

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

PRINTED: 03/02/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/28/2023
NAME OF PROVIDER OR SUPPLIER COUNTRY COVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 28 HILLPARK DRIVE HENDERSONVILLE, NC 28739		
(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 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 2 of 6 clients (#2 & #6) received a continuous active treatment program consisting of needed interventions. The findings are:</p> <p>A. The facility failed to ensure safety guidelines were followed for client #2. For example:</p> <p>Observations throughout the 2/27-28/23 survey revealed a green BIC pocket lighter to remain on a table in the living room area. Continued observations throughout the survey revealed client #2 to follow a smoking schedule and to freely access the lighter to smoke.</p> <p>Review of client #2's record on 2/28/23 revealed a person-centered plan (PCP) dated 12/7/22 which indicated the following restrictions have been put in place for client #2's safety and safety of the housemates: sharp utensils locked up, staff to monitor boxes sent by mom, cigarette schedule, candy/soda schedule, no access to lighters or matches, room sweeps, no spiked jewelry. Continued review of client #2's record</p>	W 249			

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 249	<p>Continued From page 1 revealed a positive behavior support plan dated 2/1/23 which indicated client #2 should not be allowed to carry lighters due to history.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/28/23 confirmed client #2 should not have access to the cigarette lighter. Continued interview with the QIDP revealed the cigarette lighter should remain locked in the medication closet when it is not in use by client #2.</p> <p>B. The facility failed to ensure a continuous active treatment program in the areas of leisure and opportunities for choices for client #6. For example:</p> <p>During observations throughout the survey on 2/27/23 from 4:15 PM until 5:20 PM and on 2/28/23 from 7:15 AM until 8:15 AM, client #6 was observed to sit at a chair in the dining room unengaged. At no point during the observations was client #6 prompted to do anything other than take medications, eat dinner meal on 2/27/23, and breakfast meal on 2/28/23.</p> <p>Review on 2/28/23 of client #6's PCP revealed training in the areas of hand washing, mouth swab, flush toilet, communication by choices, time on task, and toilet schedule.</p> <p>Interview on 2/28/23 with the QIDP confirmed that client #6 should have been prompted and engaged in an activity every 15 minutes.</p>	W 249			