

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

PRINTED: 08/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2018
NAME OF PROVIDER OR SUPPLIER PLEASANT ACRES		STREET ADDRESS, CITY, STATE, ZIP CODE 447 PLEASANT ACRES DRIVE MOCKSVILLE, NC 27028	
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: The person centered plan (PCP) for 1 of 3 non-sampled clients (#3) failed to included objective training to address identified needs for privacy during the changing of clothing as evidenced by observations, interviews and review of records. The finding is:</p> <p>Observations in the group home on 8/14/18 at 7:27 AM revealed client #3 to go to personal bedroom and change clothes without closing the door. Staff were noted to come by and prompt the client to close the bedroom door when changing clothes.</p> <p>Interview with the direct care staff revealed the client does have difficulty in closing the door open when changing clothes and has to be prompted by staff to close the door. Interview with the habilitation specialist revealed client #3 has had a program in the past for closing the bathroom door while toileting which the client had met criteria and it was discontinued. Continued interview with the habilitation specialist, verified by review of the 3/26/18 PCP for client #3, revealed no objective training has been implemented to address closing the bedroom door for privacy when changing clothes.</p> <p>Therefore, the PCP for client #3 failed to included</p>	W 227	<p>The facility will ensure that the PCP for all individuals in the home has training objectives to meet the clients' needs as identified in the comprehensive assessments.</p> <p>The IDT for client #3 will meet to discuss his needs in the area of privacy while changing his clothes. The IDT will ensure that a program is developed to address this issue, and the Habilitation Specialist will ensure that staff are inserviced trained on the new program.</p> <p>The IDT will monitor weekly to ensure program implementation for four consecutive weeks, and then for preventative measures the IDT will complete monthly Observations and/or QA assessments.</p> <div data-bbox="1071 1260 1356 1543" style="text-align: center;"> </div>

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

TITLE

Administrator

(X6) DATE

8/22/18

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 227	Continued From page 1 objective training to address an identified need relative to privacy.	W 227			
W 249	<p>PROGRAM IMPLEMENTATION 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: The team failed to ensure objectives listed on the person centered plan (PCP) for 1 of 3 non-sampled clients, (#2) was implemented with sufficient frequency and as prescribed to support the achievement of the objective as evidenced by observations, interviews and review of records. The finding is:</p> <p>Observations during the 8/13-8/14/18 survey revealed staff to use verbal and gestural prompts to assist client #2 to transition to meals, to the bathroom, to go outside, to get on the van to go to the vocational center and to take medications. No other prompting method was observed to assist the client with transitioning to various activities.</p> <p>Review of the records for client #3 revealed a PCP dated 5/16/18 which included an objective for the client to follow a TEACCH schedule. Review of the TEACCH schedule revealed</p>	W 249	<p>The facility will ensure that each individual has an individual program plan that contains needed interventions and services, and for active treatment to be provided for the achievement of the objectives identified in the individual's plan.</p> <p>The IDT will meet to discuss the TEACCH Schedule that is in place for client #2, and will revise the schedule (if needed) to ensure that the objective is addressing his needs in the area of transitioning.</p> <p>The Habilitation Specialist will inservice train staff on the program's frequency as determined by the IDT.</p> <p>The IDT will complete weekly monitoring and/or observations for four consecutive weeks, and for preventive measures the IDT will complete monthly observations and/or QA Assessments.</p>	10/14/18	

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W 249	Continued From page 2 pictures to represent bathroom, vocational center, breakfast, lunch dinner, daily living activities, games, outside, van, getting dressed, brush teeth and medications. Continued review of this objective, verified by interview with the habilitation specialist, revealed staff are to prompt the client to "check your schedule" when transitioning to an activity. Further interview with the habilitation specialist revealed the objective should have been implemented during times of transition.	W 249		
W 331	Therefore, the staff failed to ensure this objective was implemented as prescribed and with sufficient frequency to support the achievement of the objective. NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, interviews and review of records, nursing services failed to assure adequate interventions were in place for 1 of 3 non-sampled clients (#2) to address the health needs related to weight loss and diet. The finding is: Observations on 8/13/18 at approximately 5:35 PM in the group home revealed client #2 to eat only 1-2 bites of his dinner meal of beef and noodle casserole and broccoli. Continued observations of the dinner meal revealed client #2 to refused offers of pudding and pineapple at his dinner meal, only drinking his beverages of milk and juice.	W 331	The facility will ensure that clients are provided with nursing services in accordance with their needs. The IDT will meet to discuss how to address the health needs of client #2 in regards to weight loss and diet. The recommendations of the IDT will be shared with the Primary Care Physican of client #2. Nursing will inservice staff on interventions being implemented for client #2. Nursing will monitor the weight and dietary intake of client #2 weekly for a period of 30 consecutive days to ensure that interventions are being affective. For preventive measures Nursing will ensure that client #2 is weighed monthly, and will monitor his health needs through the completion of quarterly Nursing Assessments.	10/14/18

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W 331	<p>Continued From page 3</p> <p>Observations on 8/14/18 at approximately 7:30 AM revealed client #2 to refuse his breakfast meal of toast and cereal. Continued observations at the breakfast meal revealed client #2 was offered a dietary supplement of Ensure with his breakfast, which he drank along with his juice and milk. Subsequent observations revealed client #2 appeared to look very thin.</p> <p>Record review for client #2, conducted on 8/14/18 revealed an annual physical exam dated 06/26/18 which included a body weight recorded for client #2 of 80 lbs. Further review of the record for client #2 revealed an annual physical exam dated 6/19/17 which included a body weight recorded for client #2 of 92 lbs. It is noted that this is a 12 lb weight loss in one year from 2017-2018. Continued review of client #2's record revealed a current nutritionist note stating "client's desired body weight range is from 114-139 lbs. client is underweight." Subsequent review of the record revealed client #2's body weight of 80 lbs. per physical exam dated 6/26/2018, is 34 lbs. under his desired body weight of at least 114 lbs.</p> <p>Interview with the facility nurse on 8/14/18 revealed the facility is aware that client #2 is under weight, although she was not aware of his weight being recorded as 80 lbs., a 12 lb. weight loss from 2017 to 2018, as noted on the physical exam reports. Continued interview with the facility nurse revealed that 1 can of a liquid supplement of Ensure was added to the client's diet within the last 2 months per physician's order, along with seconds on vegetable and fruits only. Further interview with the facility nurse confirmed that client #2 is currently under weight according to his ideal body weight range, and additional</p>	W 331			

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W 331	Continued From page 4 interventions are needed to address client #2's weight loss, health and dietary needs.	W 331		