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	34G237	A. BUILDING _____ B. WING _____	C 12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEBROOK GROUP HOME	301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791

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W 000	INITIAL COMMENTS A recertification and complaint survey was completed on 12/8/22 for intake #NC00195157 and #NC00195159. No deficiencies were cited as a result of the complaint survey; However, deficiencies were cited as a result of the recertification survey.	W 000		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6 (#3 and #5) received a continuous active treatment program as identified in the person-centered plan (PCP). The findings are: A. The facility failed to implement active treatment programing for client #3. For example: Evening observation in the group home on 12/7/22 revealed the dinner meal to include ravioli, garlic bread, salad and ice cream. Continued observation of the dinner meal revealed client #3 to consume the meal with assistance from staff. Further observation revealed staff to remove client #3's plate after he	W 249		

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

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had finished the meal and take it to the kitchen. At no time were staff observed to prompt client #3 to place his plate into the dish bin.

Morning observation in the group home on 12/8/22 revealed the breakfast meal to include oatmeal, scrambled eggs, toast and jelly. Continued observation of the breakfast meal revealed client #3 to consume the meal with assistance from staff. Further observation revealed staff to remove client #3's plate after he had finished the meal and take it to the kitchen. At no time were staff observed to prompt client #3 to place his plate into the dish bin.

Review of client #3's record on 12/8/22 revealed a PCP dated 9/15/22. Review of the PCP revealed client #3's programs to include bathing self with full physical assistance, drying hands with paper towels, counting out loud to 20 while staff assist with hand washing, starting the dishwasher, and placing his plate in the dish bin after meal time. Continued review of the record indicated client #3 will place his plate into the dish bin after meal time with 90% verbal prompts for three consecutive review periods.

Interview with the program manager (PM) on 12/8/22 verified client #3's goals are current. Continued interview with the PM confirmed staff should prompt and support client #3's program goals at all appropriate opportunities as outlined in the PCP.

B. The facility failed to provide meal time adaptive equipment for client #3. For example:

Evening observation in the group home on 12/7/22 revealed the dinner meal to include

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W 249	Continued From page 2	W 249		

ravioli, garlic bread, salad and ice cream. Continued observation of the dinner meal revealed client #3's meal time adaptive equipment to include a shirt protector, high-sided divided dish, built-up handle curved spoon, and cup with lid and straw. Further observation revealed client #3 to consume the meal with assistance from staff.

Morning observation in the group home on 12/8/22 revealed the breakfast meal to include oatmeal, scrambled eggs, toast and jelly. Continued observation of the breakfast meal revealed client #3's meal time adaptive equipment to include a high-sided divided dish, built-up handle curved spoon, and cup with lid and straw. Further observation revealed client #3 to consume the meal with assistance from staff.

Review of client #3's record on 12/8/22 revealed a PCP dated 9/15/22. Continued review of the record revealed an occupational therapy (OT) evaluation dated 7/22/22. Review of the OT evaluation revealed client #3's meal time adaptive equipment to include shirt protector, non-skid mat, regular plate with plate guard, scoop bowl, soft spout or straw spout sip cup or sports bottle nozzle cup, and built-up handle curved spoon.

Interview with the program manager (PM) on 12/8/22 verified client #3's meal time adaptive equipment recommendations are current. Continued interview with the PM confirmed staff should provide client #3 with all prescribed adaptive equipment to support his meal time needs.

C. The facility failed to provide meal time adaptive equipment for client #5. For example:

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W 249	Continued From page 3 Evening observation in the group home on 12/7/22 revealed the dinner meal to include ravioli, garlic bread, salad and ice cream. Continued observation of the dinner meal revealed client #5's meal time place setting set up to include a regular plate, fork. cup and napkin. Further observation revealed client #5 to consume the meal without assistance from staff. Morning observation in the group home on 12/8/22 revealed the breakfast meal to include oatmeal, scrambled eggs, toast and jelly. Continued observation of the breakfast meal revealed client #5's meal time place setting to include a high-sided divided dish, regular fork, cup and napkin. Further observation revealed client #5 to consume the meal without assistance from staff. Review of client #5's record on 12/8/22 revealed a PCP dated 1/25/22. Continued review of the record revealed an occupational therapy (OT) evaluation dated 12/3/21. Review of the OT evaluation revealed client #5's meal time adaptive equipment to include a regular plate with a plate guard, small fork and spoon during mealtime. Interview with the program manager (PM) on 12/8/22 verified client #5's meal time adaptive equipment recommendations are current. Continued interview with the PM confirmed staff should provide client #5 with all prescribed adaptive equipment to support his meal time needs.	W 249		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1)	W 455		

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W 455	Continued From page 4 There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to implement an active program for the prevention and control of infection and communicable diseases. The finding is: Observation in the group home on 12/8/22 at 8:00 AM revealed staff G to enter the home without a face mask and begin preparing the breakfast meal. Continued observation revealed staff G to finish preparing, perform other duties and and support the client's in serving the breakfast meal without wearing a face mask, which is a current requirement by the Centers for Medicare and Medicaid Services (CMS) to limit the potential spread of the COVID-19 virus. Further observation at 8:39 AM revealed staff G to put on a face mask and continue performing their duties. Review of facility records on 12/8/22 and confirmed by the program manager and facility administrator revealed all staff must wear a face mask while in the presence of or providing direct care services to clients.	W 455		
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated	W 508		

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if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.
(1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients:
(i) Facility employees;
(ii) Licensed practitioners;
(iii) Students, trainees, and volunteers; and
(iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement.
(2) The policies and procedures of this section do not apply to the following facility staff:
(i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and
(ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section.
(3) The policies and procedures must include, at a minimum, the following components:
(i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily

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delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients;

(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;

(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section;

(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;

(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;

(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;

(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further

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W 508	Continued From page 7 ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: (ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to implement policies and procedures to ensure all staff are fully vaccinated for COVID-19. The finding is:	W 508		

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W 508	Continued From page 8 Review of staff vaccination records on 12/8/22 revealed staff G to receive their first COVID-19 vaccination on 4/4/21 with no indication of the second vaccination dose. Review of the facilities COVID-19 vaccination policy and procedures indicated all staff must be fully vaccinated with the two doses or have a qualifying exemption. Interview with the program manager (PM) on 12/8/22 revealed staff G has not yet received their second COVID-19 vaccination. Continued interview with the PM confirmed it is a violation of the facility COVID-19 policy for staff G to work in the group home without being fully vaccinated.	W 508		