

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

PRINTED: 01/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2023
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NAME OF PROVIDER OR SUPPLIER FORSYTH GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 216 LINVILLE SPRINGS ROAD KERNERSVILLE, NC 27284
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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 249	<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 reviews and interviews, the facility failed to ensure 3 of 6 clients (#3, #5, & #6) received a continuous active treatment program consisting of needed interventions relative to mealtime adaptive equipment. The findings are:</p> <p>A. The facility failed to provide a non-skid mat during mealtime for client #3. For example:</p> <p>Observations in the group home on 1/23/23 at 5:45 PM revealed client #3 to participate independently in the dinner meal which consisted of pasta and beef casserole, broccoli, frozen yogurt, milk, and juice. Continued observation revealed client #3's adaptive equipment to include a shirt protector and rocker-T knife.</p> <p>Observations in the group home on 1/24/23 at 7:45 AM revealed client #3 to participate independently in the breakfast meal which consisted of cereal, cheese toast, scrambled eggs, milk, and juice. Continued observation revealed client #3's adaptive equipment to include a shirt protector and rocker-T knife.</p>	W 249		
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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.

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W 249	Continued From page 1 Review of client #3's record on 1/24/23 revealed a nutritional evaluation dated 8/11/21. Review of the nutritional evaluation revealed client #3's adaptive equipment to include a non-skid mat and clothing protector. Continued review of client #3's record revealed no indication the non-skid mat was discontinued. Interview with the behavior analyst on 1/24/23 verified client #3's prescribed mealtime adaptive equipment to be current. Continued interview confirmed staff are responsible for providing client #3's adaptive equipment as prescribed. B. The facility failed to provide a non-skid mat during mealtime for client #5. For example: Observations in the group home on 1/23/23 at 5:45 PM revealed client #5 to participate independently in the dinner meal which consisted of pasta and beef casserole, broccoli, frozen yogurt, milk, and juice. Continued observation revealed client #5's adaptive equipment to include a shirt protector, divided scoop plate, built-up handle fork and spoon, and sippy cup. Observations in the group home on 1/24/23 at 7:45 AM revealed client #5 to participate independently in the breakfast meal which consisted of cereal, cheese toast, scrambled eggs, milk, and juice. Continued observation revealed client #5's adaptive equipment to include a shirt protector, divided scoop plate, built-up handle fork and spoon, and sippy cup. Review of client #5's record on 1/24/23 revealed an occupational therapy (OT) evaluation dated 9/7/22. Review of the OT evaluation revealed	W 249			

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W 249	<p>Continued From page 2</p> <p>client #5's adaptive equipment to include a shirt protector, divided scoop plate, built-up handle fork and spoon, sippy cup, and non-skid mat. Continued review of client #5's record revealed no indication the non-skid mat was discontinued.</p> <p>Interview with the behavior analyst on 1/24/23 verified client #5's prescribed mealtime adaptive equipment to be current. Continued interview confirmed staff are responsible for providing client #5's adaptive equipment as prescribed.</p> <p>C. The facility failed to provide a non-skid mat during mealtime for client #6. For example:</p> <p>Observations in the group home on 1/23/23 at 5:45 PM revealed client #6 to participate independently in the dinner meal which consisted of pasta and beef casserole, broccoli, frozen yogurt, milk, and juice. Continued observation revealed client #6's adaptive equipment to include a shirt protector, scoop plate, built-up handle fork and spoon, and sippy cup.</p> <p>Observations in the group home on 1/24/23 at 7:45 AM revealed client #6 to participate independently in the breakfast meal which consisted of cereal, cheese toast, scrambled eggs, milk, and juice. Continued observation revealed client #6's adaptive equipment to include a shirt protector, scoop plate, built-up handle fork and spoon, and sippy cup.</p> <p>Review of client #6's record on 1/24/23 revealed a nutritional evaluation dated 5/19/21. Review of the nutritional evaluation revealed client #6's adaptive equipment to include a shirt protector, scoop plate, built-up handle fork and spoon, sippy cup, and non-skid mat. Continued review of client</p>	W 249			

