #6 eloped from the facility on 8/31/22 after lunch and was found by a neighbor on their street. The PD revealed that the home manager and qualified intellectual disability professional (QIDP) were responsible for reviewing the data sheets. The PD was not aware that the data was not being collected every hour.	W 252		