

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

PRINTED: 09/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/24/2024
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NAME OF PROVIDER OR SUPPLIER ROUSE'S GROUP HOME #6	STREET ADDRESS, CITY, STATE, ZIP CODE 5820 NC HIGHWAY 135 STONEVILLE, NC 27048
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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
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W 000	INITIAL COMMENTS	W 000		
W 144	<p>COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(2)</p> <p>The facility must answer communications from clients' families and friends promptly and appropriately. This STANDARD is not met as evidenced by: Based on documentation review and interview, the facility failed to answer communications from the legal guardian promptly and appropriately for 1 of 5 clients (#5). The finding is:</p> <p>A complaint investigation survey was completed on 9/24/24 to address the allegations. There was very little documentation within the record to show that the facility was acknowledging and responding to the areas of concerns by client #5's legal guardian.</p> <p>Facility's documentation review on 9/24/24 revealed only three documented times that reflected communications between the facility and client #5's legal guardian. Continued review revealed a meeting on 7/17/24 with the legal guardian to discuss an incident involving client #5 that occurred at the facility. On 9/18/24 the legal guardian was again notified of another incident that involved client #5 that occurred at the facility and as well as a zoom meeting on 9/19/24 after client #5 was transported to the hospital due to escalating behaviors. Further review revealed no other documented communications after 9/19/24</p>	W 144		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 144	Continued From page 1 with the legal guardian. Interview with the qualified intellectual disabilities professional (QIDP) on 9/24/24 confirmed the three documented conversations with client #5's legal guardian and revealed the last known phone call or meeting was on last Thursday 9/19/24. Continued interview with the QIDP revealed that most of the contact with the legal guardian prior was by text messages. Further interview with the QIDP also revealed that client #5 is still in the hospital and the core team had a meeting (on 9/24/24) with the local MCO to discuss the continued stay recommendations which did not include the legal guardian.	W 144			
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record review and interview the qualified intellectual disabilities professional (QIDP) failed to coordinate and document interdisciplinary team (IDT) meetings or team collaboration relative to an increase in clients' behaviors for 1 of 5 clients(#5) at the facility. The finding is: A complaint investigation survey was completed on 9/24/24 to address the allegations. Review of the facility's incident reports from 7/17/24-9/19/24 indicated client #5 was involved in several altercations to include assaulting a peer, inappropriate touching of strangers, eloping and walking down the highway without shoes, property destruction of several neighboring	W 159			

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W 159	Continued From page 2 facilities, and head banging. Continued review revealed no documentation of an IDT meeting to review status or frequency of behaviors, injuries related to behaviors, or prevention measures to address the increase of behaviors prior to 9/24/24. Record review on 9/24/24 of client #5's Behavior Support Plan (BSP) dated 6/13/24 revealed the following target behaviors: physical aggression, elopement, self-injurious behavior (SIBs), suicidal gestures, property destruction, inappropriate verbal behavior, disruptive behavior, and stealing/taking things. Interview with the QIDP on 9/24/24 revealed that there were several conversations to discuss the increase of client #5's behaviors and three documented conversations with the legal guardian on 7/17/24, 9/18/24, and 9/19/24 but no documented IDT minutes. Continued interview with the QIDP revealed client #5 was taken to hospital on 9/19/24 and is still there awaiting discharge. Further interview revealed the core team had a meeting this morning (9/24/24) with the local MCO to discuss the increased behaviors, level of supervision, and continued stay recommendations which did not include the legal guardian on the call.	W 159			
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. This STANDARD is not met as evidenced by: Based on observations, documentation review	W 288			

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W 288	<p>Continued From page 3</p> <p>and interviews, the facility failed to ensure all techniques to manage inappropriate behavior were incorporated into an active treatment program for 1 of 5 clients (#5). The finding is:</p> <p>A complaint investigation survey was completed on 9/24/24 to address the allegations. Observations in the facility at 3:45PM revealed several exterior door alarms (4) that were not in working order. Continued observations revealed a security camera in the hallway of the clients' rooms. Observations did not reveal door chimes or alarms on client #5's bedroom door or windows.</p> <p>The following facility documentation was reviewed relative to target behaviors for client #5: incident reports and incident response improvement system (IRIS) reports from 6/2024-9/2024, individual habilitation plan (IHP) dated 6/10/24, core team meeting minutes (7/17/24), behavior data from 6/2024-9/2024, and behavior support plan dated 6/13/24.</p> <p>Review of the IHP dated 6/10/24 indicated the following program goals for client #5: clean his room, set the entire table, laundry goal, perform a task with instruction. Review of the IHP did not reveal any behavioral interventions relative to elopement, sexually inappropriate behavior, property destruction, verbal and physical aggression. Review of the incident reports from 7/17/24-9/19/24 indicated the client was involved in several altercations to include assaulting a peer, inappropriate touching of strangers, eloping and walking down the highway without shoes, property destruction of several neighboring facilities, and head banging. Review of the IHP did not reveal interventions relative to</p>	W 288			

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W 288	<p>Continued From page 4</p> <p>inappropriate touching and other behavioral technique. Review of the IHP also did not reveal additional updates to include increasing behaviors.</p> <p>Subsequent review of the 6/13/24 bsp indicated client #5 had the following target behaviors: physical aggression, elopement, self-injurious behavior (SIBs), suicidal gestures, property destruction, inappropriate verbal behavior, disruptive behavior, and stealing/taking things. Review of the bsp for client #5 did not reveal interventions relative to inappropriate touching and sexually inappropriate behaviors. Review of behavior data from 6/2024-9/2024 did not reveal behaviors relative to inappropriate touching and sexually inappropriate behaviors.</p> <p>Additional review of facility documentation for client #5 did not reveal core team meeting minutes with the legal guardian relative to the client's increasing behaviors. Continued review did not reveal any qualified intellectual disabilities professional (QIDP) QP notes relative to clinical monitoring and addressing the client's behavior concerns.</p> <p>Interview with the QIDP on 9/24/24 revealed that several meetings were held with the core team to discuss incidents involving the client's increasing behavior concerns. Continued interview with the QIDP revealed that there was one meeting on 7/17/24 with the legal guardian as well as a zoom meeting on 9/19/24 after the client was transported to the emergency department (ED) due to escalating behaviors. Further interview with the QIDP revealed that most of the contact with the legal guardian was by text messages. Interview with the QIDP also revealed that client</p>	W 288			

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W 288	Continued From page 5 #5 is still in the hospital and the core team had a meeting (on 9/24/24) with the local MCO to discuss the continued stay recommendations which did not include the legal guardian.	W 288			