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W 249	Continued From page 3 #6's record revealed no indication the non-skid mat was discontinued. Interview with the behavior analyst on 1/24/23 verified client #6's prescribed mealtime adaptive equipment to be current. Continued interview confirmed staff are responsible for providing client #6's adaptive equipment as prescribed.	W 249			
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 evacuation drills were held at least quarterly for each shift of personnel. The finding is: Review of the facilities fire drill reports on 1/23/23 revealed fire drills were conducted each month from January 2022 to December 2022. Continued review of fire drill reports revealed each drill conducted between January and December occurred on first shift. Further review revealed drills conducted on 1/31/22, 2/21/22, 5/6/22, and 11/14/22 to indicate the time the drill actually occurred was during second shift, however first shift was indicated.	W 440			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the	W 474			

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W 474	<p>Continued From page 4</p> <p>developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure food was served in a form consistent with the developmental level of 3 of 6 clients (#2, #3, & #5). The findings are:</p> <p>A. The facility failed to ensure the prescribed diet for client #2. For example:</p> <p>Observations in the group home on 1/23/23 at 5:46 PM revealed client #2 to serve himself the dinner meal with hand over hand assistance. Continued observation revealed the dinner meal to include pasta and beef casserole, broccoli, frozen yogurt, milk, and juice. Further observation revealed client #2 to consume the dinner meal in whole form.</p> <p>Observations in the group home on 1/24/23 at 7:45 AM revealed client #2 to participate independently in the breakfast meal which consisted of cereal, cheese toast, scrambled eggs, milk, and juice. Continued observation revealed client #2 to consume the breakfast meal in whole form.</p> <p>Review of client #2's record on 1/24/23 revealed a dietary progress note dated 9/28/21 and physician's orders dated 10/27/22, both of which indicated client #2's diet order is weight gain and ground consistency.</p> <p>Interview with the behavior analyst on 1/24/23 verified client #2's diet orders for ground consistency are current. Continued interview confirmed staff are responsible for ensuring client #2 receives his diet orders as prescribed.</p>	W 474			

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W 474	<p>Continued From page 5</p> <p>B. The facility failed to ensure the prescribed diet for client #3. For example:</p> <p>Observations in the group home on 1/23/23 at 5:44 PM revealed client #3 to serve himself the dinner meal with hand over hand assistance. Continued observation revealed the dinner meal to include pasta and beef casserole, broccoli, frozen yogurt, milk, and juice. Further observation revealed client #2 to consume the dinner meal in whole form.</p> <p>Observations in the group home on 1/24/23 at 7:45 AM revealed client #3 to participate independently in the breakfast meal which consisted of cereal, cheese toast, scrambled eggs, milk, and juice. Continued observation revealed client #3 to consume the breakfast meal in whole form.</p> <p>Review of client #3's record on 1/24/23 revealed a nutritional evaluation dated 8/11/21. Review of the nutritional evaluation indicated client #3's diet order is 2000 calorie with 1-inch consistency.</p> <p>Interview with the behavior analyst on 1/24/23 verified client #3's diet orders for 1-inch consistency are current. Continued interview confirmed staff are responsible for ensuring client #3 receives his diet orders as prescribed.</p> <p>C. The facility failed to ensure the prescribed diet for client #5. For example:</p> <p>Observations in the group home on 1/23/23 at 5:45 PM revealed client #5 to serve himself the dinner meal with hand over hand assistance. Continued observation revealed the dinner meal</p>	W 474			

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W 474	<p>Continued From page 6</p> <p>to include pasta and beef casserole, broccoli, frozen yogurt, milk, and juice. Further observation revealed client #5 to consume the dinner meal in whole form.</p> <p>Observations in the group home on 1/24/23 at 7:45 AM revealed client #5 to participate independently in the breakfast meal which consisted of cereal, cheese toast, scrambled eggs, milk, and juice. Continued observation revealed client #5 to consume the breakfast meal in whole form.</p> <p>Review of client #5's record on 1/24/23 revealed a dietary progress note dated 7/7/21. Review of the dietary note indicated client #5's diet order is heart healthy, diabetic, 1/2-inch consistency.</p> <p>Interview with the behavior analyst on 1/24/23 verified client #5's diet orders for 1/2-inch consistency are current. Continued interview confirmed staff are responsible for ensuring client #5 receives his diet orders as prescribed.</p>	W 474			