

PRINTED: 11/09/2022 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G136	B. WING	i		10/18/2022	
	PROVIDER OR SUPPLIER REST HOME			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1209 PELLHAM DR LAURINBURG, NC 28352		
(X4) ID PREFIX TAG				IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
	§460.84(d)(2), §482 §483.475(d)(2), §482 §483.475(d)(2), §482 §485.625(d)(2), §492 *[For ASCs at §416 "Organizations" und §485.920, RHCs/FC Facilities at §494.62 (2) Testing. The [facto test the emergen must do all of the formunity-based et (A) When a community-based et (A) When a community-based et (B) If the [facility natural or man-mad activation of the emexempt from engage community-based of functional exercise is actual event. (ii) Conduct an additive years, opposite the substitution of the emexempt from engage community-based of functional exercise is this section is conducted in the following proposition of the following proposition of the emexempt from engage community-based of functional exercise is this section is conducted in the following proposition of the following proposit	3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 35.727(d)(2), §485.920(d)(2), 3.62(d)(2). 54, CORFs at §485.68, OPO, der §485.727, CMHCs at QHCs at §491.12, and ESRD der §485.727, complete graph of the	E 0		DHSR - Mental Health NOV 2 8 2022 Lic. & Cert. Section		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.

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING	0	(X3) DATE SURVEY COMPLETED		
		34G136	B. WING			10/	18/2022	
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E 039	a facilitator and inclia a narrated, clinically scenario, and a set directed messages, designed to challeng (iii) Analyze the [facility's] emergence *[For Hospices at 4* (2) Testing for hospices to test the annually. The hospice exercises to test the annually. The hospicility has ed et (A) When a community based et (A) When a community based et (B) If the hospice eximan-made emerger the emergency planengaging in its next community-based facility-based functionset of the emerge (ii) Conduct an addition opposite the year the exercise under parais conducted, that me to the following: (A) A second full-second community-based of exercise; or (B) A mock disaster (C) A tabletop exercise	udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. ility's] response to and ation of all drills, tabletop regency events, and revise the y plan, as needed. 18.113(d):] bices that provide care in the end hospice must conduct emergency plan at least ice must do the following: ull-scale exercise that is emergency plan at least ice must do the following: ull-scale exercise is not an individual facility based every 2 years; or experiences a natural or exercise or individual or exercise or individual exercise or individual exercise following the ency event. Itional exercise every 2 years, e full-scale or functional graph (d)(2)(i) of this section easy include, but is not limited alle exercise that is	EO	39				

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E 039	a narrated, clinically scenario, and a set directed messages, designed to challent (3) Testing for hospicare directly. The hexercises to test the year. The hospice of (i) Participate in an is community-based (A) When a community-based function (B) If the hospice examan-made emerger the emergency plan engaging in its next based or facility-based following the onset of (ii) Conduct an addit may include, but is reached the community-based or exercise; or (B) A mock disaster (C) A tabletop exercise; or (B) A mock disaster (C) A tabletop exercise; or (C) A tabletop exercise; or (B) A mock disaster (C) A	or prepared questions ge an emergency plan. ces that provide inpatient ospice must conduct emergency plan twice per must do the following: annual full-scale exercise that it; or nity-based exercise is not an annual individual onal exercise; or operiences a natural or operiences a natural or operiences a natural or operiences a natural or operience is exempt from required full-scale community ed functional exercise of the emergency event. Itional annual exercise that not limited to the following: ale exercise that is a facility based functional exercise or workshop led by a less a group discussion using a elevant emergency scenario, a statements, directed a great questions designed to ency plan. pice's response to and tion of all drills, tabletop gency events and revise the	E 03	39		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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E 039	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The do the following: (i) Participate in an is community-based (A) When a communaccessible, conduct facility-based function (B) If the [PRTF, Ho actual natural or ma requires activation of [facility] is exempt for required full-scale of facility-based function (ii) Conduct an and that may include following: (A) A second full-sc community-based of functional exercise; (B) A mock (C) A tabletop exiled by a facilitator and discussion, using a remergency scenario statements, directed questions designed plan. (iii) Analyze the maintain documenta	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must at the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that d; or nity-based exercise is not an annual individual, anal exercise; or aspital, CAH] experiences an annual emergency that at the emergency plan, the amount of the emergency event. [additional] annual exercise or end, but is not limited to the alle exercise that is a individual, a facility-based or disaster drill; or exercise or workshop that is and includes a group marrated, clinically-relevant and a set of problem and a set of problem are sages, or prepared to challenge an emergency and a set of all drills, tabletop gency events and revise the and revis	E 03	39				

