

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

PRINTED: 03/12/2025
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 03/11/2025	
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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Individual Program Plan (IPP) for 1 of 3 audit clients (#3) included specific objectives necessary to meet their needs. The finding is:</p> <p>Review on 3/10/25 of client #3's IPP dated 11/13/24 revealed formal objectives to report to the medication area, make his bed and carry five dollars on his person. Additionally review of the client's IPP informal objectives for toothbrushing, completing his morning routine, increase participation in household chores and participation while cooking.</p> <p>Interview on 3/11/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 continues to have needs in various areas; however the formal objectives are reflective of the previous placement. Additional interview indicated higher functional goals should be implemented.</p>		W 227				
W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>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 review and interviews, the facility failed to ensure 2 of 3 audit client's (#2 and #3) individual program plan (IPP) included specific interventions to support the use</p>		W 240				

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 240	Continued From page 1 of adaptive equipment. The findings are: A. Observations in the home throughout the survey on 3/10/25-3/11/25, at mealtimes, dinner and breakfast client #2 was using a weighted spoon and a plate stand. Record review on 3/11/25 of client #2's IPP dated 8/29/24 revealed the following adaptive equipment: glasses B. Observation in the home throughout the survey on 3/10/25-3/11/25, while eating lunch, dinner and breakfast client #3 was using built up handled utensils and a two handled spouted cup. Record review on 3/11/25 of client #3's IPP dated 11/13/24 revealed the follow adaptive equipment: Incontinent briefs, and glasses. Interview on 3/11/25 with the qualified intellectual disabilities professional (QIDP) revealed he was unaware of the occupational therapist recommendations for client #2 and client #3, however did observe the clients using the adaptive at mealtimes.			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	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure 1 of 3 audit clients (#3) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP). The finding is:</p> <p>Observations throughout the survey on 3/10/25-3/11/25 client #3 was noted to be independent in activities he participated in such as medication administration and daily living skill (bed making). Client #3 was observed, retrieve his medication basket, operated the computer, self medicated in the presence of staff.</p> <p>Record review on 3/11/24 of client #3 individual program plan dated 11/13/24 revealed has a diagnosis of traumatic brain injury. The IPP revealed programs that included completing morning routine, medication management , money management and oral hygiene. In addition, client #3 does not attend a vocational program or enriching activity Monday through Friday.</p> <p>Review of the community and home life assessment dated 9/30/24 revealed independence and verbal cues in areas of Personal care, home activities, community activities, and safety.</p> <p>Further review of the IPP revealed preferred living arrangements: client #3's team does not feel the need for discharge planning for [client #3] at this time. The team feels [client #3] is appropriately placed at the group home. Client #3 prior to living</p>			W 249			

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W 249	Continued From page 3 at the group home lived in a alternative family living facility. Interview with the qualified intellectual disabilities professional (QIDP) revealed client #3 was a transfer from a sister facility. The QIDP confirmed the goals or assessment haven't been updated since moving into the home. QIDP also confirmed that client #3 was higher functioning than his housemates.	W 249			