

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER FANJOY HOME #2			STREET ADDRESS, CITY, STATE, ZIP CODE 450 TWIN OAKS ROAD STATESVILLE, NC 28625		
(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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews, the governing body and management failed to exercise general policy, budget and operating direction over the facility by failing to assure damage to the facility van was reported, tracked and repaired in a timely manner. The finding is:</p> <p>Observations conducted of the group home van on 4/11/18 at 8:55 AM revealed damage to the interior ceiling of the van evidenced by the lining hanging down towards the rear of the van with a large hole in the lining above the seat of client #4. Further observation of the damage revealed the presence of the metal top of the van through the interior lining hole. Continued observation of the interior of the facility van revealed 3 of 5 ceiling vents to be missing with holes in the lining where the vents were not present.</p> <p>Interview with group home staff on 4/11/18 revealed damage to the ceiling interior of the van was a result of behavioral issues of client #4. Further interview with staff revealed the van interior had been damaged for a while and it was unknown how long. Interview with the group home qualified intellectual disabilities professional (QIDP) revealed she was aware of the damage to the interior of the group home van. Further interview with the QIDP revealed there was currently no current work order to address the internal damage of the group home van and</p>	W 104			

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 104	Continued From page 1 documentation was unavailable related to the length of time the van had been in the current state of disrepair. The QIDP further indicated maintenance staff was aware of the van's condition although the QIDP was unaware of when or if repairs were scheduled. Therefore, the management failed to assure damage to the group home van was reported, tracked and repaired in a timely manner as indicated by observation and interviews.	W 104			
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. This STANDARD is not met as evidenced by: Based on record review, observation and staff interview, the team failed to assure the behavior support plan (BSP) was implemented as prescribed for 1 of 3 sampled clients (#4). The finding is: Observations in the group home throughout the 4/10-11/18 survey revealed client #4 to have a one to one staff member and to intermittently engage in self injurious behavior, which was primarily hitting or attempting to hit his head lightly or moderately hard, with a closed fist. The one to one staff members were observed to	W 249			

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W 249	<p>Continued From page 2</p> <p>prompt and redirect the client during these occasions. Client #4 was observed to be wearing a protective helmet for most of the survey.</p> <p>Review of the record for client #4 on 4/11/18 revealed a person centered plan (PCP) dated 9/12/17 which included a BSP dated 9/15/17. The BSP objective stated the client's ability to tolerate his daily routine will improve so that his rates of target behaviors reduce to 5 or less episodes bi-weekly for 12 consecutive review periods by 9/1/18. Continued review of the BSP revealed client #4 to have a one to one staff member during waking hours due to self-injurious behavior (SIB), aggression and an unsteady gait. Further review revealed target behaviors of self injurious behavior (hitting forehead or chin with a closed fist, biting hands, head banging), property destruction, aggression, non-cooperation and disrupted sleep. Continued review of the PCP and BSP revealed client #4 to be prescribed multiple medications for behaviors which included Abilify, Tegretol, Inderal and Prozac.</p> <p>Review of the BSP interventions for SIB included prompting the client to put his hands down, blocking, toys/reinforcers, and a protective helmet. Documentation instructions for staff indicated that "all episodes" of disruptive behavior should be documented on behavior intervention sheets and that the behavior analyst (BA) or psychologist would monitor the progress of the behavior plan at least bi-weekly. Continued review of the BSP did not reveal how "episodes" was defined.</p> <p>Review of the Behavior Data/Intervention Sheets on 4/11/18 for the period of 10/1/17 through 4/10/18 revealed 14 dates for which episodes of</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>SIB were documented. Review of the documentation for these episodes indicated the SIB occurred throughout the day or several hours throughout a shift, except for one entry which indicated a behavior lasted 5 minutes. Review of the "graphic progress notes" for the period of 10/1/17 through 3/31/18 revealed the following: 10/1/17 - 10/15/17, 13 target behaviors (TB); 10/16/17 - 10/31/17, 0 TB; 11/1/17 - 11/15/17, 0 TB; 11/16 - 11/30/17, 5 TB; 12/1/17 - 12/15/17, 7 TB; 12/16/17 - 12/31/17, 0 TB; 1/1/18 - 1/15/18, 0 TB; 1/16/18 - 1/31/18, 12 TB; 2/1/18 - 2/15/18, 0 TB; 2/16/18 - 2/28/18, 0 TB; 3/1/18 - 3/15/18, 0 TB; 3/16/18 - 3/31/18, 0 TB.</p> <p>Review of the accident/incident reports on 4/10/18 for client #4 for the period of 10/1/17 through 4/10/18 revealed a total of 35 days for which a report was completed. All 7 months reviewed had at least one incident/accident report completed related to client #4's SIB. SIB included the client hitting or attempting to hit himself and banging his head on walls or objects. The majority of the accident/incident reports indicated the client engaged in SIB multiple times, on and off throughout a day or shift.</p> <p>Interview with the BA on 4/11/18 revealed her interpretation of an "episode" as stated in the BSP was for each time client #4 engaged in a SIB, but indicated the team had struggled to figure out how to document the episodes and that most staff were completing an accident/incident report for each day or shift the client engaged in SIB and not always completing a behavior data sheet. The BA indicated that one TB was being recorded for each behavior data sheet entry for the purpose of demonstrating client progress, regardless of how many times or how long the</p>	W 249			