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	test the emergency including unannoun emergency procedu ICF/IID] must do the (i) Participate in an is community-based (A) When a community-based function (B) If the [LTC facility actual natural or ma requires activation of LTC facility is exemprequired a full-scale individual, facility-based following the onset of (ii) Conduct an addinay include, but is represented in the community-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator includes narrated, clinically-reand a set of problem messages, or prepare challenge an emerge (iii) Analyze the [LTC and maintain docum exercises, and emergence [LTC facility] facility's to test the emergence The ICF/IID must do including the community facility's to test the emergence of the ICF/IID must do including the community facility is the ICF/IID must do including the community facility's the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the community facility is the ICF/IID must do including the IC	plan at least twice per year, ced staff drills using the ires. The [LTC facility, et following: annual full-scale exercise that it; or nity-based exercise is not an annual individual, onal exercise. y] facility experiences an in-made emergency that of the emergency plan, the ot from engaging its next community-based or sed functional exercise of the emergency event. Itional annual exercise that not limited to the following: alle exercise that is an individual, facility based or drill; or cise or workshop that is led by a group discussion, using a elevant emergency scenario, a statements, directed red questions designed to ency plan. C facility] facility's response to entation of all drills, tabletop gency events, and revise the semergency plan, as needed. (3.475(d)]: IIID must conduct exercises by plan at least twice per year.	EO	39			

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E 039	is community-based (A) When a community-based function (B) If the ICF/IID expanded emerger the emergency planengaging in its next community-based of functional exercise from the emergency event. (ii) Conduct an addit may include, but is rounded, but is rounded, but is rounded, but is rounded exercise; (B) A mock disaster (C) A tabletop exercise facilitator and inclusing a narrated, cliniscenario, and a set of directed messages, designed to challeng (iii) Analyze the ICF/maintain documental exercises, and emer ICF/IID's emergency *[For HHAs at §484. (d)(2) Testing. The Hoto test the emergency least annually. The Hoto test the emergency (A) When a community-based; of (A) When a community-based; of (A) When a community-based; of (B) W	nity-based exercise is not an annual individual, onal exercise; or. periences an actual natural or ncy that requires activation of the ICF/IID is exempt from required full-scale individual, facility-based following the onset of the dional annual exercise that not limited to the following: ale exercise that is an individual, facility-based or drill; or ise or workshop that is led by ides a group discussion, nically-relevant emergency of problem statements, or prepared questions are an emergency plan. IID's response to and tion of all drills, tabletop gency events, and revise the plan, as needed. 102] IHA must conduct exercises by plan at the following: I-scale exercise that is remunity-based exercise is not	EO	939				

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	(B) If the HHA or man-made emer of the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an addition opposite the year the exercise under parais conducted, that limited to the followin (A) A second fulticommunity-based of functional exercise; (B) A mock disand (C) A tabletop expled by a facilitator and discussion, using a memorgency scenario statements, directed questions designed plan. (iii) Analyze the HHA documentation of all emergency events, a emergency plan, as *[For OPOs at §486. (d)(2) Testing. The Coto test the emergency following: (i) Conduct a paper-lyworkshop at least and led by a facilitator and discussion, using a remergency scenario	experiences an actual natural gency that requires activation lan, the HHA is exempt from required full-scale in individual, facility based following the onset of the stional exercise every 2 years, e full-scale or functional egraph (d)(2)(i) of this section is may include, but is not ing: Ill-scale exercise that is rean individual, facility-based or ster drill; or exercise or workshop that is individual and a set of problem in messages, or prepared to challenge an emergency exercise or workshop that is individual and a set of problem in messages, or prepared to challenge an emergency exercise or workshop that is individual and a set of problem in messages, or prepared to challenge an emergency exercises, and and revise the HHA's inceded. 360] OPO must conduct exercises by plan. The OPO must do the chased, tabletop exercise is incomplete.	EO	039			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		0.5	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
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	questions designed plan. If the OPO ext man-made emerger the emergency plan engaging in its next following the onset (ii) Analyze the OPO documentation of all emergency events, OPO's] emergency events, OPO's] emergency *[RNCHIs at §403.7 (d)(2) Testing. The Fexercises to test the must do the followin (i) Conduct a paperleast annually. A tab discussion led by a following conduct a paperleast annually. A tab discussion led by a following conduct a paperleast annually. A tab discussion led by a following conduct a paperleast annually. A tab discussion led by a following conduct a paperleast annually. A tab discussion led by a following conduct and emergency plan. (ii) Analyze the RNH maintain documental and emergency ever emergency plan, as This STANDARD is Based on record revithe facility failed to comergency exercise all clients in the facility reparedness Plan (no tabletop or full-sc the past year.	to challenge an emergency periences an actual natural or ney that requires activation of the OPO is exempt from required testing exercise of the emergency event. O's response to and maintain I tabletop exercises, and and revise the [RNHCI's and plan, as needed. 748]: RNHCI must conduct emergency plan. The RNHCI g: based, tabletop exercise at letop exercise is a group facilitator, using a narrated, hergency scenario, and a set at letop exercise is a group facilitator, using a narrated, hergency scenario, and a set at letop exercise is a group facilitator, using a narrated, hergency scenario, and a set at letop exercise is a group facilitator, using a narrated, hergency scenario, and a set at letop exercise is a group facilitator, using a narrated, hergency scenario, and a set at letop exercise is a group facilitator, using a narrated, hergency scenario, and a set at letop exercise is a group facilitator, using a narrated, hergency scenario, and a set at letop exercises, or designed to challenge an cliston of all tabletop exercises, and revise the RNHCI's needed. not met as evidenced by: view and interviews with staff, onduct a tabletop or full-scale every 2 years. This affected ity. The finding is: of the facility's Emergency EP) dated 10/6/21 revealed all emergency exercise for	EO	39			

