

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHERWOOD PARK HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>126 ROBINHOOD LANE ABERDEEN, NC 28315</b>		
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W 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a client with a need for legal guardianship had that legal guardian appointed by the court. This affected 1 of 6 audit clients (#9). The finding is:</p> <p>Client #9 does not have documentation of a legal guardian.</p> <p>Review on 10/1/18 of client #9's record revealed there is no documentation of guardianship. Further review of client #9's individual program plan (IPP) dated 3/21/18 revealed his legal guardian is his brother.</p> <p>During an interview on 10/2/18, the qualified intellectual disabilities professional (QIDP) revealed she was unaware the guardianship papers were not included in client #4's record.</p>	W 125			
W 209	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(2)</p> <p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility</p>	W 209			

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 209	Continued From page 1 failed to ensure clients' guardians were afforded the opportunity to participate in the development of their individual program plans (IPP). This affected 2 of 6 audit clients (#2, #9). The findings are:  Clients #2 and #9 guardians were not provided a copy of their IPP.  a. Review on 10/1/18 of client #2's record revealed her IPP meeting attendance list revealed client #2's guardian had not attended her IPP. Further review there was no documentation to indicate client #2's guardian was sent a copy of her IPP.  b. Review on 10/1/18 of client #9's record revealed his IPP meeting attendance list revealed client #9's guardian had not attended his IPP. Further review there was no documentation to indicate client #9's guardian was sent a copy of his IPP.  During an interview on 10/2/18, the qualified intellectual disabilities professional (QIDP) confirmed both clients #2 and #9 guardians had not attended their annual IPP meetings. Further interview revealed the IPP was not discussed with clients #2 and #9 guardians.	W 209			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  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	W 249			

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W 249	<p>Continued From page 2</p> <p>objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the areas of self help skills and adaptive equipment. This affected 3 of 6 audit clients (#2, #4, #5). The findings are:</p> <p>1. Client #2 was not given allowed independence during medication administration.</p> <p>During morning medication administration on 10/1/18, the medication technician spoon fed client #2 her pills. During three meal observations client #2 independently fed herself food. Further observations revealed client #2 did not need any assistance from staff to feed herself.</p> <p>During an interview on 10/1/18, the medication technician revealed, "I've been feeding [Client #2] her meds for years." The medication technician also revealed she did not want client #2 to spill any of her pills.</p> <p>Review on 10/1/18 of client #2's adaptive behavior inventory (ABI) dated 3/8/18 stated, "Eats with spoon with minimal spillage." Further review revealed client #2 is "able to perform all of the behavior independently and thoroughly."</p> <p>During an interview on 10/2/18, the qualified</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>intellectual disabilities professional (QIDP) confirmed client #2 should have been given the opportunity to feed herself her medications during medication administration.</p> <p>2. Client #4's toileting needs were not met.</p> <p>During morning observations in the home on 10/1/18 from 10:07am until 10:48am, client #4 was observed sitting in his wheelchair in his bedroom. Further observations revealed client #4 crying and yelling out on 5 separate occasions. At no time did staff go into client #4 bedroom to see how he was doing.</p> <p>During an interview on 10/1/18, staff (1) revealed client #4 had a bowel movement and "didn't" the surveyor smell it.</p> <p>During an interview on 10/1/18, staff (2) revealed client #4 "will cry out if he's had a BM."</p> <p>Review on 10/1/18 of client #4's IPP dated 3/4/18 revealed client #4 communicates by crying and moaning. Further interview revealed he is totally dependent on staff for his toileting needs.</p> <p>During an interview on 10/2/18, the QIDP revealed staff should have checked client #4 to see if he had a bowel movement.</p> <p>3. Client #3 adaptive chair was not utilized correctly.</p> <p>During morning observations in the home on 10/1/18, client #5 was observed being pushed into the dining room in her adaptive chair.</p> <p>Review on 10/1/18 of client #5's Rifton Chair</p>	W 249			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 249	Continued From page 4 Guidelines dated 4/24/17 stated, "Methods...7. Please do not push her in the Rifton chair because she could fall out of the chair or the chair could tip forward...."	W 249			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1)  There must be an active program for the prevention, control, and investigation of infection and communicable diseases.  This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure infection control prevention procedures were carried out. This potentially affected all clients residing in the facility. The finding is:  Precautions were not taken to promote client health and prevent possible cross-contamination.  During observations after a medication administration on 10/1/18, the medication technician gathered up the trash which was observed to have fallen out of a trash bag which was laying on the floor. The medication technician then proceeded to touch a pill bubble pack, pill bottle, a container of juice, the medication cart, the door handle of the refrigerator, a clients' wheelchair and the door of the medication room. At no time did the	W 455			

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W 455	<p>Continued From page 5</p> <p>medication technician wash her hands after touching the trash.</p> <p>During a immediate interview, the medication technician confirmed she should have washed her hands after handling the trash.</p> <p>Review on 10/1/18 of the facility's hand washing procedure (revised October 2003) stated, "...Wash hands at the following times...after handling...contaminated materials..."</p> <p>During an interview on 10/1/18, the QIDP confirmed the medication technician should have washed her hands after handling the trash.</p>	W 455		