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W 249	Continued From page 4 client engaged in SIB during the time period indicated on the behavior data sheet. Interview with the BA and the qualified intellectual disabilities professional (QIDP) on 4/11/18 confirmed staff were not completing the behavior data sheets as prescribed in the BSP and confirmed that because of this, the progress for the BSP objective was not being measured accurately and therefore the BSP was not being implemented as prescribed.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review, observation and staff interview, the team failed to ensure data relative to the behavior support plan (BSP) was taken as prescribed for 1 of 3 sampled clients (#4). The finding is: Observations in the group home throughout the 4/10-11/18 survey revealed client #4 to have a one to one staff member and to intermittently engage in self injurious behavior, which was primarily hitting or attempting to hit his head lightly or moderately hard, with a closed fist. The one to one staff members were observed to prompt and redirect the client during these occasions. Client #4 was observed to be wearing a protective helmet for most of the survey.	W 252			

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W 252	<p>Continued From page 5</p> <p>Review of the record for client #4 on 4/11/18 revealed a person centered plan (PCP) dated 9/12/17 which included a BSP dated 9/15/17. The BSP objective stated the client's ability to tolerate his daily routine will improve so that his rates of target behaviors reduce to 5 or less episodes bi-weekly for 12 consecutive review periods by 9/1/18. Continued review of the BSP revealed client #4 to have a one to one staff member during waking hours due to self-injurious behavior (SIB), aggression and an unsteady gait. Further review revealed target behaviors of self injurious behavior (hitting forehead or chin with a closed fist, biting hands, head banging), property destruction, aggression, non-cooperation and disrupted sleep. Continued review of the PCP and BSP revealed client #4 to be prescribed multiple medications for behaviors which included Abilify, Tegretol, Inderal and Prozac.</p> <p>Review of the BSP interventions for SIB included prompting the client to put his hands down, blocking, toys/reinforcers, and a protective helmet. Documentation instructions for staff indicated that "all episodes" of disruptive behavior should be documented on behavior intervention sheets and that the behavior analyst (BA) or psychologist would monitor the progress of the behavior plan at least bi-weekly. Continued review of the BSP did not reveal how "episodes" was defined.</p> <p>Review of the Behavior Data/Intervention Sheets on 4/11/18 for the period of 10/1/17 through 4/10/18 revealed 14 dates for which episodes of SIB were documented. Review of the documentation for these episodes indicated the SIB occurred throughout the day or several hours throughout a shift, except for one entry which</p>	W 252			

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W 252	<p>Continued From page 6</p> <p>indicated a behavior lasted 5 minutes. Review of the "graphic progress notes" for the period of 10/1/17 through 3/31/18 revealed the following: 10/1/17 - 10/15/17, 13 target behaviors (TB); 10/16/17 - 10/31/17, 0 TB; 11/1/17 - 11/15/17, 0 TB; 11/16 - 11/30/17, 5 TB; 12/1/17 - 12/15/17, 7 TB; 12/16/17 - 12/31/17, 0 TB; 1/1/18 - 1/15/18, 0 TB; 1/16/18 - 1/31/18, 12 TB; 2/1/18 - 2/15/18, 0 TB; 2/16/18 - 2/28/18, 0 TB; 3/1/18 - 3/15/18, 0 TB; 3/16/18 - 3/31/18, 0 TB.</p> <p>Review of the accident/incident reports on 4/10/18 for client #4 for the period of 10/1/18 through 4/10/18 revealed a total of 35 days for which a report was completed. All 7 months reviewed had at least one incident/accident report completed related to client #4's SIB. SIB included the client hitting or attempting to hit himself and banging his head on walls or objects. The majority of the accident incident reports indicated the client engaged in SIB multiple times, on and off throughout a day or shift.</p> <p>Interview with the BA on 4/11/18 revealed her interpretation of an "episode" as stated in the BSP was for each time client #4 engaged in a SIB, but indicated the team had struggled to figure out how to document the episodes and that most staff were completing an accident/incident report for each day or shift the client engaged in SIB and not always completing a behavior data sheet. The BA indicated that one TB was being recorded for each behavior data sheet entry for the purpose of demonstrating client progress, regardless of how many times or how long the client engaged in SIB during the time period indicated on the behavior data sheet. Interview with the qualified intellectual disabilities professional (QIDP) and the BA on 4/11/18,</p>	W 252			

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W 252	Continued From page 7 confirmed staff were not completing the behavior data sheets as prescribed in the BSP.	W 252		