

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

PRINTED: 09/12/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER O'BERRY NEURO-MEDICAL TREATMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 OLD SMITHFIELD RD GOLDSBORO, NC 27530		
(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 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 1 of 2 audit clients (#1) residing in the five building was fed their diet in a manner as prescribed by the interdisciplinary team in order to assure her health, specifically to prevent aspiration. The finding is:</p> <p>Client #1 was not fed according to the recommendations in their individual program plan (IPP).</p> <p>Throughout observations of lunch and dinner on 8/28/18 and breakfast on 8/29/18, client #1 was fed by staff. During all meal observations staff fed client #1 multiple spoonfuls of food before even offering her a drink of liquids. She was provided up to 10 full spoonfuls before offering her a drink and sometimes at up to 20 spoonfuls without drinking any beverage at all. Additionally, at all meals she was provided with over 2 ounces of beverage in her cup at a time. It appeared that a full 8 ounces was poured by her with staff assistance at each meal.</p> <p>Interview with staff on 8/29/18 revealed they always assist her with pouring "8 ounces" of beverage into her cup. When asked how often beverages were offered to client #1 when feeding her staff (2) indicated they periodically offer her beverages. When asked for a specific number of</p>	W 460	<p>The Interdisciplinary Team will meet to discuss client #1's Individual Program Plan including mealtime strategies and determine if any revisions are needed to diet and plan of care regarding how to provide liquids and solid foods throughout meal.</p> <p>Follow-up observations will be completed by the Dysphagia Team to evaluate resident's present risk for aspiration.</p> <p>Addendums/updates to comprehensive clinical assessments will be completed based on the results of the Dysphagia Team's observations.</p> <p>The Home Life Specialist (Qualified Professional) will reconvene the IDT regarding the results of the dysphagia team observations and to address recommendations made in client #1's IPP.</p> <p>Staff will be inserviced by Dysphagia Team and Home Life Specialist on revised mealtime strategies for client #1's plan of care and will update inservice per Dysphagia Team's observations.</p> <p>Monitoring will be completed on a daily basis by the Home Life Support Assistants, weekly by the Home Life Specialists and Floor Shift Nurse Supervisor, and on a monthly basis by Occupational Therapist, Speech Language Pathologist, Unit Consultant, and Unit Nurse Manager for mealtimes for client #1.</p> <p>Training will occur upon hire and annually for all direct care employees regarding specialized mealtime strategies with competency based assessment.</p>	<p>09/06/2018 and 09/19/2018</p> <p>09/26/2018</p> <p>09/26/2018</p> <p>09/28/2018</p> <p>09/19/2018 and 10/03/2018</p> <p>Ongoing</p> <p>Ongoing</p>	

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

TITLE

(X6) DATE

Denny J. Phillips

CENTER DIRECTOR

9/28/2018

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 460	<p>Continued From page 1</p> <p>spoonfuls between offering beverages, both staff indicated there was no specific time during meals that client #1 was to be offered beverages.</p> <p>Review on 8/28/18 of client #1's IPP dated 8/1/18 revealed she has specific guidelines for eating "safely." These guidelines noted she should be encouraged to take sips of liquids after about 2 bites of food. The guidelines further noted staff should put only small amounts (approximately 2 oz) in her cup at one time.</p> <p>Interview on 8/29/18 with the qualified intellectual disabilities professional (QIDP) confirmed that client #1 should be provided only two ounces of beverage in her cup at a time and she defined "about 2 bites" as 2-3 bites of food between liquids being offered to client #1.</p> <p>Further review on 8/29/18 of client #1's record revealed she had a Dysphagia assessment on 7/12/18. This assessment noted a modified barium swallow study (MBSS) was conducted in 2009 and the results indicated mild-moderate dysphagia (level 5). It also noted that in 2012 she was referred for another MBSS "due to more recent bouts of aspiration pneumonia." Results indicated "moderate dysphagia (level 3). It noted normal is level 7. In 2013, it noted she was referred again for another MBSS due to "recurrent aspiration pneumonia. The results indicated moderate-severe dysphagia (level 4.) At this time, her diet was changed again and "starting in the summer of 2014" she was "hospitalized 3 separate occasions for aspiration pneumonia." For this reason, "due to recurrent aspiration pneumonia's...team discussed a feeding tube...A G and J tube were placed...." It was also noted client #1 pulled the tubes out so</p>	W 460			

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W 460	Continued From page 2 they agreed to continue with feeding her by mouth six small meals a day with adaptive equipment. It further noted "Client #1 is a silent aspirator."	W 460			