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

PRINTED: 03/28/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	34G258		03/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IOTLA STREET GROUP HOME	406 IOTLA STREET FRANKLIN, NC 28734

(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W 316	DRUG USAGE CFR(s): 483.450(e)(4)(ii) Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. This STANDARD is not met as evidenced by: The facility failed to show evidence medication to control inappropriate behaviors for 1 of 3 sampled clients (#3) had attempted to be reduced within the year or documentation showing the client is on the lowest effective dosage as evidenced by interview and review of records. The finding is: Review of client #2's records revealed an individual habilitation plan dated 1/11/18 which included a behavior support plan (BSP) dated 1/23/18. Review of the BSP revealed the plan is to reduce episodes of targeted maladaptive behaviors to 2 or less episodes per month for 12 months. Continued review of this BSP defined the maladaptive behaviors as Aggressive behaviors, Agitation, Obsessive behaviors and PICA. Further review of the BSP revealed the client receives Paxil and Risperidone to assist in the control of these behaviors. Review of the data for this BSP and past BSPs data, verified by interview with the qualified intellectual disability professional (QIDP), revealed the client has had zero episodes of maladaptive behaviors since 1/17. This is 14 months as of the 3/26-3/27/18 survey without any episodes of target behaviors. Continued review of client #2's records revealed physician's orders dated 8/16/16 which prescribed Paroxetine (Paxil) 40 mg. 1/2 tab BID and Risperidone 0.5 mg. PO BID. Further review of the records revealed the most recent physician's orders dated 1/26/18 prescribed	W 316	The RN will schedule an appointment on Client #2's behalf with the physician to review current medications. Behavior data from the psychologist will be presented along with a request for consideration of a medication reduction. The outcome of this review will be documented in physician progress notes as well as the RN monthly summary. In order to ensure accurate data collection of target behaviors identified in Client #2's current BSP, the QIDP will retrain all direct care staff. Training will focus on identifying maladaptive behaviors including agitation, aggression, obsessive/compulsive acts and PICA as well as correct documentation of them on the existing data sheet (please see attached form). Evidence of staff training will be reflected on an in-service data sheet (please see attached form). In order to ensure the standard continues to be met, the QIDP will monitor behavior data for all residents who take drugs to control inappropriate behavior to ensure data is collected accurately. The QIDP will complete a weekly review of behavior data for a period of three months and document findings on a tracking sheet (please see attached form). The QIDP and psychologist will ensure behavior data collection and measurement of drug effectiveness is clearly reflected in their respective notes, with medication reduction consideration being made and reflected at least annually in the IHP.	5/18/18 4/20/18 4/1/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Chris — Executive Director — 3.29.18

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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DHSR-MH Licensure Sect

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W 316	Continued From page 1 Paroxetine (Paxil) 40 mg. 1/2 tab BID and Risperidone 0.5 mg. PO BID. Additional review of the records, verified by interview with the QIDP, revealed no reduction or change in the clients medication regime since the 8/16/16 physician's orders. Subsequent review of the records, substantiated by further interview with the QIDP, revealed no documentation was available in the records stating the client is at present on the lowest effective level of medication. Therefore, the facility has failed to attempt to gradually reduce the medication client #2 has been receiving to control inappropriate behaviors.	W 316		

MCH – Behavioral Data Collection Form

Client Name: Client #2	Record Number:	Month/Year:	Objective:

Objective: *Goal:* [redacted] will exhibit less than two episodes per month of targeted maladaptive behaviors for 12 months.

✓= Please put a check mark if you saw [redacted] exhibit this behavior

Behaviors	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Agitation																															
Hitting walls/doors																															
Throwing things																															
Aggression																															
Obsessive behaviors																															
PICA																															
Other																															
Staff Initials																															

Staff Names and Initials – All staff completing data should sign and initial.

Comments: If you use "other" please make a note below what happened.

MCH
IN-SERVICE TRAINING SIGNATURE SHEET

Topic/Title of Training: _____
Summary of Training: _____
_____
Presenter(s): _____
Date(s) of Training: _____

Name	Title	Name	Title

By signing this form, I agree that I have attended this training class in its entirety. The information was presented in a language I understand and I had the opportunity to ask questions of the trainer.

6/10;5/11; 8/17

WEEKLY REVIEW OF BSP DATA COLLECTION

Determination of accuracy of data collection will be based on direct monitoring and observation of clients.

DATE:	Is BSP data being collected accurately? (yes or no)	Is there evidence staff need to be retrained? (yes or no)	If staff need further training/instruction, list date training occurred	QP SIGNATURE
Client #1				
Client #2				
Client #3				
Client #4				
Client #5				
DATE:				
Client #1				
Client #2				
Client #3				
Client #4				
Client #5				
DATE:				
Client #1				
Client #2				
Client #3				
Client #4				
Client #5				
DATE:				
Client #1				
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