

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

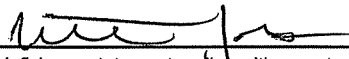
PRINTED: 03/23/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ARCHES-HORIZONS RESIDENTIAL CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 BETHABARA PARK BOULEVARD WINSTON SALEM, NC 27106</b>	
(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 148	<p><b>COMMUNICATION WITH CLIENTS, PARENTS &amp; CFR(s): 483.420(c)(6)</b></p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to notify client #6's guardian of significant events in a timely manner. The finding is:</p> <p>Client #6's guardian was not notified in a timely manner.</p> <p>Review on 3/14/18 of an investigation dated 4/6/17 client #6 received, "On the morning medication pass, around 7:45a [Client #6] all the wrong medications." Further review of the investigation report revealed the guardian was not notified of the incident until 4/10/17; 4 days after the incident.</p> <p>Review on 3/14/18 of an investigation dated 7/15/17 client #6, "sustained a friction burn to his left forearm and wrist by sliding his hands underneath the seatbelt on his wheelchair in an attempt to self stimulate." Client #6 was seen by his physician on 7/18/17 and was prescribed an antibiotic. Further review of the investigation report revealed the guardian was not notified of the incident until 7/20/17; 5 days after the incident.</p> <p>During an interview on 3/14/18, the qualified intellectual disabilities professional (QIDP)</p>	W 148	<p><b>DHSR - Mental Health</b></p> <p><b>APR 12 2018</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



*Director of Operations*

*4-2-18*

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 148	Continued From page 1 confirmed client #6's guardian wants to be notified immediately of all incidents. Further interview confirmed client #6's guardian was not notified immediately in a timely manner and should have been.	W 148		
W 159	QIDP CFR(s): 483.430(a)  Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to assure that each client's active treatment program was integrated, coordinated and monitored by the qualified intellectual disability professional (QIDP) as needed. This affected 1 of 1 audit clients (#3). The finding is:  Medication used to manage client #3's behaviors were not part of active treatment program, the qualified intellectual disabilities professional (QIDP) was unaware of the medication use.  Review on 3/15/18 of client #3's physician's orders dated 2/7/18 revealed, "DIAZEPAM TAB 5MG Generic for: Valium TAKE 1...1 HOUR PRIOR TO APPOINTMENT."  Review on 3/15/18 of client #7's record did not reveal a behavior program to address the use of the Ativan.  During an interview on 3/15/18, a qualified intellectual disabilities professional (QIDP) revealed client #3 had been receiving the Ativan actively for a period of time to help aid with behaviors during visits to the doctor.	W 159		

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W 159	Continued From page 2	W 159			
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews the facility failed to assure a medication used to manage behavior(s) was included in active treatment program. This affected 1 of 4 audit clients (#3). The finding is:</p> <p>A medication used to manage client #3's behavior(s) were not part of active treatment program.</p> <p>Review on 3/15/18 of client #3's physician's orders dated 2/7/18 revealed, "DIAZEPAM TAB 5MG Generic for: Valium TAKE 1...1 HOUR PRIOR TO APPOINTMENT."</p> <p>Review on 3/15/18 of client #7's record did not reveal a behavior program to address the use of the Ativan.</p> <p>During an interview on 3/15/18, a qualified intellectual disabilities professional (QIDP)</p>	W 288			

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W 288	Continued From page 3 revealed client #3 had been receiving the Ativan actively for a period of time to help aid with behaviors during visits to the doctor.	W 288			
W 322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)  The facility must provide or obtain preventive and general medical care.  This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to assure 2 of 3 audit clients (#3 and #9) obtained adequate annual physical examinations. The findings are:  Clients #3 and #9 did not receive adequate annual physical examinations.  a. Review on 3/15/18 of client #3's annual physical dated 6/21/17 revealed during her annual physical examination she did not receive an annual pelvic/gynecological (GYN) assessment. Further review revealed client #3's last pelvic/gynecological (GYN) assessment was performed on 5/19/14.  b. Review on 3/15/18 of client #9's most current annual physical was dated 3/6/17. Client #9 had not received her 2018 physical	W 322			

