STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G283	A. BUILDING _____ B. WING _____	10/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROTTERS BLUFF	912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540

(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 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 to ensure 1 of 3 audit clients (#4) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of dining skills. The findings are: Staff failed to promote independence during dining for client #4 by providing appropriate utensils. During observations on 10/10/18 at 5:15pm client #4 served himself baked fish, cabbage, potato salad with water, iced tea and milk for beverages. Client #4 utilizes a plate stand, weighted spoon and cups with handles. Client #4 did not have a fork at his placesetting. During the meal client #4 attempted to pick up his fish with his weighted spoon unsuccessfully. He put his spoon down and then began to eat his two pieces of fish with his hands. Direct care staff was sitting beside him. Throughout the meal direct care staff did not offer to get client #4 a fork nor was there any redirection not to use his fingers.	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 249	Continued From page 1 Immediate interview on 10/10/18 with direct care staff sitting next to client #4 revealed she did not offer a fork to client #4 because he does chooses not to use it when a fork is available at his placesetting. Review on 10/11 18 of his adaptive behavior inventory (ABI) dated 9/16/17 revealed client #4 is independent in the area of using utensils. Further review of the ABI revealed he is independent in the area of using a fork and needs assistance using a knife to cut his food. Interview on 10/11/18 with the Quality Assurance Specialist revealed client #4 should be provided a fork at meals and given prompts to use appropriate utensils during meals.	W 249		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to assure behavior plan utilizing psychotropic medications had specific written informed consent by the guardian(s) for 2 of 3 audit clients (#1, #4). The findings are: Facility management staff failed to obtain written informed consent for 2 restrictive behavior support programs (BSP) which included the use of psychotropic medications.	W 263		

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W 263	Continued From page 2 1. Review on 10/10/18 of client #4's BSP dated 7/14/18 revealed a program which incorporated the use of several psychotropic medications to include: Divalproex, Fluoxetine, Haldol and Zyprexa. This BSP also incorporated the use exclusionary time out (ETO) and the use of electroconvulsive therapy (ECT) as prescribed by his physician. This program listed the following target behaviors: physical aggression, agitation, elopement and failure to make responsible choices. Further review confirmed there was no guardian consent for this program. Review on 10/10/18 of client #4's individual program plan (IPP) dated 6/13/18 confirmed client #4 has been adjudicated incompetent and that his stepfather is appointed as his Guardian of the Person. Review on 10/10/18 of the human rights committee (HRC) minutes dated 9/24/18 revealed the HRC had discussed client #4's new BSP at their meeting but there no mention of guardian consent for client #4's BSP. Interview on 10/11 18 with the qualified intellectual disabilities professional (QIDP) revealed the BSP had been sent to client #4's guardian but had not yet been returned. 2. Review on 10/10/18 of client #1's BSP dated 7/4/18 revealed a program which incorporated the use of Neurontin, Latuda and exclusionary time out to address the following target behaviors: aggression, self-injurious behavior, severe disruption and inappropriate sexual behavior. Further review of this BSP revealed no guardian consent.	W 263		

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W 263	Continued From page 3 Review on 10/10/18 of client #1's IPP revealed he had been adjudicated incompetent and his mother was listed as Guardian of the Person. Review on 10/10/18 of the HRC minutes dated 9/24/18 revealed the HRC had discussed client #4's new BSP at their meeting but there no mention of guardian consent for client #1's BSP. Interview on 10/11 18 with the QIDP revealed the BSP had been sent to client #4's guardian but had not yet been returned.	W 263		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) 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 observations, interview and record review, the facility failed to ensure a technique to manage client #2's inappropriate behavior was included in an active treatment plan. This affected 1 of 3 audit clients (#2). The finding is: Direct care staff used as a technique for client #2 as a substitute for an active treatment program. During observations at the facility on 10/11/18 at 6:14am client #2 asked direct care staff if he could have his electric razor out of the office to shave. Direct care staff walked to the office and retrieved his electric razor. Client #2 took the razor into his bedroom, shot the bedroom door	W 288		

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W 288	Continued From page 4	W 288		

and could be heard using the shaver through the door. At 6:38am, client #2 returned the electric shaver to the staff office.

Interview on 10/11/18 with direct care staff revealed they lock client #2's electric razor up in the facility office because he will use it excessively leaving abrasions on his face. When asked if the qualified intellectual disabilities professional (QIDP) was aware of this, she stated she was not certain.

Review on 10/11/18 of client #2's behavior support program (BSP) dated 9/7/18 revealed no restriction of personal belongings as a component of his program. His target behaviors were listed as: Failure to make responsible choices, severe disruption and making false allegations.

Review on 10/10/18 of client 2's individual program plan (IPP) dated 9/15/17 revealed no restriction of his personal belongings.

Interview on 10/11/18 with the quality assurance (QA) specialist revealed this restriction of client #2's electric razor is not listed in his BSP.