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E 039	revealed the facility facility's EP but the tabletop or full-scale year. Further intervidocumentation if eit exercise had been omonths. INDIVIDUAL PROG	had inserviced all staff on the facility had not completed a exercise during the past ew revealed there was no her a full scale or tabletop completed within the past 24	E 0				
	assessments or rea supplement the prel prior to admission. This STANDARD is Based on record re the facility failed to o occupational therapy admitted clients (#1	r admission, the m must perform accurate ssessments as needed to iminary evaluation conducted not met as evidenced by: view and interviews with staff, complete initial speech and y assessments on 2 newly and #4). The findings are:					
	program plan (IPP)	evealed a speech					
	revealed the facility I	2 with the qualified es professional (QIDP) had just hired a speech at #1's assessment could not					
	12/14/21 revealed he on 10/29/21. Further	22 of client #4's IPP dated e was admitted to the facility review of the CFA revealed by and Speech Therapy					

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W 210	assessments could Interview on 10/18/2	O. 10 10 10 10 10 10 10 10 10 10 10 10 10	W 2	110			
W 249	assessments for clie	ent #4. MENTATION	W 24	49			
	formulated a client's each client must red treatment program of interventions and se and frequency to su	rdisciplinary team has individual program plan, seive a continuous active consisting of needed ervices in sufficient number pport the achievement of the in the individual program					
	Based on observati interviews with staff, continuous active tre of needed supports consistent implement objectives in the indi	ons, record review and the facility failed to provide a seatment program consisting and services to support the nation of identified goals and ividual program plan (IPP). audit clients (#1). The finding					
	at 7:10am client #1 v retrieved her toothbr into the bathroom to #1 came out of the b her if she had brush Client #1 stated, "I b floss them because	went into her bedroom, rush and toothpaste and went brush her teeth. After client bathroom, the surveyor asked ed and flossed her teeth. rushed my teeth, I could not I didn't have any dental 1 asked if staff had gone into					

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 2 2	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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W 249	the bathroom to ass do that myself." Review on 10/17/22 5/24/22 revealed shobjectives to brush everbal prompts for 2 periods and to floss prompts for 2 or less intellectual disabilities confirmed staff shoulduring toothbrushing she completes the selection of t	of client #1's IPP dated e has identified formal her teeth twice daily with 90% or less consecutive review her teeth with 90% verbal s consecutive review periods.	W 2	.49			

November 9, 2022

Tag Corrections for Lee Forest Group Home

E039

QP / vocational manager / safety committee will review the emergency plan quarterly to ensure tabletop exercises or live events are documented and filed within the emergency plan. A complete a full-scale tabletop exercise with staff that is community based and document the results within 30 days by December 18, 2022.

W210

Clinical team will review charts quarterly to ensure that all evaluations are completed and filed. Any new admission will be reviewed 3 weeks post admission to ensure evaluations are completed within 30 days of admission.

QP will ensure that Client #1 has been evaluated by the occupational therapist and Client #4 has received the speech evaluation, as well as all individuals served in the Lee Forest Group home will have speech analysis and occupational therapy screenings complete and current within 30 days by December 18, 2022.

W249

QP, home manager, and Hab Spec will train staff about ISPs of individuals within Lee Forest and monitor staff during programs to ensure that individuals served are carrying out written program, have necessary supplies needed and documenting progress. The clinical team will conduct formal program assessments, 2 times per week until December 18, 2022.