

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

PRINTED: 07/05/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA FARMS GROUP HOME #2</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>31713 HERB FARM CIRCLE 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 350	<p><b>DENTAL SERVICES</b> CFR(s): 483.460(e)(3)</p> <p>The facility must provide education and training in the maintenance of oral health.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to provide effective training in the maintenance of oral hygiene to staff who are responsible for carrying out this activity for 2 of 6 audit clients (#5, #6 ). The finding is:</p> <p>The facility did not provide education for staff in the area of toothbrushing for client #5 and #6 after several dental visits identified oral hygiene needs.</p> <p>1. Review on 6/26/18 of client #5's individual program plan (IPP) dated 1/23/18 revealed client #5 requires assistance with toothbrushing. Further review revealed a training program dated 3/1/18 "[client #5] will tolerate assistance with brushing her teeth 85% of the time for 6 consecutive months by 2/28/19." Further review revealed a goal (9) implemented 3/1/18..." Target behavior: [client #5] needs to have proper dental care. Instructions: [client #5] will tolerate assistance with brushing her teeth."</p> <p>Review on 6/26/18 of client #5's most recent dental visits revealed:</p> <p>4/20/18: "Continue brushing after each meal and try to floss daily...Overall hygiene fair...6 weeks follow up."</p> <p>6/6/18: "stress brush after each meal more around the posterior molars and floss daily... RTC</p>	W 350			

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 350	<p>Continued From page 1 in 3 months."</p> <p>Review on 6/26/18 of client #5's Task Analysis did not list steps for staff to follow to effectively brush her teeth. Steps are as follows:</p> <p>Staff will prompt [client #5] to...</p> <ol style="list-style-type: none"> <li>1. ...retrieve necessary items to brush her teeth.</li> <li>2. ...it is time to brush her teeth. Staff will assist...as needed to brush her teeth.</li> <li>3. ...to put her dental items away.</li> </ol> <p>There were no specific steps for staff to consistently and effectively follow to assist client #5 in brushing her teeth.</p> <p>Interview on 6/26/18 with staff revealed they just brush after client #5 is finished with her portion of the task and there were no specific steps on how to brush her teeth.</p> <p>Interview on 6/26/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #5 is in need of a revised oral hygiene objective. In addition, the QIDP revealed staff is in need of training in oral hygiene care to ensure client #5 improves her oral hygiene rating.</p> <p>2. Review on 6/26/18 of client #6's IPP dated 5/11/18 revealed an objective (implemented 6/1/18) for the client to "tolerate assistance in brushing her teeth during oral hygiene routine 100% of the time for 6 consecutive months by 5/31/2019."</p>	W 350			

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W 350	Continued From page 2 Review on 6/26/18 of two dental evaluations dated 5/8/18 and 11/7/17 revealed "fair" ratings for "Appearance of Teeth" and "fair, slightly red" for "Appearance of Gums."  Interview on 6/26/18 with the QIDP confirmed although client #6 has a new toothbrushing objective, it is similar to her previous toothbrushing objectives of which none have improved her oral hygiene rating; therefore, she is in need of revisions to her new toothbrushing objective to improve her oral hygiene rating. In addition, the QIDP confirmed staff is in need of training on oral hygiene care to ensure client #6's oral hygiene ratings improve.	W 350		