

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

PRINTED: 05/09/2024
FORM APPROVED
OMB NO. 0938-0391

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 R 05/09/2024
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 262}	<p>A revisit was conducted on May 9, 2024 for all previous deficiencies cited on March 5, 2024. Some deficiencies were recited. However, no new non-compliance was found.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>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 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:</p> <p>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.</p> <p>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.</p> <p>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</p>	{W 262}			

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 262}	Continued From page 1 at least annually. Review on 5/9/24 of the facility's Plan of Correction (POC) dated 5/4/24 revealed management would ensure all restrictive interventions are discussed and agreed upon, management would ensure all restrictive interventions be monitored by HRC, management will ensure that the BSP reflects need for interventions and staff would be in-serviced on all restrictive interventions. Record review on 5/9/24 of the facility's email correspondence with the psychologist, revealed that the program manager sent emails on 3/17/24, 3/30/24, 4/1/24, 4/11/24, 4/24/24 and 5/6/24 in an effort to ensure all information needed to formulate the BSP's was provided and to follow-up with progress of the plans. An interview on 5/9/24 with the program manager revealed that the facility had received an updated BSP for client #6 but there was no HRC consent for the BSP. The program manager confirmed that numerous emails had been sent to the current provider about updating the client's BSP's. However, only one updated BSP could be located.	{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	{W 263}			

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{W 263}	<p>Continued From page 2</p> <p>programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#4). The finding is:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview on 3/5/24 with the facility's program manager revealed no written informed consent could be located for client #4's medications.</p> <p>Review on 5/9/24 of the facility's Plan of Correction (POC) dated 5/4/24 revealed all BSP's would be reviewed, all BSP's would be updated to address current needs, guardian consent would be obtained and all staff would be in-serviced on BSP's and proper documentation.</p> <p>Record review on 5/9/24 of the facility's email correspondence with the psychologist, revealed that the program manager sent emails on 3/17/24, 3/30/24, 4/1/24, 4/11/24. 4/24/24 and 5/6/24 in an effort to ensure all information needed to formulate the BSP's was provided and to follow-up with progress of the plans.</p> <p>An interview on 5/9/24 with the program manager</p>	{W 263}			

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{W 263}	Continued From page 3 revealed that the facility had received an updated BSP for client #6 but there was no guardian consent for the BSP. The program manager confirmed that numerous emails had been sent to the current provider about updating the client's BSP's. However, only one updated BSP could be located.	{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: 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. Review on 3/4/24 of client #3's physician orders dated 1/22/24 revealed he receives Sertraline for mental/mood disorder. 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.	{W 312}			

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{W 312}	Continued From page 4 Interview on 3/5/24 with the program manager confirmed client #3 does not have a BSP in place at this time. Review on 5/9/24 of the facility's Plan of Correction dated 3/5/24 revealed the facility would review all BSP's, update all BSP's to reflect current medication regiments, IDT will meet to address any reduction or elimination of medication based on documentation, psychologist would review all BSP's, all guardians will be informed of any medication changes and consent would be obtained and all staff would be in-serviced on BSP's. Record review on 5/9/24 of the facility's email correspondence with the psychologist, revealed that the program manager sent emails on 3/17/24, 3/30/24, 4/1/24, 4/11/24. 4/24/24 and 5/6/24 in an effort to ensure all information needed to formulate the BSP's was provided and to follow-up with progress of the plans. An interview on 5/9/24 with the program manager revealed that the facility had received an updated BSP for client #6. The program manager confirmed that numerous emails had been sent to the current provider about updating the client's BSP's and formulating a BSP for client #3. However, only one updated BSP could be located.	{W 312}		