

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

PRINTED: 02/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/16/2023
NAME OF PROVIDER OR SUPPLIER FOREST HILLS GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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	W 000			
{W 130}	<p>A revisit was completed on 2/16/23 for deficiencies previously cited on 12/7/22. Four deficiencies were corrected, and two deficiencies were recited. The facility remains out of compliance.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interviews with staff, the facility failed to provide privacy to 3 of 6 audit clients (#2, #5, and #6) during personal care and grooming. The finding is:</p> <p>During observations in the facility on 12/7/22 at 5:45am, staff D woke client #6 up and took him to the bathroom in client #2's bedroom. Client #6 was naked and staff D assisted him to his bathroom to start his bath. The bedroom door remained open, leaving client #6 visible from the hallway. At 5:55am, staff D woke client #2 and assisted him to the bathroom adjacent to his bedroom. Staff D undressed client #2 in client #6's bedroom leaving the bedroom door open. Staff D then took client #2 into the bathroom to start his bath. The bedroom door remained open, leaving client #2 visible from the hallway.</p> <p>Interview on 12/7/22 with staff C revealed she was uncertain whether clients #2 and #6 had bathrobes.</p> <p>Review on 12/7/22 of client #2's adaptive</p>	{W 130}			

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 130}	<p>Continued From page 1</p> <p>behavior inventory (ABI) dated 6/10/22 revealed client #2 needs staff assistance to protect his privacy during bathing and dressing.</p> <p>Review on 12/7/22 of client #6's ABI dated 8/31/22 revealed he requires staff assistance with toileting, dressing, as well as protecting his privacy during self-care tasks.</p> <p>Interview on 12/7/22 with the qualified intellectual disabilities professional (QIDP) and program director revealed both staff C and D have been trained and should assist clients #2 and #6 in protecting their privacy during self-care tasks.</p> <p>Review of the facility Plan of Correction (POC) revealed the following actions for W130: QP will in-service GHM and staff clients' rights and the importance of protecting resident privacy. Plan to prevent re-occurrence will include monitoring by the QP, HS, and/or Administrator through random observations. GHM will ensure all residents have bathrobes to use daily. GHM will re-inservice staff on residents' needs as it relates to bathing, dressing, and self-care skills.</p> <p>A. During observations at the facility on 2/16/23 at 6:12am, Staff B assisted client #2 bathe in his bathroom, located in client #2's bedroom. The bedroom and bathroom door were completely open. At 6:15am, client #2 exited the bathroom naked to stand in his bedroom. The bedroom door remained open and client #2 was visible from the hallway. Staff B then attempted to dry client #2 with a towel, and client #2 walked into the hallway naked. At no time was a robe utilized. At 6:18am, Staff B assisted client #2 to put on his underwear from within his bedroom. Client #2</p>	{W 130}			

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{W 130}	<p>Continued From page 2</p> <p>then laid on the bed in his underwear and refused to get dressed. The door remained open and client #2 was visible in his underwear until 6:30am.</p> <p>B. During observations at the facility on 2/16/23 at 6:19am, client #5 emerged from the bathroom within his bedroom naked. Client #5 then walked across the bedroom to his closet to retrieve his clothing. The door was completely open and client #5 was visible to the hallway. At no time was a robe utilized. At no time did staff prompt for privacy.</p> <p>C. During observations at the facility on 2/16/23 at 6:41am, Staff B assisted client #6 as he took a shower in client #2's bedroom bath area. The doors to the bedroom and bathroom were completely open. At 6:43am, Staff B partially closed the bedroom door as client #6 exited the bathroom, dried off, and put on underwear. Client #6 then went to sit on client #2's bed in his underwear to continue dressing. The bedroom door remained partially open, and client #2 was visible from the hallway.</p> <p>Review on 2/16/23 of purchasing documentation revealed a receipt from Target for bath robe purchases for all clients.</p> <p>Review on 2/16/23 of staff training records revealed the following: 1/25/23 Resident Privacy training by the QIDP 2/7/23 Strengths and Needs for Grooming, Dressing, and Self-Care for each client by QIDP</p> <p>Interview on 2/16/23 with the Home Manager (HM) revealed that all clients had received bath robes, and all staff had been trained on privacy</p>	{W 130}			

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{W 130}	Continued From page 3	{W 130}		
{W 460}	<p>and closing doors. The HM stated that privacy should be ensured by staff through closing doors, and clients should be wearing bath robes.</p> <p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure 1 of 5 audit clients (#6) was provided his specially prescribed diet. The finding is:</p> <p>During observations of the supper meal in the facility on 12/6/22 at 6:45pm staff A assisted client #6 to serve turkey breast, mixed vegetables, boiled potatoes and bread onto his plate. Client #6's turkey pieces were cut up by staff A but were in excess of an inch in size. Client #6's bread was also in excess of an inch in size. Client #6 picked up pieces of bread and tore it into pieces.</p> <p>Review on 12/6/22 of client #6's nutritional evaluation dated 9/22/22 revealed client #6 is prescribed a regular diet with his food cut into size pieces and served on a sectional plate.</p> <p>Review on 12/7/22 of client #6's adaptive behavior inventory (ABI) dated 8/31/22 revealed he needs assistance with cutting with a knife but has independent dining skills.</p> <p>Interview on 12/7/22 with the qualified intellectual disabilities professional (QIDP) and the program</p>	{W 460}		

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{W 460}	<p>Continued From page 4</p> <p>director revealed bite sized pieces should be smaller than 1/2 inch in size.</p> <p>Review of the facility Plan of Correction (POC) revealed the following actions for W460: HS will review ABI for accuracy and ensure that client #6's true level of independence are reflected in the ABI. HS will revise the ABI as appropriate and in-service staff on any necessary revisions. Monitoring will be conducted by the QP, LPN, and/or Administrator through random observations to ensure compliance.</p> <p>During observations of the breakfast meal in the facility on 2/16/23 at 6:53am, client #6 secured his plate containing a granola bar package and fruit cup from the kitchen. Client #6 then opened his granola bar and consumed two bars whole.</p> <p>Review on 2/16/23 of client #6's Dietary Update, dated 12/7/22, revealed a whole, regular diet with all whole foods cut prior to serving into bite-sized pieces. After-school snacks of sandwiches to be cut to four, small, bite-sized pieces.</p> <p>Review on 2/16/23 of client #6's ABI, dated 8/31/22, revealed food should be cut prior to serving.</p> <p>Interview on 2/16/23 with the Home Manager (HM) revealed that all of client #6's whole food and snacks should be pre-cut or broken into small pieces.</p>	{W 460}			