

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

PRINTED: 04/11/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G122</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R <b>04/10/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROBERT W THOMPSON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1920 WOODHAVEN DR ALBEMARLE, NC 28001</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 000	INITIAL COMMENTS	W 000	<b>DHSR - Mental Health</b>		
{W 189}	<p>As a result of the follow-up survey, it was determined that W137, W240, W288, W324, W382 and W454 from the 1/22 - 1/23/18 survey were corrected. However, W189 and W249 from the 1/22 - 1/23/18 survey remain out of compliance.</p> <p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure staff were sufficiently trained regarding client participation in their daily schedules and routines. The finding is:</p> <p>Staff were not adequately trained to ensure client participation in meal preparation or family style dining tasks.</p> <p>Upon arrival to the home on 4/10/18 at 6:50am, one staff was working in the home and all six clients were in their bedrooms with the doors closed.</p> <p>Observation of daily client schedules posted on a wall near the dining room revealed client #1 and client #3 participate in "morning hygiene, medications and breakfast" from 7:00am - 8:00am.</p> <p>Immediate interview with the staff revealed he</p>	{W 189}	<p style="text-align: right;"><b>APR 18 2018</b></p> <p style="text-align: right;"><b>Lic. &amp; Cert. Section</b></p> <p><b>W189/W249</b></p> <p>1. The team will meet to review Client #1 and Client #3 daily schedules. QP <b>5-10-18</b> and/or Residential Manager will complete an inservice with staff on Client #1 and Client #3 schedules with a focus on participation in the morning routine. The QP and/or Residential Manager will review and inservice all staff on all individuals schedules. During the next 30 days, the team to include Chief Quality Officer, Director of Quality Management, QP, Residential Manager, Psychology, Nursing, Director of Operations, and/or Operations Coordinator will train and conduct intensive "hands-on active treatment training" to the staff on the participation of the individuals in daily schedules and routines. A staff training schedule will be implemented to begin with the morning routines. The team will continue to integrate into other mealtime preparation or family style dining tasks throughout the day.</p>		

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

TITLE

(X6) DATE

*[Handwritten Signature]*

*Chief Quality Officer*

*4/16/18*

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 189}	Continued From page 1  works third shift and first shift staff would be arriving at 7:00am. Additional interview revealed all of the clients had eaten breakfast already at 6:00am. The staff further indicated he had prepared the breakfast meal, woke up the clients, fed them and allowed them to go back to bed. The staff added he routinely does this as it allows him to "get them fed" and complete his cleaning tasks before first shift staff arrives. The staff also stated no family style dining was implemented at breakfast as several of the clients "will spill things" and he tries "to make it as easy as possible for them". Additional interview revealed the staff was not aware of nor had he attended any client specific training over the last 2 and 1/2 months.  Review on 4/10/18 of client #1's IPP dated 11/20/17 revealed in the area of meal preparation, he requires physical assistance to gather ingredients, cooking utensils and cookware, to measure ingredients, stir/mix items, and to use the stove, oven or microwave. The IPP also noted the client can serve and pour on his own as well as pass food items to others. Additional review of the plan revealed, "Continue to develop meal preparation skills through routine informal participation opportunities" and "Continue to provide informal assistance and training throughout the meal routine."  Review on 4/10/18 of client #3's IPP dated 9/19/17 revealed in the area of meal preparation, she requires verbal and gestural prompts to gather ingredients, cooking utensils and cookware, to stir/mix ingredients and to use the stove, oven and microwave. The plan indicated client #3 can measure ingredients with physical assistance. Additional review of the IPP noted	{W 189}	Training will be cross referenced to include all training opportunities in the area of mealtime participation. The team will meet weekly to review the staff training completed by the team. The Chief Quality Officer and/or designee will keep documentation of these meetings. The schedule of intensive "hands-on active treatment training" will occur until staff demonstrate competency based off observations and consistency demonstrated in implementing the daily schedules and routines of the individuals. Staff competencies will be measured by team observations. After 30 days of intense "hands-on active treatment training", weekly assessments will continue to completed by the team to ensure staff compliance/competencies for three months and then periodically, thereafter. In addition a Quality Assurance assessment will be completed monthly by Chief Quality Officer, Director of Quality Management and/or Director of Operations for three months. Results will be shared with the QP and/or Residential Manager for follow up. This will be monitored by QA/QI on a quarterly basis during meetings.		

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{W 189}	Continued From page 2	{W 189}			
{W 249}	<p>the client serves and pours with verbal and gestural prompts and usually passes food items to others. Further review of the IPP indicated, "Continue to provide informal assistance and training throughout the meal routine."</p> <p>Interview on 4/10/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should have participated with meal preparation and family style dining during their regular morning routine which usually begins at 7:00am on first shift. Additional interview revealed the staff involved had attended all subsequent training required in response to deficiencies cited during the recertification survey in January 2018.</p> <p><b>PROGRAM IMPLEMENTATION</b> 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: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 2 audit clients (#1, #3) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of meal preparation and family style dining. The finding is:</p>	{W 249}	<p>See previous listed on pg. 1+2.</p>	5-10-18	

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{W 249}	Continued From page 3  Clients were not prompted to participate in meal preparation or family style dining tasks.  Upon arrival to the home on 4/10/18 at 6:50am, one staff was working in the home and all six clients were in their bedrooms with the doors closed.  Observation of daily client schedules posted on a wall near the dining room revealed client #1 and client #3 participate in "morning hygiene, medications and breakfast" from 7:00am - 8:00am.  Immediate interview with the staff revealed he works third shift and first shift staff would be arriving at 7:00am. Additional interview revealed all of the clients had eaten breakfast already at 6:00am. The staff further indicated he had prepared the breakfast meal, woke up the clients, fed them and allowed them to go back to bed. The staff added he routinely does this as it allows him to "get them fed" and complete his cleaning tasks before first shift staff arrives. The staff also stated no family style dining was implemented at breakfast as several of the clients "will spill things" and he tries "to make it as easy as possible for them".  Review on 4/10/18 of client #1's IPP dated 11/20/17 revealed in the area of meal preparation, he requires physical assistance to gather ingredients, cooking utensils and cookware, to measure ingredients, stir/mix items, and to use the stove, oven or microwave. The IPP also noted the client can serve and pour on his own as well as pass food items to others. Additional review of the plan revealed, "Continue to develop meal preparation skills through routine	{W 249}			

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{W 249}	Continued From page 4  informal-participation-opportunities" and "Continue to provide informal assistance and training throughout the meal routine."  Review on 4/10/18 of client #3's IPP dated 9/19/17 revealed in the area of meal preparation, she requires verbal and gestural prompts to gather ingredients, cooking utensils and cookware, to stir/mix ingredients and to use the stove, oven and microwave. The plan indicated client #3 can measure ingredients with physical assistance. Additional review of the IPP noted the client serves and pours with verbal and gestural prompts and usually passes food items to others. Further review of the IPP indicated, "Continue to provide informal assistance and training throughout the meal routine."  Interview on 4/10/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should have participated with meal preparation and family style dining during their regular morning routine which usually begins at 7:00am on first shift.	{W 249}			

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{W 000}	INITIAL COMMENTS	{W 000}		
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	As a result of the follow-up survey, it was determined that all deficiencies from the 4/10/18 survey are now in compliance.			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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