

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER FOREST CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5117 FOREST CREEK DRIVE RALEIGH, NC 27606		
(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 252	<p>A recertification survey and complaint survey for intake #NC00214110 was completed on March 5, 2024. The complaint was unsubstantiated with no deficiencies cited. However, deficiencies were cited as a result of the recertification survey.</p> <p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 3 of 3 audit clients (#3, #4 and #6). The findings are:</p> <p>A. Review on 3/4/24 of client #3's Individual Program Plan (IPP) dated 11/16/23 revealed formal training programs for cleaning his room, setting the table, laundry, oral hygiene and purchasing a personal item.</p> <p>Review on 3/5/24 of client #3's program plan data sheets revealed formal training programs were being completed for medication administration and cleaning his room. The data sheets revealed no documentation had been recorded for February or March for cleaning his room and no documentation had been recorded for March for medication administration. There was no formal</p>	W 252			

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 252	Continued From page 1 training programs for setting the table, laundry, oral hygiene or purchasing personal items. B. Review on 3/4/24 of client #4's IPP dated 7/24/23 revealed formal training programs for laundry and medication. Review on 3/5/24 of client #4's program plan data sheets revealed no documentation had been recorded for the month of March for laundry or medication. C. Review on 3/4/24 of client #6's IPP dated 1/17/24 revealed formal training programs for oral hygiene, meal preparation and unloading the dishwasher. Review on 3/5/24 of client #6's program plan data sheets revealed no documentation had been recorded for the month of March. Interview on 3/5/24 with the site supervisor confirmed no data had been documented for March and no goal data sheets for March could be located in the record. Interview on 3/5/24 with the program manager revealed that when client #3 was admitted on 10/19/23, basic goals for medication administration and cleaning his room were put into place until the IPP could be written. The program manager confirms that once the IPP was completed the goals stated in the IPP should have been initiated and data should have been kept for those goals. The program manager confirmed there is no data for March for client #4 and #6.	W 252			
W 259	PROGRAM MONITORING & CHANGE	W 259			

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

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W 259	Continued From page 2 CFR(s): 483.440(f)(2) At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the comprehensive functional assessments (CFA) were updated as needed. This affected 2 of 3 audit clients (#4 and #6). The findings are: A. Record review on 3/4/24 of client #4's CFA revealed it was last updated on 3/1/23. B. Record review on 3/4/24 of client #6's CFA revealed it had been completed but was not dated. Interview on 3/5/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that the site supervisor is responsible for completing the client's CFA's annually. Interview on 3/5/24 with the program manager revealed the QIDP is responsible for ensuring the completion of the CFA's annually. The program manager confirmed client #4's CFA was last updated 3/1/23 and client #6's CFA was not dated.	W 259			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to	W 262			

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W 262	Continued From page 3 client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 2 of 3 audit clients (#4 and #6) was reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 3/4/24 of client #4's Behavior Support Plan (BSP) dated 5/20/21 revealed target behaviors consisting of physical aggression, non-compliance and verbal aggression. Further review on 3/4/24 of client #4's BSP revealed no written consent by the HRC. B. Review on 3/4/24 of client #6's BSP dated 2/2/23 revealed a target behavior of failure to cooperate. Further review on 3/4/24 of client #6's BSP revealed written consent signed by HRC on 2/20/23. Interview with the program manager confirmed that client #4 did not have written consent by HRC and client #6 did not have a current consent signed by HRC. The program manager revealed that written consent should be obtained by HRC at least annually.	W 262			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure restrictive programs were only conducted with the written	W 263			

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W 263	Continued From page 4 informed consent of a legal guardian. This affected 1 of 3 audit clients (#4). The finding is: Record review on 3/4/24 of client #4's behavior support plan (BSP) dated 5/20/21 revealed target behaviors of physical aggression, verbal aggression and non-compliance. Record review on 3/4/24 of client #4's physician's orders signed 1/22/24 revealed orders for Aristada, Austedo and Clozapine for mental/mood disorder. Further record review on 3/4/24 of client #4's consents revealed no written informed consent by the legal guardian for the medications Aristada, Austedo or Clozapine. Interview on 3/5/24 with the facility's program manager revealed no written informed consent could be located for client #4's medications.	W 263			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the interdisciplinary team (IDT) developed active treatment programs to use in conjunction with client's psychotropic medications for the reduction and/or elimination of restrictive behavior medications. This affected 1 of 3 audit clients (#3). The finding is:	W 312			

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W 312	<p>Continued From page 5</p> <p>Review on 3/4/24 of client #3's individual program plan (IPP) dated 11/16/23 revealed he was admitted to the facility 10/19/23. Client #3's IPP listed target behaviors of physical aggression, inappropriate verbalizations and making untrue statements.</p> <p>Review on 3/4/24 of client #3's physician orders dated 1/22/24 revealed he receives Sertraline for mental/mood disorder.</p> <p>Review on 3/4/24 of client #3's record did not include a formal active treatment program to use in conjunction with his psychotropic medications.</p> <p>Interview on 3/5/24 with the program manager confirmed client #3 does not have a BSP in place at this time.</p>	W 312			