

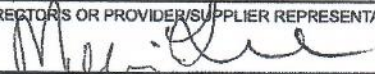
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/27/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOXWOOD ACRES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3464 US HWY 601 SOUTH MOCKSVILLE, NC 27028</b>		
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to provide choice and self-management for 3 of 6 clients (#2, #5 and #6) relative to leisure options and activities. For example:</p> <p>Observations in the group home on 06/25/24 from 4:00 PM until 5:15 PM revealed client #2 at various times to watch tv in her bedroom, living room, talk to surveyors about Elvis, and walk around watching her housemates and staff. Continue observations at the same timeframes revealed client #5 and #6 to sit in the living room accompanied by staff B and C unengaged. Further observation throughout this time frame revealed all clients sleeping while staff B and C who did not engage with clients carried on conversations with one another.</p> <p>Review of records for client #2 on 6/25/24 revealed a person-centered plan (PCP) dated 2/27/2024. Continued review of the PCP for client #2 revealed the following diagnosis: Severe IDD, psychosis, depression, anxiety, hypothyroidism, hypertension, psoriasis, allergic rhinitis,</p>	W 249	<p>W 249</p> <p>RHA Health Services will provide continuous active treatment programming to all people supported in the facility. The Qualified Professional (QP) will in-service all direct support staff in the home regarding providing active treatment and ensure individual programs are developed for each person supported to address areas of need. This will be monitored by completing two interaction assessments per week for one month and then on an ongoing, routine basis. In the future the QP will ensure all direct support staff are in-serviced trained to provide continuous active treatment to all people supported in the facility.</p>	8/26/2024	

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

Melissa Lee



TITLE

IDD Regional Administrator

(X6) DATE

7/2/2024

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 249	<p>Continued From page 1</p> <p>hyperlipidemia, CKD, urinary incontinence, pain, and articulation impairment. Further review of the PCP for client #2 revealed the following goals: wash hands, improve oral hygiene-brush teeth, choose between two outfits, increase mobility-exercise, walk two laps at the vocational center and decrease maladaptive behaviors.</p> <p>Review of records for client #5 on 6/25/24 revealed a PCP dated 2/15/23. Continued review of the PCP for client #5 revealed the following diagnosis: Moderate IDD, depression, early onset dementia and blindness. Further review of the PCP for client #5 revealed the following goals: wipe front to back, wash hands with soap and water, rest utensils, mealtime guidelines to slow down and alternate bites and sips and decrease maladaptive behaviors.</p> <p>Review of records for client #6 on 6/25/24 revealed a PCP dated 8/10/23. Continued review of the PCP for client #6 revealed the following diagnosis: Severe IDD, impulse control, bipolar DO-rapid cycling, panic DO, anxiety DO, seizure DO, h/o tardive dyskinesia, h/o dialysis (left arm fistula 1993), h/o carcinoma in situ of sigmoid colon 12/20/96, osteoporosis, fibrocystic breast disease &amp; benign fibro-adenomas of breast bilaterally, constipation, kidney stones w/lithotripsy x2 2011, onychomycosis, urinary incontinence pruritus, total hysterectomy, hypertension, hyponatremia, seasonal allergies, Vit D deficiency, allergies to Bactrim and adhesives. Further review of the PCP for client #6 revealed the following goals: brush hair, great others, extend hands under running water, exercise, reduce toileting accidents, napkin to wipe mouth, sort items by color, complete leisure active, and reduce maladaptive behaviors.</p>	W 249		



