

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G020</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                     | (X3) DATE SURVEY COMPLETED<br><br><b>08/23/2022</b>   |   |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROUSE'S GROUP HOME</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5949 NC 135<br/>STONEVILLE, NC 27048</b> |   |   |
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| W 131   | <p><b>PROTECTION OF CLIENTS RIGHTS</b><br/>CFR(s): 483.420(a)(8)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not compelled to perform services for the facility. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that 1 sampled client (#8) was not compelled to perform services for other clients in House #2. The finding is:</p> <p>Afternoon observations in the group home on 8/22/22 from 5:20 PM - 6:00 PM revealed client #8 to assist staff in cooking, meal preparation and clean up. Continued observations at 5:27 PM revealed client #8 to prepare 4 clients' plates with the following dinner meal: lasagna, salad, water and sugar free beverage. Further observations revealed client #8 to pour the drinks for all clients at the dining table. Observations at 5:32 PM revealed staff and client #8 to prompt all clients to sit at the dining table and participate in the dinner meal. At no point during the observation were clients prompted to pour their own drinks and make their plates with hand over hand assistance.</p> <p>Morning observations in the group home on 8/23/22 from 6:40 AM - 7:30 AM revealed client #8 to assist staff in meal preparation and clean up. Continued observations revealed staff and client #8 to prepare 4 clients' plates and coffee with sugar and cream. The breakfast meal consisted of the following: waffles, sausage, water and coffee. Further observation at 6:55 AM revealed staff to use one fork and cut the waffles and sausage of clients (#3, #5, and #15) into bite size pieces using the same fork. Observations also revealed client #8 to prompt clients without</p> | W 131  | <p>W131<br/>This deficiency will be corrected by the following actions</p> <ul style="list-style-type: none"> <li>A. ISP will be updated, modified to meet the current ADL around eating utensils</li> <li>B. All community / home life assessment will be reviewed/update and revised as needed to address family style dining</li> <li>C. All people served will be in service on their diets and food choices</li> <li>D. All people served will be afforded the opportunity to be as independent as possible.</li> <li>E. Training Objectives will be implemented as needed to address assessments</li> <li>F. All staff will be in-service on their diets</li> <li>G. All staff will be in service on the family style dining</li> <li>H. All staff will be in-serviced on ISP's and active treatment during meal time.</li> <li>I. Qualified Professionals will monitor and document this weekly.</li> <li>J. Management will monitor and document this monthly while conducting site review</li> </ul> <p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>SEP 28 2022</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p> | <p>10/22/22</p> <p>09/01/22</p> <p>09/15/22</p> <p>10/01/22</p> <p>09/22/22</p> <p>10/05/22</p> <p>09/05/22</p> <p>10/15/22</p> <p>10/22/22</p> <p>10/22/22</p> |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Delina B. Rouse*

TITLE

Executive Director

(X6) Date

09/06/2022

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

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| W 131   | Continued From page 1<br>staff redirection to slow their rate of eating, put their forks down and drink a sip of water during the meal. At no point during the observation were clients prompted to make their plates, pour their drinks and/or make their coffee with hand over hand assistance.<br><br>Interview with staff on 8/23/22 revealed she does not know what hand over hand assistance means and at times will assist the clients by preparing their plates and cutting their food for them.<br>Interview with the QP Assistant and qualified intellectual disabilities professional (QIDP) on 8/23/22 revealed that clients should make their plates and drinks with hand over hand assistance from staff as necessary. Continued interview with the QIDP also revealed during the interview that all clients should participate in meal and drink selections without prompting or assistance from other clients. The QIDP also revealed no client should perform services for other clients in the facility.<br><br>EVACUATION DRILLS<br>CFR(s): 483.470(i)(1)<br><br>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 quarterly fire evacuation drills were conducted for each shift of personnel for the review year. The findings are:<br><br>A. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #1. For example: | W 131  |   |   |
| W 440   |   | W 440  | This deficiency will be corrected by the following actions:<br><br>A. Fire drill will be conducted in the home<br>B. Fire drills will be conducted with appropriate documentation, at varied times 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> shifts including weekends<br>C. Fire drills will be conducted monthly in each home and day program | 10/22/22<br><br>10/22/22<br><br>10/11/22            |

