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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G065	A. BUILDING ______ B. WING ______	R 03/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTLEIGH	3300 HUNTLEIGH DRIVE RALEIGH, NC 27604

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W 000	INITIAL COMMENTS As a result of the follow-up survey, it was determinted that E0020, W120, W240, W288, W418, W436, and W488 from the 1/2 - 1/3/18 survey were corrected. However, W249 and W257 from the 1/2 - 1/3/18 survey remain out of compliance. In addition, a new deficiency was cited.	W 000	This deficiency will be corrected by the following actions: W249	4-21-18
{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 observations, record reviews and staff interviews, the facility failed to ensure a pattern of interactions supported the active treatment plans for 2 of 3 audit clients (#5, #6), specific to dining and medication administration. The findings are: Based on observations, record reviews and staff interviews, the facility failed to ensure a pattern of interactions supported the individual program plans (IPP) for 3 of 3 audit clients (#1, #5, #6), specific to self-help/domestic tasks and objective implementation. The findings are: 1. Client #5 was not prompted or encouraged pour his drinks at breakfast or to clear his dishes	{W 249}	A. All staff will be in serviced on active treatment and services identified in the individual support plan in the areas of meal time and medication administration. B. All clients that have the goal identified will follow the goal as written. C. Home Supervisor will monitor daily D. Clinical Supervisor will monitor weekly DHSR-Mental Health APR 02 2018 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Keisha Douglas
TITLE: Program Manager
(X6) DATE: 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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{W 249}	Continued From page 1 after the meal. During breakfast observations in the home on 3/22/18 at 7:40am, staff poured client #5's milk and water without prompting or assisting him to complete this task. At the end of the meal, a staff cleared client #5's dirty dishes without prompting him to participate with this task. Staff interview on 3/22/18 revealed client #5 can pour his liquids. Additional interview indicated he cannot clear his own dishes after meals. Review on 3/22/18 of client #5's IPP dated 9/28/17 revealed, "Encourage to participate in his ADL's when at home." Additional review of the client's community/home life assessment dated 9/13/17 noted he requires physical assistance to take dirty dishes to the kitchen. Interview on 3/22/18 with the QIDP confirmed client #5 can clear his dishes after eating and pour his drinks given hand-over-hand assistance. 2. Client #1's medication administration objective was not integrated into his morning routine. During observations of medication administration in the home on 3/22/18 at 7:00am, client #1 ingested Ferrous Sulfate, Lexapro and Methylphenidate ER. The medication technician (MT) stated the name of one medication; however, client #1 was not prompted to state the names of any of his medications. Immediate interview with the MT revealed none of the clients in the home have objectives to be implemented during the administration of their medication.	{W 249}	Refer to page 1	4-21-18

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{W 249}	Continued From page 2 Review on 3/22/18 of client #1's IPP dated 6/27/17 revealed an objective to name his medications with 100% independence for 2 consecutive months (implemented 12/20/16). Interview on 3/22/18 with the QIDP confirmed client #1's objective should have been implemented during medication administration. 3. Client #6's mealtime guidelines were not followed as indicated. During breakfast observations in the home on 3/22/18 at 7:30am, staff assisted client #6 to serve himself two slices of toast. As the staff walked away to assist another client, client #6 immediately grabbed a whole slice of uncut toast and crammed a large portion of it into his mouth. After a few seconds, the client crammed the remaining piece of toast into his mouth. Client #6 then quickly ate the second slice of uncut toast. No verbal prompts or assistance was provided as client #6 consumed the toast. Review on 3/22/18 of client #6's mealtime guidelines dated February 2018 revealed, "Support staff should sit in close proximity to [Client #6] during meals to monitor intake rate and that he is not over filling his utensils with bites of food. Staff may consider serving half of his portion at a time, to help with rate...Staff should follow his dietary requirements: bite size/cut up consistency with regular liquids...Remind [Client #6] not to over fill his mouth. Use cues and gentle reminders..." Additional review of a nutritional note dated 2/22/18 indicated a diet order for "...bite size pieces..."	{W 249}	Refer to page 1	4-21-18

