

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

PRINTED: 05/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER HELMSDALE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1317 HELMSDALE DR CARY, NC 27511		
(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 130	<p>A complaint survey was conducted during the recertification survey on 5/28 - 5/29/24 for intake #NC00216944. The complaint was substantiated with no deficiencies cited; however, the recertification survey resulted in cited deficiencies.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#1 and #3) were afforded personal privacy. The findings are:</p> <p>A. During morning observations in the home on 5/29/24 at 8:15am, client #1 entered a bathroom adjacent to the dining room. The client proceeded to begin removing his clothing and stood naked in the bathroom with the door wide open. During this time, two staff were in other areas of the home.</p> <p>Interview on 5/29/24 with Staff E indicated client #1 needs assistance to close the bathroom door for privacy.</p> <p>Review on 5/29/24 of client #1's Individual Program Plan (IPP) dated 3/29/24 revealed, "It is difficult to keep him clothed." Additional review of the plan identified an objective to remain clothed when in common areas of the home with 50% independence for 6 consecutive months (implemented 5/7/24)</p>	W 130			

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 130	Continued From page 1 Interview on 5/29/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 needs assistance to close the bathroom door for privacy. B. During morning observations in the home on 5/29/24 at 6:08am, client #3 entered a bathroom adjacent to the dining room. The client proceeded to use the toilet with the door wide open. After he finished, Staff D entered the dining area and prompted the client to flush the toilet. Interview on 5/29/24 with Staff D revealed client #3 needs reminders to close the door when using the bathroom. Review on 5/29/24 of client #3's Community Home Life Assessment dated 4/21/24 revealed he can observe privacy given a verbal cue. Interview on 5/29/24 with the QIDP confirmed client #3 needs prompts to close the bathroom door for privacy or staff should close the door for him.	W 130			
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure all allegations are thoroughly investigated. This affected 1 of 1 former clients residing in the home. The finding is: Review on 5/29/24 of a email from the Program Manager (PM) dated 4/10/24 revealed, "...On	W 154			

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W 154	Continued From page 2 yesterday evening the team was alerted that [Former client] climbed out of his bedroom window and ran down the street naked. This resulted in the neighbors calling the police and [Former client] being taken to the hospital." The email further stated, "Upon communication with one of the neighbors, I was informed that [Former client] stole a garden tool (hoe) from one of the neighbors yard and proceeded to swing it while walking (and at times running down Helmsdale drive onto [Local Parkway])." Interview on 5/29/24 with the PM confirmed the former client left the home undetected by two staff working at the time; however, the staff were only questioned regarding the incident and a critical incident report was written. The PM noted the client was quickly discharged but no formal investigation had been conducted into the incident.	W 154			
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 3 audit clients (#1 and #5) included specific interventions to support them towards independence. The findings are: A. During observations of 2 of 2 meals in the home throughout the survey on 5/28 - 5/29/24, client #1 ate his meals using his hands. Although utensils were available and on his plate, the client	W 240			

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W 240	<p>Continued From page 3</p> <p>repeatedly scooped large amounts of food from his plate using his fingers/hands.</p> <p>Review on 5/29/24 of client #1's record revealed no specific information regarding eating with his hands or interventions needed to address it.</p> <p>Interview on 5/29/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the Occupational Therapist has assessed the client for eating with his hands but has not made any recommendations.</p> <p>B. During observations in the home throughout the survey on 5/28 - 5/29/24, client #1 consistently placed the collar of his shirt in his mouth and chewed on it. Various staff prompted the client to stop chewing on his shirt and/or assisted the client to change his shirt. Client #1 ignored the prompts and continued to chew on his shirt collar.</p> <p>Interview on 5/28/24 with Staff G revealed client #1 recently began chewing on his shirt and they have had to change it numerous times on the shift. The staff indicated they are not sure why he has started this and they just try to keep his shirt dry.</p> <p>Review on 5/29/24 of client #1's record did not include specific information regarding his tendency to chew on his shirt collar or interventions to address it.</p> <p>Interview on 5/29/24 with the QIDP indicated the client's tendency to chew his shirt collar needs to be assessed.</p>	W 240			

