

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

PRINTED: 09/07/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/05/2018
NAME OF PROVIDER OR SUPPLIER  SCI-ROANOKE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 103 & 105 CLEARFIELD DRIVE ROANOKE RAPIDS, NC 27870	
(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 224	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #9's comprehensive functional assessment (CFA) included an assessment of his meal preparation skills. This affected 1 of 5 audit clients. The finding is:</p> <p>Client #9's CFA did not include his meal preparation skills.</p> <p>During dinner preparation in the home on 9/4/18 from 3:55pm - 4:18pm, client #9 was in the kitchen to participate with meal preparation tasks. Staff briefly assisted the client to put silverware in a drawer and to choose a drink flavor. Staff performed all other tasks such as preparing turkey burgers, peas and french fries, making drinks, filling pitchers, operating a can opener and a small chopper and pouring food items into a bowl. During this time, client #9 remained in the kitchen area unengaged.</p> <p>During breakfast preparation in the home on 9/5/18 from 6:55am - 7:51am, client #9 was in the kitchen to assist with meal preparation tasks. During this time, staff assisted client #9 to stir a pitcher of juice briefly. The staff performed all other tasks including placing frozen pancakes on a pan, cracking/cooking scrambled eggs, placing food items in bowls, operating the microwave and</p>	W 224	<p>Meal preparation skills will be assessed for client #9 and for all clients to include tasks such as food preparation, table setting, clearing the table etc. The obtained findings will be used to determine training needs for client #9 and all clients. Core meetings will be held and goals and/or service goals developed as determine appropriate by the team to maximize their ability to function as independently as possible in their community. The Director/QP will monitor at least quarterly and the Program Director will monitor at least monthly.</p>	11-3-18

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

TITLE

(X6) DATE

*Janine Dinning* Chief Operations Officer 9-12-18

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 224	Continued From page 1 a small chopper and filling pitchers with ice and drinks. During this time, client #9 remained in the kitchen area unengaged.  Staff interview on 9/5/18 revealed client #9 does not "do a whole lot" in the kitchen for meal preparation and another client in the home is the only one who will assist.  Review on 9/5/18 of client #9's record did not include an assessment of his meal preparation skills.  Interview on 9/5/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #9's meal preparation skills have not been included in his current CFA.	W 224		
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 objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed ensure 1 of 5 audit clients (#8) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of	W 249	All staff will receive training in: <u>ICF-IID Level of Care Basics:</u> <ul style="list-style-type: none"> <li>Active Treatment</li> <li>Encouraging Independence</li> <li>Teaching cues</li> <li>Providing the least assistance necessary</li> <li>Client #8's mealtime guidelines</li> <li>All clients mealtime guidelines</li> <li>Client #8's aspiration guidelines/ physician's orders (service goal 6-s)</li> <li>Client #8 mealtime adaptive equipment (dycem mat)                             <ul style="list-style-type: none"> <li>Adaptive dining equipment for all clients</li> </ul> </li> </ul> <p>The Director or the Program Director will monitor these programs at least three times per week, document noted concerns and make changes as warrant.</p>	11-3-18

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W 249	<p>Continued From page 2</p> <p>mealtime guidelines, adaptive equipment use, and aspiration guidelines. The findings are:</p> <p>1. Client #8's mealtime guidelines were not implemented as written.</p> <p>During dinner observations in the home on 9/4/18 at 6:15pm, client #8 served himself all food items and began eating. Approximately 10 minutes later, after the client had consumed 90% of his meal, staff assisted him to pour his drinks which he consumed immediately.</p> <p>During breakfast observations in the home on 9/5/18 at 8:05am, client #8 had served himself all food items and began eating. Approximately 8 minutes later, after the client had consumed 95% of his meal, staff assisted the client to pour and consume his drinks.</p> <p>Staff interview on 9/5/18 revealed during meals they usually sit beside client #8 and prompt him to slow down or make sure he does not put too much food in his mouth. The staff did not identify any specific instructions regarding the client's consumption of liquids at meals.</p> <p>Review on 9/5/18 of client #8's IPP dated 6/7/18 revealed mealtime guidelines dated 5/11/17 revealed, "Staff should encourage [Client #8] to take small sips of liquids in between small amounts of food."</p> <p>Interview on 9/5/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the mealtime guidelines should be implemented as written at meals.</p> <p>2. Client #8's aspiration guidelines/physician's</p>	W 249		

