

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

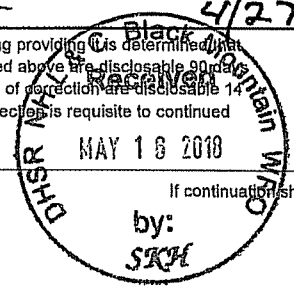
PRINTED: 04/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER FANJOY HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 235 FANJOY 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 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain in good repair and teach 1 of 3 sampled clients to use prescribed hearing aids (client #1). The finding is:</p> <p>Observations conducted at the vocational center and in the group home during the 4/10/18-4/11/18 recertification survey revealed client #1 was not observed to wear hearing aids at any time.</p> <p>Review of the record for client #1, conducted on 4/11/18, revealed a Person Centered Plan (PCP) dated 5/31/17 containing a discontinued training goal implemented on 2/2/17 documenting client #1 would maintain his hearing aids in increments while at the vocational center for the entire day. Notation from the habilitation specialist dated 9/28/17 documented client #1's hearing aids had been misplaced during the preceding review period with the goal discontinued on 9/28/17 due to client #1's hearing aids not being available. Continued review of the 5/31/17 PCP revealed a hearing services consultation dated 2/23/15 documenting mild to severe sensory-neural hearing loss with bilateral hearing aids recommended. Further review of the PCP for</p>	W 436	<p>W436</p> <p>The team met and agreed the Habilitation Specialist will implement a formal program for Client # 1 to wear his hearing aids during work hours and document he wears them during work hours and staff will also document his level of tolerance wearing them.</p> <p>Habilitation Specialist will in-service staff on the hearing aid program. The Behavior Analyst will ensure staff document on the BSP if client #1 has behaviors during the time he is at the Vocational Center wearing his hearing aids. The Speech Pathologist will write an addendum in regards to updating the communication evaluation. The Habilitation Specialist will monitor the tolerance of client #1 wearing his hearing aid by completing monthly notes on hearing aid program. The Behavior Analyst will also monitor tolerance of client #1 wearing his hearing aid through reviewing behavior data and completing monthly behavior notes.</p> <p>In the future, the QIDP will ensure client #1 hearing aids are in good repair and Client #1 wears his hearing aids as prescribed.</p>	6/10/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 4/27/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing (as 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 436	<p>Continued From page 1</p> <p>client #1 revealed a mini-team report dated 9/6/17 stating client #1 had lost his hearing aids and the team had found one which was sent out for repair. This mini-team report further documented that once the hearing aid was repaired client #1 would continue to wear it during vocational hours only, returning it to the habilitation specialist at the end of the day. On-going review of the record for client #1 revealed a subsequent mini-team report dated 9/20/17 documenting the team met and determined client #1 was no longer wearing his hearing aids consistently. This report further documented the team felt it would no longer be necessary for client #1 to wear his hearing aids due to a decrease in agitation and aggression since he had not been wearing them. Continued review of the PCP for client #1 revealed the most recent communication evaluation was completed on 7/15/13.</p> <p>Interview conducted on 4/11/18 with the nurse revealed both client #1's hearing aids had been located and were being kept in the nursing office, however, both hearing aids were broken and the team had decided not to pursue having them repaired based on a decrease in agitation since they had been broken. Interview with the qualified intellectual disabilities professional and the habilitation specialist further verified client #1's training goal to learn to use his hearing aids had been discontinued on 9/28/18 following the teams decision not to have them repaired based on a decrease in episodes of agitation and aggression during the time the hearing aids had not been available. These interviews further verified a communication evaluation had not been completed for client #1 since 7/15/13.</p>	W 436		6/10/2018	