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W 240	Continued From page 4 C. During morning observation in the home on 5/28/24 -5/29/24, the refrigerator was locked with the key in a lock box on the wall. Snacks were locked in another area of the home with the key in a combination lock box. Throughout the dinner prep client #5 had to ask staff to unlock the refrigerator to retrieve needed items. Review on 5/28/24 of client #5's IPP did not identify specific interventions to support his ability towards independence in use of the refrigerator or getting snacks. Further review there was no information included in the IPP about the locked refrigerator or interventions to assist client #5 toward independence in obtaining items from the refrigerator. Interview on 5/29/24 the area supervisor confirmed the refrigerator was locked because of food stealing behaviors of another client in the home. Interview on 5/29/24 the QIDP confirmed there was nothing in client #5's IPP related to the refrigerator being locked nor was there a note in client #5's record about the locked refrigerator.	W 240			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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.	W 249			

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W 249	Continued From page 5 This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 3 of 3 audit clients (#1, #3 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure, adaptive device use, self-help, and program implementation. The findings are: A. During observations in the home throughout the survey on 5/28 - 5/29/24, client #1 was not engaged in meaningful activities. The client consistently wandered around the home in/out of his bedroom and an adjacent bathroom. Other than a brief walk (approximately 100 feet from the home) and a van ride, client #1 was not assisted or encouraged to participate in meaningful leisure activities. Interview on 5/29/24 with Staff A revealed he likes trampolines, water activities, feeling things like sand and beans. Review on 5/28/24 of client #1's IPP dated 3/29/24 revealed he likes play dough, indoor/outdoor activities and having fun. Additional review of the client's Behavior Support Plan (BSP) dated 4/24/24 noted, "Provide purposeful and meaningful activities for [Client #1] to participate in..." Interview on 5/29/24 with the Area Supervisor (AS) and Qualified Intellectual Disabilities Professional (QIDP) indicated client #1 likes to play in sand and manipulate rice. Additional	W 249			

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W 249	<p>Continued From page 6</p> <p>interview confirmed the client should be provided activities.</p> <p>B. During observations in the home throughout the survey on 5/28 - 5/29/24, client #3 was not engaged in meaningful activities. The client consistently walked throughout the home seeking food. With the exception of a brief walk (approximately 100 feet from the home) and a van ride, client #3 was not assisted or encouraged to participate in meaningful leisure activities.</p> <p>Interview on 5/29/24 with Staff A revealed client #3 likes toy trucks and cars or "things with sounds".</p> <p>Review on 5/28/24 of client #3's IPP dated 2/9/24 revealed, "[Client #3] likes bean bag chairs, cause-effect toys, ball play, building blocks, watching cars, sitting in them, and traveling in them." The plan indicated he also likes listening to Arabic music, going for walks and basketball. Additional review of the client's BSP dated 4/9/24 noted, "[Client #3] should be given an opportunity to make choices, when possible, throughout the day. This should be carried out by asking which of two activities he wants..."</p> <p>Interview on 5/29/24 with the AS and QIDP indicated client #3 likes using the iPad and listening to Arabic music. Additional interview confirmed the client should be provided with activities.</p> <p>C. During observations in the home throughout the survey on 5/29/24, client #3 consistently remained in or around the kitchen area seeking food. On several occasions, the client stole and</p>	W 249			