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W 322	Continued From page 4 examination/pelvic/gynecological (GYN) assessment.	W 322			
W 323	<p>During an interview on 3/15/18, the qualified intellectual disabilities professional (QIDP) confirmed the clients' are in need of having complete annual physical examinations and pelvic/gynecological (GYN) examinations.</p> <p><b>PHYSICIAN SERVICES</b> CFR(s): 483.460(a)(3)(i)</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to assure each client received adequate annual physical examination which included a visual evaluation. This affected 1 of 4 audit clients (#4). The finding is:</p> <p>Client #4 did not receive an adequate annual physical to include a visual evaluation.</p> <p>Review on 3/15/18 of client #4's record revealed a physical evaluation dated 5/9/17. There was no current information available for review to indicate an adequate 2017 physical evaluation, which included a visual assessment was performed.</p> <p>During an interview on 3/15/18, the qualified intellectual disabilities professional (QIDP) confirmed there was no medical information to indicate a visual assessment was conducted during client #4's physical examinations and she was in need of the visual assessment.</p>	W 323			

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W 352	<p><b>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</b> CFR(s): 483.460(f)(2)</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to assure dental examinations were performed at least annually affecting 1 of 4 audit clients (#6). The finding is:</p> <p>Client #6 did not have an annual dental assessment.</p> <p>Review on 3/15/18 of client #6's dental examination revealed his last dental examination was 11/23/16.</p> <p>During an interview on 3/15/18, the qualified intellectual disabilities professional (QIDP) confirmed client #6 did not have any other information to indicate he had been to the dentist since 11/23/16 and a dental visit is needed.</p>	W 352			
W 454	<p><b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews the facility failed to assure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This affected all clients</p>	W 454			

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W 454	<p>Continued From page 6 residing in the home. The finding is:</p> <p>Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination.</p> <p>During observations on 3/14/18 in the home at 1:22pm, a client had a toileting accident in seat at the table. The client was escorted as he transported the dirty dish meal cart into the main kitchen then he was escorted to the bathroom. The seat which the client had the toileting accident remained in the dining room, wet with a puddle of urine in it. The seat was not disinfected/cleaned. At approximately 1:29p, a entered the dining room and saw the seat wet, the staff obtained a paper towel and wiped the seat. The staff was not wearing gloves as she wiped the seat.</p> <p>During an interview on 3/14/18, staff confirmed they did not wear gloves as the wiped the wet seat. They further stated they did not know if the seat was wet with water or urine. The staff revealed no one indicated to her the seat was left with urine and/or the seat needed to be disinfected/cleaned. Additional interview revealed they should have been informed of the toileting accident and they should have worn gloves and disinfected the seat. .</p> <p>During an interview on 12/4/17, the qualified intellectual disabilities professional (QIDP) revealed the staff should have removed the seat to an area where it would not have been available for use, staff should have communicated the need for disinfecting/cleaning and gloves should have been worn when cleaning the seat. Further interview confirmed gloves are to be worn when</p>	W 454			

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W 454	Continued From page 7 in contact with any bodily fluids, cleaning, feeding and toileting.	W 454			





Plan of Correction (POC) Horizons Residential Care Center- Arches

Survey Completion Date: 03/15/2018

Submitted

**Introduction**

Thank you for your recent visit to Horizons Residential Care Center. We appreciated the feedback that you shared with us. We have used your feedback to address areas of need and improvement in our delivery of services to our clients. Please see our specific actions, detailed below, to rectify the deficiencies that were noted. We look forward to your continued input and involvement with our agency.

All the best,

Matthew James

Operations Director, Horizons Residential Care Center

**Tag and POC**

**W148.** In response to this deficiency- Horizons QIDP will inform all parent/guardians in a timely manner, within 24 hours, of all level 2 medication errors, or injuries requiring treatment. For client #6 all incidences will be reported to parent/guardian as stated in his Individual Program Plan. (IPP). Arches QIDP and the Director of Nursing will be responsible for monitoring,



for compliance in this area on a daily basis. All Level 2 med errors and incident reports requiring treatment will be reviewed by Horizons Human Rights Committee quarterly. Client safety and corrective action for incidents will be reviewed with Direct Support Professionals and will be discussed at each resident's annual Habilitation Plan meetings.

**W159.** In response to this deficiency, the Arches QIDP will participate in an interdisciplinary team review of all Arches client records, program, medications, guidelines, etc. to be completed by 5-1-18. The QIDP will also receive on-going in-services, as needed, from the Psychologist and Director of Nursing to become familiarized with all the Individual Program Plan's (IPP) by 5-1-18. The QIDP will be supervised monthly, by the Director of Operations, and will be required to demonstrate an understanding of the each client's active treatment program. Specifically, the Arches QIDP will receive an in-service from the Director of Nursing, on 4-10-18, on medications for client's #3 and #7.

