

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

PRINTED: 10/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
NAME OF PROVIDER OR SUPPLIER THOMAS S. DECATUR HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7659 DECATUR DRIVE FAYETTEVILLE, NC 28303	
(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)

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 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. This affected 3 of 6 audit clients (#2, #3, #6). The findings are:

1. Clients #2, #3 and #6 were not prompted to participate in family style dining.

During lunch observations at the day program on 10/15/18, clients #2, #3 and #6 were told to line up against the wall and wait their turn before they were allowed to walk down a hallway and fix their plate of food, from serving bowls sitting on a counter.

During dinner observations in the home on 10/15/18, staff passed all the serving dishes and pitchers of liquid. At no time were any clients prompted to pass the food.

During an interview on 10/15/18, staff revealed they have never done "family style dining" at the

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We Will meet this standard in the following 12-16-18 manner:

1) Client #2, #3, and #6 will be prompted to participate in family style dining at both day program and at the group home.

2) All clients will be prompted to participate in family style dining at both the day program and group home.

3) All staff will be retrained on family style dining in order to encourage client participation and not have to line up for service.

4) Staff will also be retrained on table setting so that it includes forks, spoons, and knives in order for clients to have all the needed eating utensils.

5) Staff will also be retrained to prompt client #6 when needed to use a knife and fork for her food and for all other clients.

6) All staff will be retrained on Medication Administration so that they prompt client #6 and all other clients to participate in taking their medications as independently as possible.

7) QIDP will monitor.

8) Nurse will retrain.

RECEIVED

OCT 29 2018

DHSR-MH Licensure Sect

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

Shera W. Silmore, Director

TITLE

10/27/18

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 60 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 249	<p>Continued From page 1</p> <p>day program, but it is done at the house. Further interview revealed family style dining cannot be done at the day program because the clients eat at "two separate tables." Additional interview revealed the clients can participate in family style dining with hand over hand assistance.</p> <p>Review of client #6's adaptive behavior inventory (ABI) dated 10/31/14 stated she can pass bowl/platter with partial independence.</p> <p>During an interview on 10/16/18, the management staff revealed client #2 will need hand over hand assistance with passing food. Further interview revealed clients #3 and #6 should have been prompted to independently pass the food.</p> <p>2. Client #6 were not prompted to use a knife.</p> <p>During during dinner observations in the home on 10/15/18, client #6 picked up her Salisbury steak and consumed it with her fingers. Further observations revealed client #6's did not have either a knife or fork at her place setting, only a spoon. Additional observations revealed there were several knives and forks in a drawer in the kitchen.</p> <p>During an interview on 10/15/18, staff revealed client #6 cannot use a fork.</p> <p>Review on 10/16/18 of client #6's ABI dated 10/31/14 stated, "Uses appropriate utensils for different foods." Further review revealed client #6 uses a knife for cutting</p> <p>During an interview on 10/16/18, the management staff confirmed client #6 should</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>have been prompted to use a knife and fork to cut up her Salisbury steak.</p> <p>3. Client #6 was not given allowed independence during medication administration.</p> <p>During morning medication administration on 10/16/18, the medication technician spoon fed client #6 her pills on 2 separate occasions. During two meal observations client #6 independently fed herself food. Further observations revealed client #6 did not need any assistance from staff to feed herself.</p> <p>During an interview on 10/16/18, the medication technician stated, "I was making sure she got the medicine and didn't drop the medicine."</p> <p>Review on 10/15/18 of client #6's IPP dated 9/7/18 revealed, "...does eat independently... can hold spoon/fork to eat."</p> <p>Review on 10/16/18 of client #6's ABI dated 10/31/14 stated, "Eats with spoon with minimal spillage."</p> <p>During an interview on 10/16/18, management staff confirmed client #6 should have been allowed the feed herself during medication administration.</p>				
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p>	W 288	<p>We will meet this standard in the following manner:</p> <p>1) The facility will implement a goal to address the PICA behavior of client #4 so that her personal items are not kept under lock and key.</p>		12-16-18

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W 288	<p>Continued From page 3-</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to address the inappropriate behaviors of 1 of 6 audit clients (#4) was included in an active treatment plan. The finding is:</p> <p>A technique to manage client #4's PICA behavior.</p> <p>During afternoon observations in the home on 10/15/18, staff used a key to unlock the door where the washing machine and dryer are located. Further observations revealed the staff removing a container of personal hygiene items.</p> <p>During an immediate interview, staff revealed the items belonged to client #4. Further interview revealed client #4 has PICA, so her personal hygiene items are kept in the locked laundry room. The staff reported she has been working in the home for almost two years and client #4's personal hygiene items "Have always been locked up."</p> <p>Review on 10/16/18 of client #4's record did not indicate her personal hygiene items should be locked up. Further review of client #4's behavior support plan (BSP) updated 8/10/18 did not indicate the locking up of her personal hygiene items.</p> <p>During an interview on 10/16/18, management staff revealed they were unaware client #4's personal hygiene items were being kept locked up.</p>	W 288	<p>2). Staff will be retrained on this plan to avoid locking up the personal hygiene items of client #4.</p> <p>3) QIDP will monitor.</p>		
W 383	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p>	W 383			