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W 249	<p>Continued From page 7</p> <p>consumed food from other client's plates undetected by staff. The client was not redirected from food seeking/stealing behaviors.</p> <p>Interview on 5/29/24 with Staff E indicated client #3 has food stealing behaviors which is why a lot of the food in the home is kept locked. Additional interview indicated if the client steals food from someone, they should remove it.</p> <p>Review on 5/28/24 of client #3's BSP dated 4/9/24 revealed an objective to reduce episodes of target behaviors (physical aggression, disruptive behavior, food seeking, disrobing and property destruction) to 0 per month for 12 consecutive months. Additional review of the plan noted, "Keep [Client #3] engaged in activities throughout the day and monitor him at all times...Block and redirect inappropriate food seeking behaviors...If you are unable to block and redirect, use gentle physical assistance to redirect to activity..."</p> <p>Interview on 5/29/24 with the QIDP confirmed client #3's BSP was current and should be implemented by staff.</p> <p>D. During observations of the breakfast meal in the home on 5/29/24 at 6:31am, client #3 consumed cut up pancakes using his hands. Although a fork was available at the table, the client consistently used his hands to consume his food at a rapid pace. At the meal, no staff were present at the table until the client had about 1/4 of the food remaining. At this time, a staff brought client a bottle of water and prompted him to slow down.</p> <p>Interview on 5/29/24 with Staff A revealed client</p>	W 249			

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W 249	<p>Continued From page 8</p> <p>#3 has eating guidelines which they follow to address his rapid eating at meals.</p> <p>Review on 5/29/24 of eating guidelines (dated 4/26/24) posted on the refrigerator in the home revealed, "Staff to provide full supervision at all meals and snacks...Encourage/assist him to take small/safe size bites and sips of liquid between bites with prompts as necessary. Make sure he chews each bite of food thoroughly before taking another bite or drink of liquid...Provide cuing/verbal prompting as needed to ensure safe rate of eating and small sips and small bites. If he does not comply with verbal prompts to slow the rate of eating, and to take safe size bites, and chew his food thoroughly, Staff need to slide his plate away from him, and reiterate these guidelines to him,..Make sure his mouth is empty before his next bite is taken..."</p> <p>Interview on 5/29/24 with the AS and QIDP confirmed the eating guidelines posted on the refrigerator should be followed when client #3 is eating.</p> <p>E. During observations in the home throughout the survey on 5/28 - 5/29/24, client #1 was nonverbal and frequently used gestures to communicate with staff. Client #1 was not consistently assisted or encouraged to utilize a communication device or picture cards. With the exception of touching his communication device once on 5/28/24 at 4:55pm, the client did not actively utilize the device.</p> <p>Review on 5/28/24 of client #1's IPP dated 3/29/24 revealed he has limited verbal output and uses short grunts. The plan noted he has an AAC device which he uses to communicate "daily".</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>Additional review of the client's Communication Evaluation dated 3/18/24 indicated, "He has a AAC device that was issued to him years ago from a private clinic...He will point to pictured items that he wants for snacks, but will not retrieve the device independently."</p> <p>Interview on 5/29/24 with the AS and QIDP confirmed client #3 has a communication device but will often refuse to use it. Additional interview indicated the client also uses a picture book to communicate which he seems to prefer over the device.</p> <p>F. During observations of medication administration in the home on 5/28 - 5/29/24 at 4:55pm, client #3 did not actively assist with the administration of his medications. The Medication Technician (MT) performed all tasks.</p> <p>Interview on 5/29/24 with the MT revealed client #3 inconsistently participates with administering his medications and has a hard time remaining on task.</p> <p>Review on 5/28/24 of client #3's IPP dated 2/9/24 revealed an objective to participate in medication administration with 70% independence for 6 consecutive months. Additional review of the objective noted steps to: Wash his hands, locate/obtain his med basket, pour water, punch pills into pill cup, take meds and throw away trash. Further review of the plan indicated staff should "allow ample time for [Client #3] to complete each step as independently as possible."</p> <p>Interview on 5/29/24 with the QIDP confirmed the objective was current and should be implemented</p>	W 249			

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W 249	Continued From page 10 during medication administration. G. During morning observation in the home on 5/29/24, client #5 was given his prepared plate of breakfast food. Review on 5/28/24 of client #5's record revealed a community home and life assessment dated 7/11/23, rates client #5 as independent in prepare meals accurately. Interview on 5/29/24 the AS confirmed client #5 can prepare his individual plate of food and that the morning was not a normal morning.	W 249			
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 record reviews and interview, the facility failed to ensure written informed guardian consent was obtained for 3 of 3 audit clients (#1, #3 and #5). The findings are: A. Review on 5/28/24 of client #1's Behavior Support Plan (BSP) dated 4/25/24 revealed an objective to reduce episodes of target behaviors to 0 per month for 12 consecutive months. Additional review of the plan identified the use of Clonidine and Temazepam. Further review of the record did not indicate written informed consent for the BSP had been obtained from client #1's guardian.	W 263			