**W288.** In response to this deficiency, Horizons will develop a behavior support plan for client #3's use of Diazepam prior to medical appointments, by 5/1/18. All PRN medications that produce a change in behavior, and are given prior to appointments, will be reviewed by the QIDP and Psychologist to ensure that a behavior support plan is in place, or one will be developed, if absent, by 5/1/18. The QIDP will review all client charts.



This is to ensure that the active treatment plan supports all areas of living, including a desensitization plan for doctor's visits. The consulting Psychologist and Arches QIDP will train direct support professionals on all new behavior support plans, within one week of implementation. All PRN behavior medications that are given prior to appointments will be reviewed and discussed at Human Rights Committee meetings every quarter and at each citizen's annual Individual Program Plan meeting.

**W322.** In response to this deficiency, regarding clients #3, the Interdisciplinary Team will discuss at The Arches Interdisciplinary Team Meeting on 04/10/2018 the physician recommendations related to pelvic exams and documented in the monthly note. Decisions regarding this discussion, will be documented in the monthly progress note, reported to parent/guardian and made available upon return. In addition, the annual physical exam form, will be revised to include the state recommendations in addition to, Horizons annual medical screening policies. All female clients of age, annual physical exams will be reviewed to ensure sure compliance of complete pelvic exams/gynecologic assessments. All female citizen's complete pelvic exams/gynecologic assessments will be discussed on 04/10/2018. Yearly, each female citizen's gynecologic health will be discussed at the annual Individual Program Plan (IPP) meeting with the Interdisciplinary team with documentation from the QIDP.



**W322.** In response to this deficiency, regarding client #9, the Interdisciplinary Team will discuss at The Arches Interdisciplinary Team Meeting on 04/10/2018 the physician recommendations related to pelvic exams and documented in the monthly note. Decisions regarding this discussion, will be documented in the monthly progress note, reported to parent/guardian and made available upon return. In addition, the annual physical exam form will be revised to include the state recommendations in addition to, Horizons annual medical screening policies. All female clients of age, annual physical exams will be reviewed to ensure compliance of complete pelvic exams/gynecologic assessments. All female clients completed pelvic exams/gynecologic assessments will be discussed on 04/10/2018. Yearly, each female citizen's gynecologic health will be discussed at the annual Individual Program Plan (IPP) meeting with the Interdisciplinary team with documentation from the QIDP.

**W323.** In response to this deficiency, client #4, had an annual vision exam with her annual physical on 5/9/17. Client #4's PCP will be contacted for clarification and, if needed, will be referred to a specialist for a comprehensive vision evaluation by 5/1/2018. In addition, The Arches nursing department will review all annual physical exams to ensure all clients had an annual vision screening and, if not, their Primary Care Provider will be contacted to schedule a vision assessment or with a specialists by 5-1-18.



**W352.** In response to this deficiency, client #6 will have an annual dental exam scheduled prior to 5/1/2018. The Arches nursing department will review all clients nursing notes to ensure annual dental diagnostic services were provided, at least annually. If deficient, dental exams will be scheduled no later than 5/1/2018. Each citizens annual dental results will be discussed at each client's annual Individual Program Plan (IPP). The QIDP will document dental care in the habilitation plan.

**W454.** In response to deficiency, of providing a sanitary environment and to avoid sources and transmission of infections all Arches staff will be globally retrained for use of infection control and sanitary/protective measures and the use of gloves, 5-1-18. Staff will acknowledge understanding by signing an acknowledgement form, which documents the use of safe sanitary environmental requirements and use of gloves. The QIPP, Lead workers and nurse on duty will provide supervision during personal care supports across all shifts. This will be documented on supervision rounds checklist at least twice weekly.

### **Conclusion**

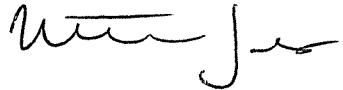
Thank you again for the detailed feedback that supports our improvement of service delivery. While external feedback is important to ensure the provision of excellent services, we as an organization understand



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the necessity to continuously monitoring internally and address areas of need.  
We value the input of both external and internal sources that lead to better  
quality of life outcomes for the individuals our agency supports. We hope you  
find the detailed plans of correction sufficient.

All the best,

 4-2-18

Matthew James

Operations Director, Horizons Residential Care Center