

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

PRINTED: 09/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2018
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NAME OF PROVIDER OR SUPPLIER MASON STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 306 N MASON STREET APEX, NC 27502
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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 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 3 sampled clients (#2) was taught to use and make informed choices about the use of eyeglasses. The finding is:</p> <p>Observations on 9/19/18 in the home from 11:10 AM to 1:45 PM revealed client #2 did not wear eyeglasses. Continued observation revealed client #2 engaged in puzzle activities, signing conversations with staff and watching television. At no time did staff prompt client #2 to wear her eyeglasses.</p> <p>Observations on 9/19/18 in the home from 4:45 PM to 6:00 PM revealed client #2 to wear eyeglasses. Continued observation revealed client #2 engaged in various activities as she wore her eyeglasses.</p> <p>Observations on 9/20/18 in the home from 6:55 AM to 7:45 AM revealed client #2 to wear eyeglasses. Continued observation revealed client #2 engaged taking her morning medications, and other various activities.</p> <p>Interview with staff on 9/20/18 revealed client #2</p>	W 436		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 436	<p>Continued From page 1</p> <p>wears eyeglasses and this is her first eyeglasses prescription. Additionally, staff noted client #2 keeps her eyeglasses in her room and does require staff prompts to wear.</p> <p>Review of records on 9/20/18 for client #2 revealed a vision exam dated 1/29/18 with a diagnosis of presbyopia and "new glasses prescribed..." Continued review of client #2's record revealed an individual support plan (ISP) dated 2/5/18 with objectives relative to medication administration, money management, oral hygiene, exercise, and laundry. Additional review of current objectives and programs for client #2 revealed no training to address the proper use and care of eyeglasses.</p> <p>Interview with the home manager and the qualified intellectual disabilities professional (QIDP) verified client #2 has a new prescription for eyeglasses and this is her first prescription for eyeglasses. Further interview with the QIDP verified client #2 has no current training objective to address the proper use and care of her eyeglasses.</p>	W 436			