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| W 440   | <p>Continued From page 2</p> <p>Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 6 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (3rd), 5/21/22 (2nd), 4/16/22 (1st), 9/26/21 (1st) and 8/14/21 (3rd).</p> <p>B. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #2. For example:</p> <p>Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 7 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (2nd), 5/21/22 (2nd), 4/16/22 (1st), 10/24/21 (1st), 9/26/21 (1st) and 8/14/21 (3rd).</p> <p>C. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #3. For example:</p> <p>Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 7 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (3rd), 5/21/22 (2nd), 4/16/22 (1st), 10/24/21 (1st), 9/26/21 (1st) and 8/14/21 (3rd).</p> <p>D. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #4. For example:</p> | W 440  | <p>following actions: (continue)</p> <p>D. Consumer's will be in-service on the importance of drills.</p> <p>E. Qualified Professional will monitor drills one time a week</p> | <p>10/11/22</p> <p>10/22/22</p>                     |

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| W 440 | <p>Continued From page 3</p> <p>Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 6 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (3rd), 5/21/22 (2nd), 4/16/22 (1st), 10/24/21 (1st) and 9/26/21 (1st).</p> <p>E. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Rouse #5. For example:</p> <p>Review of the facility fire drill reports on 8/23/22 for the 12-month review year from 8/2021 - 7/2022 revealed 10 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/24/22 (1st), 6/19/22 (3rd), 5/21/22 (2nd), 4/16/22 (1st), 3/20/22 (3rd), 2/17/22 (2nd), 1/11/22 (1st), 10/24/21 (1st), 9/26/21 (1st) and 8/14/21 (3rd).</p> | W 440 |  |  |
| W 475 | <p>Interview with the facility QA/QI personnel on 8/23/22 revealed that fire drills for each shift of personnel could not be located during the survey. Continued interview with the qualified intellectual development professional (QIDP) verified that each facility should have conducted fire evacuation drills for each shift of personnel each quarter of the review year.</p> <p><b>MEAL SERVICES</b><br/>CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and</p>   | W 475 |  |  |

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| W 475   | <p>Continued From page 4</p> <p>interview, the facility failed to assure that clients (#3, #5, #8, #15, #21) were provided with appropriate utensils to allow each client to eat as independently as possible in accordance with their highest functioning level in House #2. The findings are:</p> <p>Afternoon observations in the group home on 8/22/22 at 5:32 PM revealed all clients to sit at the dining table to prepare for the dinner meal. The dinner meal consisted of the following: lasagna, salad, water and choice of beverage. Continued observations revealed staff to provide all clients with a fork only as they participated in the dinner meal. At no point during the observation period were clients offered a full place setting of a fork, knife and spoon during the dinner meal.</p> <p>Morning observations on 8/23/22 at 6:55 AM revealed all clients to sit at the dining table to prepare for the breakfast meal. The breakfast meal consisted of the following: waffles, sausage, coffee and water. Continued observations revealed staff to provide clients with a fork only as the clients participated in the breakfast meal. Further observations revealed staff to use one fork to cut the waffles and sausage of clients #3, #5 and #15 with the same fork.</p> <p>Review of the record for client #3 on 8/23/22 revealed an individual support plan (ISP) dated 8/12/22. Review of the ISP revealed client #3 eats with a fork, requires staff to cue her to use a spoon when needed, and requires reminders to use a knife to cut her food. Continued review of the record revealed an Adaptive Behavior Inventory form (ABI) dated 10/20/20 which states that client #3 can use a knife with partial</p> | W 475  | <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. Each home will be provided with all the basic items to allow independence while dining. 10/22/22</li> <li>B. If warrant goals will be modified, revised, or discontinued to meet the needs of the people served. 10/22/22</li> <li>C. All staff receive in service on providing all the appropriate items to be used during meal time. 09/22/22</li> <li>D. Staff will be in-service on ensuring that all consumers are being monitored, assess, and provide active treatment 09/22/22</li> <li>E. Management will monitor on time a week. 10/22/22</li> </ul> |   |

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| W 475   | <p>Continued From page 5</p> <p>independence and a spoon and fork with full independence. Further review of the ABI revealed that client #3 can use appropriate eating utensils for different foods with full independence.</p> <p>Review of the record for client #5 revealed an ISP dated 11/4/21. Continued review of the record revealed an ABI dated 10/21/20 which states that client #5 can use a fork, knife and spoon with full independence. Further review of the ABI revealed client #5 can use appropriate eating utensils for different foods with full independence.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) and QP Assistant on 8/23/22 revealed all clients (#3, #5, #8, #15, #21) in House #2 should have been offered a full place setting including a fork, knife and spoon during all meals. Continued interview with the QIDP verified that all clients should be provided a full place setting to promote independence during mealtimes.</p> | W 475   |   |                      |   |