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W 249	Continued From page 2  Interview with Staff C on 6/25/24 revealed all clients have structured schedules that are implemented in the home and at the vocational center. Continued interview with staff C revealed that while the structured schedule is not posted in the home, staff do run clients' programs throughout the day and provide activities for clients to participate in of their choice.  Interview with the qualified intellectual disabilities professional (QIDP) on 6/25/24 confirmed staff have been trained as recently as May 2024 on client program implementation. Continued interview with the QIDP revealed staff have been trained to implement structured activities of the client's preference to promote choice and self-management as recently as May 2024.	W 249		
W 448	<b>EVACUATION DRILLS</b> CFR(s): 483.470(l)(2)(iv)  The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate all problems regarding fire drills specifically failing to document their fire evacuation reports adequately. The finding is:  Review on 6/25/24 of the facility's fire evacuation reports between May 2023-May 2024 revealed 12 drills were conducted and 1 drill was not conducted (September 2023) for the past year. Further review of those 12 reports revealed 4 reports did not include the amount of time each drill took to complete in order to evaluate the effectiveness of the staff and drill.	W 448	W 448 RHA Health Services will ensure to investigate all problems regarding fire drills at the facility. The Residential Team Leader (RTL), QP, Program Manager and/or Safety Committee members will review all monthly fire drills and address any issues reported or left blank regarding the fire drill completed at the facility. The Program Manager will ensure a safety plan is implemented at the facility if problems are reported during the fire drill. This will be monitored by the Program Manager & QP monthly after each fire drill is completed. The Program Manager will develop a facility safety plan for the facility, in-service the direct support staff on how to accurately complete and document a fire drill and implement and train the safety plan. In the future the Program Manager and QP will ensure all direct support staff are in-serviced trained on the facility safety plan and how to accurately complete a monthly fire drill.	8/26/2024

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W 448	Continued From page 3 Interview on 6/26/24 with the qualified intellectual disabilities professional (QIDP) verified all fire drills should include the total time it took to complete the drill.	W 448			
W 454	<b>INFECTION CONTROL</b> 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 observation, record review and interview the facility failed to ensure 3 of 6 clients (#1, #3 and #4 ) washed or sanitized their hands before engaging in food prep activities and the dinner meal. For example:  A. Observation in the home on 6/25/24 at 4:00 PM revealed client #1 to sit at a desk in her bedroom engaged in a preferred activity crafting. Continue observation from 4:00 PM to 5:15 PM revealed client #1 to respond to a prompt to assist with her meal preparation- make cornbread with staff. Further observation revealed client #1 mixed the cornbread, placed in oven, returned to room to craft for a short time, returned to kitchen to complete the corn bread, assist with pureeing food and labeling dinner food items to place on table, prepared drinks, and assisted with getting those to the table and poured for peers. Subsequent observation revealed client #1 to be seated for her dinner meal at 5:15 pm. At no point during this entire timeframe was client #1 prompted to wash or use hand sanitizer to clean her hands.  Review of records revealed on 6/25/24 for client	W 454	W 454  RHA Health Services will provide a sanitary environment to avoid sources and transmission of infections. The RHA Nurse will in-service all direct support staff at the facility on the importance of hand washing prior to engaging in food prep and meal activities. This will be monitored by the clinical team members by completing at least one meal assessment weekly for one month and then on an ongoing and routine basis at the facility. In the future, the Nurse and QP will ensure all direct support staff are in-serviced on hand washing.	8/26/2024	



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W 454	<p>Continued From page 4</p> <p>#1 revealed a person-centered plan (PCP) dated 3/26/24. Continued review of PCP for client #1 revealed the following goals: assist with medication administration, set table, retrieve ingredient to prepare a meal, learn her current address and phone number, increase dictation accuracy, increase accuracy with site words, increase endurance -walking and decrease maladaptive behavior.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/25/24 confirmed staff have also been trained on the importance of having clients perform hand hygiene either using soap and water or a hand sanitizer</p> <p>B. Observation in the home on 6/25/24 at 4:49 PM revealed client #3 to wash hands and return to her activity table to sort blocks. Continue observation at 5:12 Pm revealed client #3 to respond to prompt to place her dish containing a slice of chopped corn bread on the dinner table and take a seat. Further observation at 5:15 PM revealed client #3 to bless the food and begin the dinner meal. Subsequent observation revealed client #3 to participate in the dinner meal. At no point prior to client #3's handwashing at 4:49 PM was she ever prompted to rewash her hands or use hand sanitizer before returning to the kitchen to place items on the table or eating her dinner meal.</p> <p>Review of records on 6/25/24 for client #3 revealed a PCP dated 1/10/24. Continue review of the PCP for client #3 revealed the following goals: close bedroom door, use hand sanitizer, take high sided dish to table, name bedroom items, set cups on table at VOC, money management, leisure activity, count to ten,</p>	W 454			

