

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

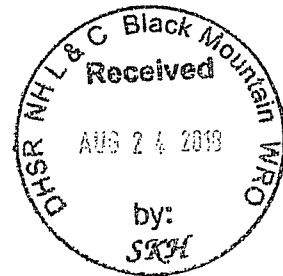
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FORM APPROVED  
OMB NO. 0938-0391

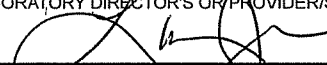
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/14/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BOXWOOD ACRES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3464 US HWY 601 SOUTH MOCKSVILLE, NC 27028</b>
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(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
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W 249	<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 observation, record review and staff interview, the team failed to assure sufficient interventions to address the communication needs for 2 of 3 sampled clients (#2 and #5) and toileting needs for 1 of 3 sampled clients (#6). The findings are:</p> <p>A. The team failed to assure sufficient interventions to address the communication needs for client #2. For example:</p> <p>Observations during the 8/13-14/18 survey of client #2 revealed the client to be mostly non-verbal and staff prompting the client using physical prompting and verbalizations. Staff was observed supporting client #2 with transitions throughout the survey to include meal prep, going to the bathroom, hand washing, meal participation, medication administration, walking and various leisure activities with physical and verbal gestures only. Additional observation of the evening meal on 8/13 revealed staff to set a communication board at the client's place setting although there was no observation of staff prompting the client to use the communication</p>	W 249	<p>The facility will ensure that each individual has a Individual Program Plan that includes interventions and services to support the achievement of the objectives identified in the individual program plan.</p> <p>The IDT for clients # 2 and # 5 will meet to discuss the communication needs, and specific programming to address those needs.</p> <p>The Habilitation Specialist will ensure that staff are trained on the communication programs for client #2 and client #5. The Habilitation Specialist will also ensure that staff are trained on the required toileting interventions for client # 6.</p> <p>The IDT will monitor weekly to ensure program implementation for four consecutive weeks, and for preventative measures the IDT will complete monthly observations and/or QA Assessments.</p>	10/14/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>8/23/18</i>
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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 249	<p>Continued From page 1 tool.</p> <p>Review of records for client #2 on 8/14/18 revealed a person centered plan (PCP) dated 10/4/17. Review of the PCP revealed a communication objective implemented as an ongoing service goal. Review of the communication objective revealed during times of transition client #2 will independently follow a TEACCH schedule with 90% accuracy for 2 consecutive months. Additional review of the communication objective implementation revealed during times of transition, staff should say to the client "go check your schedule." If the client does not check her schedule, staff should walk with client #2 over to the schedule and say "what is next on your schedule?" If client #2 continues to need further help, staff may physically guide the client to the next task on her schedule. Program should be conducted daily. Additional record review revealed a communication assessment updated 8/17/17 with the recommendation to continue to implement and use a picture schedule to provide routine and structure to the client's day.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) and facility behaviorist revealed client #2's communication program remains current and is an ongoing goal to support the client with communication deficits and the need for structure. Continued interview revealed client #2 should have been supported with transitions between activities throughout the survey with the use of a mobile TEACCH schedule.</p> <p>B. The team failed to assure sufficient interventions to address the communication</p>	W 249		

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W 249	<p>Continued From page 2 needs for client #5. For example:</p> <p>Observations during the 8/13-14/18 survey of client #5 revealed the client to be non-verbal and staff prompting the client using physical prompting and verbalizations. Staff was observed supporting client #5 with transitions throughout the survey to include going to the bathroom, hand washing, meal participation, medication administration, walking and various leisure activities with physical and verbal gestures only. Additional observation of the evening meal on 8/13 revealed staff to set a communication picture sheet at the client's place setting although there was no observation of staff prompting the client to use the communication tool. Staff was further observed to set a food serving dish on top of the communication sheet covering all pictures until this surveyor ended evening observations.</p> <p>Review of records for client #5 on 8/14/18 revealed a person centered plan (PCP) dated 5/22/18. Review of the PCP revealed a communication objective implemented as an ongoing service goal. Review of the communication objective revealed client #5 will use the given picture symbols to communicate her need/desire to go to the bathroom, eat, drink, and go to bed with 90% accuracy over two consecutive months. Additional review of the communication objective implementation method revealed staff should show client #5 the photo sheet and label each photo "This is bathroom, This is eat. This is drink. This is sleep." When staff see client #5 get up to go to the bathroom or get something to eat, immediately get the symbols and prompt her to use them to communicate her need. Program should be conducted daily. Additional record review</p>	W 249		

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W 249	<p>Continued From page 3</p> <p>revealed a communication progress note dated 7/1/18 indicating communication programming continues to be functional for client #5. Continue programming per the prescribed speech-language methodology.</p> <p>Interview with the facility QIDP and facility behaviorist revealed client #5's communication program remains an ongoing goal to support the client with communication deficits. Continued interview revealed client #5 should have been supported with communication throughout the survey with the use of a picture symbols sheet reflecting a variety of various pictures.</p> <p>C. The team failed to assure sufficient interventions to address the toileting needs for client #6. For example:</p> <p>Observation in the group home on 8/13/18 at 4:30 PM revealed client #6 to be assisted to a group home bathroom. Further observation revealed staff to enter the bathroom with client #6 and then exit and walk to the kitchen area of the home. Staff was observed to return to check on client #6 multiple times by knocking on the bathroom door and asking "are you ok?" and by standing in the hallway to listen if the client was singing, then walk away. Interview with staff revealed the client often sings in the bathroom and will stop singing when she is done and ready for staff assistance. Observation at 4:42 PM revealed staff to enter the bathroom with client #6 and at 4:45 PM exit with the client.</p> <p>Review of record for client #6 on 8/14/18 revealed a PCP dated 1/29/18. Review of the PCP revealed client #6 to have a toileting schedule that identified the need for monitoring while she is</p>	W 249		

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W 249	Continued From page 4 in the bathroom due to behaviors of "digging" and the need for assistance with utilizing a handrail.  Interview with the facility QIDP and facility behaviorist verified Client #6 needs monitoring by staff when utilizing the restroom. Further interview revealed staff should either be present with client #6 in the bathroom or frequently check on the client by knocking on the door then opening the door to visually see the client. Interviews with the QIDP and facility behaviorist verified the client's singing was not an appropriate monitoring method of the client while the client uses the bathroom.	W 249		