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W 383	<p>Continued From page 4</p> <p>Only authorized persons may have access to the keys to the drug storage area.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is:</p> <p>Keys to the facility's drug storage area were accessible to anyone in the home.</p> <p>During afternoon observations in the home on 10/15/18, the surveyor entered the home at approximately 3:40pm. Further observations revealed a set of keys were laying on the counter in the kitchen. At approximately 4:30pm a staff person picked up the keys to unlock the door to the laundry room.</p> <p>During an immediate interview, the staff person confirmed the keys to the medication closet were on the key ring. Further interview she was the medication technician for the shift and the keys should have been kept on her person at all times.</p> <p>Review on 10/16/18 of the facility's storage of medication policy (no date) stated, "...10. The staff person who is responsible for medication documentation should have possession of the medication closet/cabinet key...."</p> <p>During an interview on 10/16/18, the management staff revealed all staff have been trained to keep the medication keys on themselves at all times.</p>	W 383	<p>We will meet this standard by:</p> <p>1) Staff will be retrained on how to keep medication cabinet keys on their person at all times. This will be covered during Medication Administration Training.</p> <p>2) Nurse will monitor.</p>	12-16-18	

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W 436 W 436	<p>Continued From page 5</p> <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure recommended equipment specifically eyeglasses were furnished for 1 of 6 audit clients (#5). The finding is:</p> <p>Client #5 was not prompted to wear her eyeglasses</p> <p>During observations in the home on 10/15/18 from 3:40pm until 6:15pm, client #5 was watching TV, playing the board game Sorry and eating dinner. At no time was client #5 prompted to wear her eyeglasses.</p> <p>During observations in the home on 10/16/18 from 6:45am until 9:00am, client #5 was not prompted to wear her eyeglasses.</p> <p>During an interview on 10/16/18, staff (1) revealed client #5 should wear her eyeglasses when she is reading and needing to see anything up close.</p> <p>During an interview on 10/16/18, staff (2) revealed client #5 should have been prompted to</p>	W 436 W 436	<p>We will meet this standard in the following manner:</p> <p>1) Implement a goal for wearing eye glasses for client #5.</p> <p>2) Staff will be retrained on the goal for wearing eye glasses for client #5 and other affected clients.</p> <p>3) QIDP will monitor.</p>	12-16-18	

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W 436	Continued From page 6 wear her eyeglasses while she was playing the board game Sorry. Review on 10/16/18 of client #5's eye exam dated 1/5/18 indicated, "...continue wearing glasses." During an interview on 10/16/18, management staff confirmed client #5 should have had her eyeglasses on; she needs them on all the time. Further interview revealed client #5 has two pairs of eyeglasses; one pair at home and the other pair is kept at the day program.	W 436			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview, the facility failed to ensure fire evacuation drills were conducted at varied times. This affected all clients residing in the home. The finding is: Fire drills were not conducted at varied times. Review of fire drill reports on 10/15/18 revealed the following: Ten fire drills on 3rd shift at the following times: 6:30am, 7:30am, 7am, 6:30am, 7am, 6:30am, 6:10am, 6:10am, 6:05am and 6:30am. During an interview on 10/15/18, the qualified Intellectual disabilities professional (QIDP) revealed 3rd shift hours are 12 midnight - 8:00am. The QIDP confirmed the fire drills on 1st	W 441	We will meet this standard by: 1) Staff will be retrained on executing fire drills at various times during shifts. 2) QIDP will monitor.	12-16-18	

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W 441	Continued From page 7	W 441			
W 455	<p>shift were not varied.</p> <p>INFECTION CONTROL. 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 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 afternoon observations in the home on 10/15/18, client #1 was observed chewing a piece of gum while playing the board game Sorry. At 4:22pm, client #1 was observed pulling the gum out of his mouth and at 4:24pm, he was observed touching the cards for the board game Sorry. Further observations revealed client #1 pulling the gum out of his mouth and swinging it with his fingers at 4:46pm. Additional observations revealed staff sitting with client #1 telling him "You can't play with it, gotta chew it." There were two other clients also playing Sorry and they were also touching the cards. At no time was client #1 prompted to wash his hands.</p> <p>During an interview on 10/15/18, staff confirmed client #1 should have washed his hands each time he pulled the gum out of his mouth.</p>	W 455	<p>We will meet this standard by:</p> <p>1) Implement a goal for client #1 on hand washing/cleaning to help ensure infection control.</p> <p>2) We will retrain staff on infection control procedures for client #1 and all clients.</p> <p>3) Nurse will monitor.</p>	12-16-18	

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W455

Continued From page 8
During an interview on 10/15/18, the management staff confirmed client #1 should have been prompted to wash his hands when he pulled the gum out of his mouth.

W455