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W 454	Continued From page 5 evacuate during fire drills, TEAACH schedule, appropriate manners and reduce maladaptive behaviors.  Interview with the qualified intellectual disabilities professional (QIDP) on 6/25/24 confirmed staff have also been trained on the importance of having clients perform hand hygiene either using soap and water or a hand sanitizer.  C. Observation in the home on 6/25/24 at 4:30 PM revealed client #4 to exit her bedroom from watching tv and sit at her designated area at the dining room table and begin journaling. Continued observation at 5:12 pm revealed client #4 to comply with prompt to place her slice of combread, water, and other food items on the table. Further observation at 5:15 PM revealed client #4 to begin her dinner meal. Subsequent observations revealed the table was not wiped odd nor was client #4 ever prompted to wash her hands or use a hand sanitizer before placing items on the table or eating her dinner meal.  Review of records on 6/25/24 for client #4 revealed a PCP dated 1/16/24. Continued review of the PCP for client #4 revealed the following goals: bathe thoroughly, wipe from front to back, toileting every two hours, count a series of faux bills of varying amounts that equal \$20 and reduce maladaptive behavior.  Interview with the qualified intellectual disabilities professional (QIDP) on 6/25/24 confirmed staff have also been trained on the importance of having clients perform hand hygiene either using soap and water or a hand sanitizer.	W 454			
W 474	MEAL SERVICES	W 474			



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W 474	<p>Continued From page 6 CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure food was served in a form consistent with the developmental level for 1 of 3 audit clients (client #6). The findings are:</p> <p>Observation during dinner on 6/25/24 at 5:12 PM revealed client #6 to participate in the dinner meal which included salisbury steak, mashed potatoes with gravy, peas and corn, a cup of milk and a cup of water. Continued observations revealed staff pureed her food prior to serving. Further observations revealed client #6 consumed about 75% of her dinner meal before leaving the table.</p> <p>Observation during breakfast on 6/26/24 at 7:42 AM revealed client #6 to participate in the breakfast meal which included turkey bacon, toast, cream of wheat, a banana, a cup of orange juice and a cup of water. Continued observations revealed staff pureed her food prior to serving. Further observations revealed client #6 consumed 55% of her breakfast meal and drank her chocolate ensure before leaving the table.</p> <p>Review on 6/25/24 of client #6's record revealed a nutritional evaluation dated 4/29/24. Further review of the nutritional evaluation revealed client #6's diet consisted of a weight gain, low sodium, ground consistency, no raw or hard food such as carrots, broccoli, one can of Ensure Plus with high calories snacks twice a day, and chopped banana is allowed.</p>	W 474	<p>W 474</p> <p>RHA Health Services will serve all food is served in a form consistent with the developmental level of each person supported in the facility. The QP will in-service all direct support staff in the facility on the current diets and diet consistencies of the people supported in the home. This will be monitored by the clinical team members completing two meal assessments per week for one month and then on an ongoing and routine basis. In the future the QP will ensure all direct support staff have been in-service trained on all diets and diet changes as needed in the facility.</p>	8/26/2024	

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W 474	Continued From page 7 Interview on 6/26/24 with the qualified intellectual disabilities professional (QIDP) confirmed client #6's diet as current. Continued interview with the QIDP confirmed that staff should have not pureed client #6's food and that she does not prefer her food to be in a pureed consistency. The QIDP stated that staff were trained on all clients' diet orders.	W 474			