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{W 249}	Continued From page 3 Interview on 3/22/18 with the QIDP confirmed client #6 should consume his food in bite size pieces as indicated and his mealtime guidelines should be followed as written. 4. Client #5's gait belt was not worn as indicated. Upon arrival to the group home on 3/22/18 at 6:20am, client #5 was observed walking throughout the home without wearing a gait belt. Client #5's gait belt was applied at 7:08am. Review on 3/22/18 of client #5's Physical Therapy Fall Prevention and Safety Guidelines dated 9/27/17 revealed, "The following guidelines are recommended to promote safety...Increase supervision and assist when [Client #5] is ambulating in the kitchen area or any area of open spaces where he does not readily have the ability to hold on to furniture for support." Additional review of the guidelines noted, "[Client #5] is to wear gait belt when mobile, whether he requires assistance or not. This will allow staff to increase response time..." Interview on 3/22/18 with the QIDP confirmed the guidelines were current and should be followed as written.	{W 249}	Refer to page 1	4-21-18
{W 257}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.	{W 257}	Refer to page 5	4-21-18

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{W 257}	Continued From page 4 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the individual program plan (IPP) was revised after 1 of 3 audit clients (#1) failed to make progress towards identified objectives. The findings are: Client #1's IPP was not revised after he failed to make progress towards 3 of 4 objectives. Review on 3/22/18 of client #1's IPP dated 6/27/17 revealed objectives to floss his teeth according to task analysis with 90% independence for 3 consecutive months (implemented 9/15/16), to name his medications with 100% independence for 2 consecutive months (implemented 12/20/16), and to wear his glasses for distance activities with 90% independence for 3 consecutive months (implemented 3/1/17). Additional review of objective's progress notes indicated the following: Medication Administration 01/17 - 85% 02/17 - 82% 03/17 - 70% 04/17 - 75% 05/17 - 78% 06/17 - 73% 07/17 - 50% 08/17 - 64% 09/17 - 72% 10/17 - 79% 11/17 - No info 12/17 - 84% 01/18 - 77%	{W 257}	This deficiency will be corrected by the following actions: A. Clinical Supervisor will revise all goals to ensure after criteria are met for completion, new goals are established. B. Clinical Supervisor will monitor monthly C. Operations Manager will monitor bi-monthly.	4-21-18

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{W 257}	Continued From page 5 Floss teeth 01/17 - 29%. 02/17 - 24% 03/17 - 24% 04/17 - 50% 05/17 - 53% 06/17 - 58% 07/17 - 52% 08/17 - 48% 09/17 - 53% 10/17 - 46% 11/17 - No info 12/17 - 62% 01/18 - 70% Wear glasses 03/17 - 0% 04/17 - 24% 05/17 - 30% 06/17 - 30% 07/17 - 20% 08/17 - 35% 09/17 - 32% 10/17 - 40% 11/17 - No info 12/17 - 47% 01/18 - 25% Interview on 3/22/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #1's objectives were in need of revisions.	{W 257}	Refer to page 5	4-21-18
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area.	W 383	Refer to page 7	4-21-18

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W 383	Continued From page 6 This STANDARD is not met as evidenced by: Based on observations, interviews and document review, the facility failed to ensure only authorized persons had access to keys to the drug storage area. The finding is: Keys to the medication closet were left accessible in the home. Upon arrival to the facility on 3/22/18 at 6:20am, a key was noted in the key hole of the door to the medication closet. The key remained in the key hole as the medication technician (MT) assisted a client with ingesting his medications in an office around the corner and out of sight of the closet. At 6:28am, after the MT returned a basket of medications to the closet, the key was removed from the key hole and placed in his pocket. Immediate interview with the MT confirmed the key left in the key hole was the key to the medication closet. Additional interview revealed the keys to the medication closet are usually kept in a combination lock box next to medication room. When asked where the keys would be kept once removed from the lock box for medication administration, the staff stated, "In my pocket." Review on 3/22/18 of the Medication Administration Training manual (no date) revealed, "Keep medication keys on you (do not leave them unattended at anytime)..." Interview on 3/22/18 with the qualified intellectual disabilities professional (QIDP) confirmed the keys to the medication closet should not be	W 383	W383 This deficiency will be corrected by the following actions: A. Nurse will in-service all staff on the appropriate protocol concerning medication administration. B. Home Supervisor will monitor medication administration 2x per weekly. C. Clinical Supervisor will monitor medication administration bi-weekly	4-21-18

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W 383	Continued From page 7 accessible as indicated in the training manual.	W 383	Refer to page 7	4-21-18

Community Alternatives
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March 29, 2018

Wilma Worsley-Diggs M.ED., QIDP
Facility Survey Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Correction for Recertification Survey completed March 29, 2018
EduCare -Huntleigh Group Home, 3300 Huntleigh Drive, Raleigh, NC 27604

Dear Mrs.Worsley-Diggs
Thank you for your time and the feedback given during the survey you conducted on March 22, 2018. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve their lives.

Enclosed you will the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 216. Again, thank you for your time and patience.

Sincerely,

Keisha Douglas
Operations Manager, CANC

Enclosures