

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

PRINTED: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/09/2018
NAME OF PROVIDER OR SUPPLIER HARTLAND GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2307 HARTLAND ROAD MORGANTON, NC 28655		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: The facility failed to ensure the rights of 1 of 3 sampled clients (#1) relative to assuring any rights restriction are done only with the informed written consents of legal guardians as evidenced by interview and review of records. The finding is:</p> <p>Review of the records for client #1 revealed the specially constituted committee, designated as the human rights committee (HRC), minutes revealed client rights restrictions related to use of gait belt, monitors in personal bedroom, getting up in the middle of the night for toileting, use of clothing protectors and locked knife drawer. Review of client #1's records revealed legal guardianship had been given to co-guardians. Further review of the records revealed signed written consent for the above rights restrictions signed by only one guardian.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) revealed one of the guardians is very involved and very good about returning forms. However, continued interview with the QIDP revealed the other guardian is very difficult to contact.</p> <p>Therefore, the facility failed to ensure signed written consents are obtained from both legal guardians.</p>	W 125			

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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: The facility failed to ensure the rights of 1 of 3 sampled clients (#4) in regards to promoting privacy during the care of personal needs as evidenced by observations and interviews. The finding is:</p> <p>Observations in the group home on 5/8/18 at 5:36 PM revealed staff to roll client #4 to personal bedroom. Continued observations revealed staff to proceed to take the client's pants off and to change him with the door open and visible to any passers by. Additional observations at 5:41 PM revealed staff rolled client #4 from personal bedroom to the bathroom with only the client's pants draped over him leaving his buttocks visible. Further observations revealed at 5:54 PM staff rolled client #4 back from the bathroom to his personal bedroom with a towel thrown over him.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) revealed staff should have closed the bedroom door during changing. Continued interview with the QIDP verified the client should have been more thoroughly covered when going to the bathroom and upon returning to personal bedroom.</p> <p>Therefore, staff failed to promote privacy during the care of personal needs for client #4.</p>	W 130			
W 227	INDIVIDUAL PROGRAM PLAN	W 227			

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W 227	Continued From page 2 CFR(s): 483.440(c)(4) 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: The facility failed to assure the individual program plan (IPP) for 1 of 3 sampled clients (#2) included objective training to meet the client's privacy needs as evidenced by observation, interview and record verification. The finding is: Afternoon observations in the group home on 5/8/18 at 4:40 PM revealed client #2 to enter the house from outside activities and go to the bathroom. Further observations revealed client #2 sitting on the toilet through the bathroom door that client #2 failed to shut all the way when entering the bathroom. Continued observations revealed client #2 to exit the bathroom at 4:45 PM while naked to talk to staff. Staff upon seeing the client was noted to direct him back to the bathroom. Interview with staff assisting client #2 revealed the client does sometimes have problems with privacy especially coming out of the bathroom. Interview with the qualified intellectual disabilities professional verified the client does have privacy issues at times. Review of client #2's IPP dated 2/16/18 revealed no current training to assist client #2 in observing privacy.	W 227			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)	W 247			

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W 247	<p>Continued From page 3</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: The facility failed to assure opportunities for client choice and self-management were promoted for 1 of 3 sampled clients in the home (#2) as evidenced by observation, interview and record verification. The finding is:</p> <p>Morning observations in the group home on 5/9/18 at 7:10 AM revealed client #2 turning on the television in the living room before staff turned it off and informed the client that he could not watch television at that time. Further observations at 7:30 AM revealed client #2 to again turn on the television and watch the news while calmly sitting on the couch in the living room.</p> <p>Continued observations at 7:50 AM revealed staff to enter the living room and turn off the television while informing the client he can't watch television in the mornings. Interview with staff revealed that the television is kept off to keep client #2 calm and that he is not supposed to have it on in the morning.</p> <p>Review of client #2's individual program plan (IPP) dated 2/16/18 revealed a behavior support plan (BSP) dated 9/11/17 to address agitation, verbal disruption and physical aggression. Review of the BSP revealed reinforcement procedures include letting client #2 choose a preferred activity after completing "a sequence of naturally occurring activities such as morning wake-up and grooming." Further review of the BSP reinforcement procedures revealed a</p>	W 247			

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W 247	Continued From page 4 preferred activity for client #2 is "watching the news on TV."	W 247			
W 249	<p>Interview with the qualified intellectual disabilities professional (QIDP) revealed there are no current formal guidelines or restrictions regarding client #2's watching television as long as client #2 is completing all required active treatment requests and no other conflicting activities are going on. The facility failed to promote client #2's choice and self-management as required.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: The team failed to ensure objectives listed on the individual program plan (IPP) for 2 of 3 sampled clients (#1 and #4) were implemented with sufficient frequency as as prescribed to support the achievement of the objective as evidenced by observations, interview and review of records. The findings are:</p> <p>A. The team failed to ensure 1 of 1 communication objectives listed on the 10/12/17 IPP for client #1 was implemented as prescribed.</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>Observations in the group home during the 5/8-5/9/18 survey revealed staff to offer client #1 a variety of leisure activities to include bubbles, chalk, pictures, books and various other toys. Continued observations revealed staff to present each object singularly to the client to see if she would engage in the activity.</p> <p>Review of client #1's 10/12/17 IPP revealed a communication objective when provided a choice between 2 preferred leisure items the client will point or touch the item to express desire activity. Interview with the qualified intellectual disabilities professional (QIDP) verified 2 items are to be presented at the same time for the client to make a choice. Continued interview with the QIDP substantiated staff should have offered 2 items at the same time to the client.</p> <p>B. The team failed to ensure 1 of 1 meal preparation objectives listed on the 12/17/17 IPP for client #4 was implemented with sufficient frequency to support the achievement of the objective.</p> <p>Observations in the group home on 5/8/18 at 6:10 PM revealed staff to place food in a blender, turn the blender on and the bring the food from the blender to the table for client #4. Observations on 5/9/18 at 7:00 AM revealed staff to roll client #4 to the kitchen and have the client operate the blender to prepare the food to the proper consistency.</p> <p>Review of client #4's 12/17/17 IPP, substantiated by interview with the QIDP, revealed an objective to grind his food with 100% independence. Continued interview with the QIDP verified staff should have attempted to have the client operate</p>	W 249			

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W 249 W 474	Continued From page 6 the blender during the evening meal on 5/8/18. MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: The facility failed to assure food was served in form consistent with the needs of 1 of 6 clients in the home (#5) as evidenced by observation, interview and record verification. Evening observations in the group home on 5/8/18 at 6:10 PM revealed all clients to be seated to begin supper. The clients were noted to be eating fish sticks, tater tots, broccoli and cornbread for supper. The 4 staff present were observed to assist the 5 clients with serving and cutting food around the table. Client #5 was observed to have cut up fish sticks and whole tater tots on his plate and was enjoying eating them with this hand. At 6:20 PM client #5 was observed choking which required staff to do the Heimlich maneuver several times before the client was able to breathe again. The client was observed to be okay after the incident but was checked out by the local EMS as a precaution. Review of client #5's record revealed physician's orders dated 3/21/18 which noted the client is to have a chopped diet. Interview with the facility nurse and the qualified intellectual disabilities professional (QIDP) revealed a chopped diet is understood to be food that is cut to less than 1/4 inches in size. Continued interview with the nurse and QIDP revealed whole tater tots or food	W 249 W 474			

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W 474	Continued From page 7 greater than 1/4 inches in size would not meet client #5's required diet.	W 474			