

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: 34G112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2018
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NAME OF PROVIDER OR SUPPLIER EASTBROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 110 EASTBROOK DRIVE RED SPRINGS, NC 28377
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W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to use gloves appropriately and per facility policy. The finding is:</p> <p>Staff were not adequately trained to wear gloves appropriately.</p> <p>During morning observations in the home on 9/11/18 from 6:38am - 7:18am, several clients were assisted to participate in meal preparation tasks such as cooking oatmeal, operating small appliances, setting the table, and obtaining/pouring other food and drinks. Throughout these tasks, clients were consistently prompted and assisted to wash their hands and then apply gloves before participating with any meal preparation tasks. Various staff were also observed wearing gloves during meal preparation. Clients and staff were not observed to change or replace gloves after touching non-food items and surfaces such as door knobs, light switches, cabinet/refrigerator handles, chairs, etc.</p> <p>Staff interview on 9/11/18 revealed they have been trained to wear gloves during meal preparation to keep food from getting "contaminated". When asked when their gloves would be considered contaminated, the staff</p>	W 189	<p>The team met and Agreed that Nursing Will train staff on When to wear gloves appropriately According to the Facility standard Precautions policy.</p> <p>The team met and Agreed that the Home Manager Will inservice staff on proper hand washing techniques during meal preparation.</p> <p>Staff will ensure that they and the clients are washing their hands appropriately and provide training as needed.</p>	<p>DHSR - Mental Health SEP 25, 2018 Lic. & Cert. Section</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Delora Monroe

QP

9/24/18

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 189	Continued From page 1 could not answer; however, they acknowledged touching various non-food items and other surfaces such as door knobs, cabinet handles, etc could contaminate gloves. Review on 9/11/18 of the facility's "Standard Precautions" policy (Revised March 2017) revealed, "Wear gloves when touching blood, body fluids, secretions, and contaminated items. Put on clean gloves, just before touching mucous membranes or non-intact skin. Change gloves between tasks and procedures on the same individual after contact with material that may contain high concentration of microorganisms. Remove gloves promptly, before touching non-contaminated items and environmental surfaces and before going to another individual and wash hands to avoid transfer of microorganisms to other individuals or environments." Additional review of the policy did not indicate specific instructions to staff for the use of gloves during meal preparation tasks. Interview on 9/11/18 with the Qualified Intellectual Disabilities Professional (QIDP) via telephone revealed the facility has guidelines for use of gloves for universal precautions; however, there are no specific instructions for glove use during meal preparation tasks.	W 189	Mealtime assessments will be conducted weekly by the clinical team until situation has resolved. 10-22-18	
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 observations, interviews and record reviews, the facility failed to ensure a pattern of interactions between staff and clients supported the implementation of the Individual Program Plan (IPP). This affected 3 of 4 audit clients (#1, #3, #6).</p> <p>1. Client #3's guidelines for wearing his shoes were not followed.</p> <p>Upon arrival to the home on 9/11/18 at 6:15am, client #3 was observed wearing leather like shoes with a rubber sole. The client continued to wear the shoes until his departure for the day program.</p> <p>Staff interview on 9/11/18 revealed client #3 will often chew on the soles of his shoes. Additional interview indicated for this reason, he wears non-slip socks in the afternoon when he comes home from the day program; however, he can wear his shoes in the morning before going to the day program.</p> <p>Review on 9/11/18 of client #3's IPP dated 10/10/17 revealed, "[Client #3] will eat the soles off his shoes, therefore his shoes will be removed when he is in the home relaxing... Team agrees and guardian that [Client #3's] shoes will be kept in a separate area from him while he is relaxing at home. [Client #3] will wear his socks because he will also chew on the soles of any rubber shoes."</p> <p>Interview on 9/11/18 with the Qualified Intellectual</p>	W 249	<p>WZ49</p> <p>1.</p> <p>The team met and agreed that client #3 will get fully dressed and put on his shoes when he get up in the morning.</p> <p>When client #3 returns home in the afternoon and evening time he will be prompted to wear his non-slip socks while he is relaxing in the home.</p> <p>Monitoring will occur Through direct observation Weekly by Nursing, Hab. Spec., QP, BA and HM until Situation has resolved.</p> <p>10-22-18</p>	

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W 249	<p>Continued From page 3</p> <p>Disabilities Professional (QIDP) via telephone confirmed client #3 should wear non-slip socks while in the home as indicated in his plan.</p> <p>2. Client #1 was not provided the correct dining equipment.</p> <p>During breakfast observations in the home on on 9/11/18 at 7:35am, client #1 utilized a high-sided plate without sections to consume his breakfast meal.</p> <p>Staff interview on 9/11/18 revealed client #1 usually uses a high-sided sectioned plate at meals but he can also use a high-sided non-sectioned plate as well.</p> <p>Review of client #1's meal time guidelines dated 9/10/17 revealed the client should use a "high-sided divided plate..." at meals.</p> <p>Interview on 9/11/18 with the facility's nurse and management staff confirmed client #1 should use a high-sided sectioned plate at meals.</p> <p>3. Client #6 was not provided the correct dining equipment.</p> <p>During breakfast observations in the home on on 9/11/18 at 7:35am, client #6 utilized a high-sided sectioned plate to consume his breakfast meal.</p> <p>Staff interview on 9/11/18 revealed client #6 usually uses a high-sided non-sectioned plate at meals.</p> <p>Review of client #6's IPP dated 1/2/18 revealed the client "should have a high sided plate...when eating".</p>	W 249	<p>W249</p> <p>2. and 3.</p> <p>Staff will be inserviced</p> <p>On all adaptive equipment</p> <p>For all Individuals by the QP.</p> <p>Mealtime assessments will</p> <p>Be conducted weekly by</p> <p>The clinical team until</p> <p>Situation has resolved.</p> <p>10-22-18</p>		

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W 249	Continued From page 4	W 249		
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #4's medication was administered in accordance with physician's orders. This affected 1 of 4 audit clients. The finding is:</p> <p>Client #4 did not receive his Linzess as indicated.</p> <p>Upon arrival to the group home on 9/11/18 at 6:15am, client #4 was in his bedroom getting dressed. At approximately 6:38am, the client entered the kitchen area. Client #4 was not observed to enter the medication room from 6:15am - 7:00am. Client #4 began consuming his breakfast at approximately 7:35am.</p> <p>During additional observations of medication administration beginning at 8:02am, client #4 entered the medication room for his 8:00am medications. The medication technician (MT) indicated the client had been given his Linzess medication on 3rd shift; however, the MT was not sure what time he had ingested it.</p> <p>Review on 9/11/18 of client #4's physician's order</p>	W 368	<p>W368</p> <p>Nursing will inservice Staff on the proper Medication administration for the prescription Linzess. Nursing will staff on any other Individual who has a prescription for Linzess at the home. Monitoring will occur weekly by the Nurse with a medication Administration Observation.</p> <p>10-22-18</p>	

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W 368	Continued From page 5 signed 7/19/18 revealed an order for Linzess 290 mcg, one capsule "30 minutes prior to morning meal...7:00am" Interview on 9/11/18 with the facility's nurse confirmed client #4's Linzess should be given 30 minutes prior to his meal as written in his physician's orders.	W 368			