

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

PRINTED: 10/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/02/2018
NAME OF PROVIDER OR SUPPLIER  SHERWOOD PARK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 126 ROBINHOOD LANE ABERDEEN, NC 28315	
(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 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> 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	<p><b>W125</b> The QP will contact client #9s guardian regarding documentation for guardianship. Once QP has received correct form for guardianship it will be placed in the chart. In addition the QP will review guardianship documentation for all clients to make sure the correct documentation is in the chart. In addition the team will monitor this issue during bi annual chart reviews.</p>	11/30/18
W 209	<p><b>INDIVIDUAL PROGRAM PLAN</b> 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	<p style="text-align: center;"><b>RECEIVED</b> <b>OCT 12 2018</b> DHSR-MH Licensure Sect</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samuel J. QP TITLE: \_\_\_\_\_ (X6) DATE: 10-10-18

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 209	<p>Continued From page 1</p> <p>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:</p> <p>Clients #2 and #9 guardians were not provided a copy of their IPP.</p> <p>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.</p> <p>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.</p> <p>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.</p>	W 209	<p><b>W209</b> The Administrator will in-service QP to ensure all guardians have the opportunity to participate in the PCP process. The Administrator will review and sign off on all PCPs for all clients to ensure guardian participation for 2 months. In addition the QP will send a copy of the PCP to the guardian if unable to attend the meeting. Documentation of this will occur in the QP note as well as the invitation to the PCP meeting. The QP will review PCPs for all individuals and mail copies to guardians who did not attend PCP and document in the record. The team will monitor this issue during bi annual chart reviews.</p>	11/30/18	
W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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</p>	W 249			

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W 249	<p>Continued From page 2 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	<p><b>W249</b> The team will meet to discuss Client #2 in regards to independence during medication administration. The team will review all clients PCPs in the area of medication administration skills. The RN/LPN will in-service the staff on all clients that can independently participate in medication administration by scooping their medications and placing it in their mouth. The RN/LPN, QP, Hab. Spec., and Home Manager will conduct Medications Administration Observations Assessments weekly for 2 months.</p>	11/30/18	

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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	<p><b>W249</b> The team will meet to discuss Client #4 in regards to toileting. The team will review all client PCPs in the area of toileting. The Hab. Spec. /QP will in-service the staff on client #4 and all clients that wear adult briefs and have toileting guidelines. The Hab. Spec. /QP will conduct Interaction Assessments weekly for 2 months.</p> <p><b>W249</b> The team will meet to discuss Client #3 in regards to the use of and an adaptive chair. The team will review all client PCPs in the area of adaptive chair use. The PT will in-service the staff on client #3 and all clients that use an adaptive chair. The QP, Hab. Spec., Home Manager, and PT will conduct Interaction Assessments weekly for 2 months.</p>	11/30/18	11/30/18

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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	<p>During an interview on 10/1/18, the QIDP confirmed client #5 should not have been pushed while sitting in the Rifton Chair; she instead should have been allowed to walk with staff assistance into the dining room.</p> <p><b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>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:</p> <p>Precautions were not taken to promote client health and prevent possible cross-contamination.</p> <p>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</p>	W 455	<p><b>W455</b> Nursing will inservice staff on infection control per company policy as it pertains to washing hands after they have been contaminated. The QP, Hab. Spec., Home Manager and RN/LPN will conduct Interaction Assessments weekly for 2 months.</p>	11/30/18	

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W 455	<p>Continued From page 5 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			