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W 249	Continued From page 3 orders were not implemented as written.  During observations of client #8's medication administration on 9/5/18 at 8:03am, the client consumed his pills with nectar thicken water.  Review on 9/5/18 of client #8's physician's orders signed 6/18/18 and aspiration guidelines (Service 6-S) dated 6/15/18 revealed the client should consume his medication with "pudding thick liquids".  Interview on 9/5/18 with the QIDP confirmed client #8 should consume his medications with pudding thick liquids as indicated.  3. Client #8's adaptive dycem mat was not utilized as indicated.  During lunch observations at the day program and breakfast observations in the home on 9/4 - 9/5/18, client #8 did no utilize a dycem mat at the meal.  Staff interview on 9/5/18 revealed they were "not sure" if client #8 uses a dycem mat at meals.  Review on 9/4/18 of client #8's IPP dated 6/7/18 revealed a dycem mat should be utilized as a part of his adaptive equipment during meals.  Interview on 9/5/18 with the QIDP confirmed client #8 should be provided with a dycem mat at meals.	W 249			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)	W 288			

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W 288	Continued From page 4 Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a technique to manage client #8's sleep behavior was included in a formal active treatment plan. This affected 1 of 5 audit clients. The finding is:  The use of Melatonin was not included in an active treatment plan.  Review on 9/5/18 of client #8's physician's orders signed 6/18/18 revealed the client ingests Melatonin 3mg once daily at 9:30pm. Additional review of the client's record did not include a formal treatment plan which incorporated the use of Melatonin.  Interview on 9/5/18, with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #8 has sleep issues and ingests the Melatonin to address these issues. The QIDP acknowledged the medication should be included in a formal active treatment plan.	W 288	Client #8's Behavior Intervention Goal will be modified to include the technique: usage of Melatonin to promote good sleep hygiene. All client's behavior plans will be reviewed to assure that all identified techniques are incorporated within the body of their behavior plans. The Director will monitor each behavior plan as it is written to assure that any prescribed medications used for behavior control are included as a technique in the written plan and core meeting held to modify all plans as needed.	11-3-18
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii)  Food must be served at appropriate temperature.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure foods were served an an appropriate temperature. The	W 473		

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W 473	<p>Continued From page 5 finding is:</p> <p>Food was not served within 15 minutes of removal from it's heat source.</p> <p>During dinner preparation in the home on 9/4/18 at 5:40pm, staff removed french fries from the oven and placed them in a bowl. At 5:45pm, staff removed Turkey burgers from the oven and placed them in hamburger buns. The staff later began cutting up both food items into small pieces and some food was chopped in a small chopper to a ground consistency before serving. At 6:15pm, clients began serving themselves all food items. Staff only checked the temperature of the whole turkey burgers before serving.</p> <p>During breakfast preparation in the home on 9/5/18 at 7:25am, staff removed pancakes from the oven and left them uncovered for approximately 10 minutes before cutting them up into small pieces. At 7:40am, staff removed scrambled eggs from a pan and placed them in a bowl. The staff placed several pancakes into a chopper, added milk from the refrigerator and blended them up. The same was done with a portion of the scrambled eggs. At 8:05am, clients began serving themselves all food items. No food temperatures were taken prior to serving.</p> <p>Further observation of the refrigerator revealed several temperature gauges inside a magnetic box attached to the refrigerator with a policy just below it entitled, Food Preparation, Holding and Serving Temperatures (Revised 2/19/14).</p> <p>Staff interview on 9/5/18, revealed they have been trained to take food temperatures using a gauge located on the refrigerator in the kitchen</p>	W 473	<p>All staff members who assist with serving food will receive training in serving food at the appropriate temperature. In the future, foods will be served within 15 minutes of being removed from the heat source. Staff will be trained to reheat foods that have cooled if for some reason a client does not eat while the foods are the correct temperature.</p> <p>The Director and / or Program Director will monitor at least weekly.</p>	11-3-18	

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W 473	<p>Continued From page 6</p> <p>(the staff pointed to several gauges attached to the refrigerator). The staff stated food temperatures should be between 110 - 120 degrees. Additional interview indicated they follow the policy posted on the refrigerator.</p> <p>Review of the policy posted on the refrigerator for Food Preparation, Holding and Serving Temperatures (Revised 2/19/14) revealed, "...Food must be served on client's plate within fifteen minutes of removing from heat source (stove, microwave oven) or cold source (refrigerator)...In order to insure that foods are being served at the proper temperature, food temperatures should be checked prior to serving...all hot foods will be served at 110 - 140 [degrees] F..."</p> <p>Interview on 9/5/18, with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be checking food temperatures and using guidelines for food temperatures located on daily menus which reflexes the policy posted on the refrigerator.</p>	W 473			