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W 263	Continued From page 11 Interview on 5/29/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated he thought consent had been obtained from client #1's guardian; however, it could not be located. B. Review on 5/28/24 of client #3's BSP dated 4/25/24 revealed an objective to reduce episodes of target behaviors to 0 per month for 12 consecutive months. Additional review of the plan identified the use of Clonidine, Memantine, Olanzapine, and Clonazepam. Further review of the record did not indicate written informed consent for the BSP had been obtained from client #3's guardian. Interview on 5/29/24 with the QIDP indicated he thought consent had been obtained from client 3's guardian; however, it could not be located. C. Review on 5/28/24 of client #5's BSP dated 11/3/23 revealed an objective to reduce episodes of target behaviors to 0 per month for 12 consecutive months. Additional review of the plan included the use of Loratadine, Risperidone and Imipramine. There was no informed consent for the BSP from client #5's guardian. Interview on 5/29/24 the QIDP confirmed there was no written informed consent present in the chart.	W 263			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.	W 288			

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W 288	<p>Continued From page 12</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage inappropriate behaviors was included in a formal active treatment program. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>During observations in the home throughout the survey on 5/28 - 5/29/24, no paper towels were noted in 2 of 2 client bathrooms and no toilet paper was located in 1 of 2 client bathrooms.</p> <p>Interview on 5/29/24 with Staff D revealed paper products were removed because client #1 likes to throw paper towels on the floor.</p> <p>Interview on 5/29/24 with the Area Supervisor indicated paper product were removed because several clients, including client #1, like to stuff the items down the toilet causing it to overflow.</p> <p>Review of client #1's Behavior Support Plan (BSP) dated 4/25/24 revealed an objective to reduce episodes of target behaviors to 0 per month for 12 consecutive months. Additional review of the plan noted target behaviors of inappropriate touching, food seeking, disrobing and inappropriate toileting. Further review of the plan did not include a technique of removing paper products from bathrooms to address his inappropriate behaviors.</p> <p>Interview on 5/29/24 with the Program Manager indicated paper products should not be removed from bathrooms and this was not an approved technique in client #1's behavior plan.</p>	W 288			
W 351	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE	W 351			

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(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 351	Continued From page 13 CFR(s): 483.460(f)(1) Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission). This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure client #1 received a comprehensive dental examination within 30 days of admission. This affected 1 of 3 audit clients. The finding is: Review on 5/28/24 of client #1's record revealed he was admitted to the facility on 2/28/24. Additional review of the record did not indicate a comprehensive dental examination had been complete since his admission. Interview on 5/29/24 with the Area Supervisor confirmed client #1 has not had a comprehensive dental examination since his admission.	W 351			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure proper infection control	W 454			

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

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W 454	<p>Continued From page 14</p> <p>procedures were followed to promote client health/safety and prevent possible cross-contamination. This affected 2 of 3 audit clients (#3 and #5) and potentially all clients in the home. The findings are:</p> <p>During observations on 5/28/24 in the home between 4:00pm-5:15pm. staff C and client #5 wore gloves while prepping for dinner. Staff C opened the locked box to retrieve keys, opened the refrigerator and place keys in her pants pockets with the gloves on and resumed pouring sour cream into a bowl for dinner. Further observation client #5 was coughing and covered his mouth with his hand with gloves on and continued to prep dinner without changing gloves. Additional observations staff C was touching her hair several times with the gloves on continued to prep the food for dinner.</p> <p>Interview on 5/28/24 staff C revealed she had changed her gloves a couple of times. She was not aware of the cross contamination with wearing or changing the gloves.</p> <p>Interview on 5/29/24 the area supervisor revealed gloves should be changed during food prep and if you are walking in and out of the kitchen, touching lock boxes and food that the client will consume.</p>	W 454			