PRINTED. 10/17/2018 DEPARTMENT OF HEALTH AND HUMAN SERVIGES-FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY 022) MURTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BULDING_ 340161 10/16/2018 HAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NG HWY 87 SOUTH NO PLACE LIKE HOME FAYETTEVILLE, NC 28306 PROVIDER'S PLAN OF CORRECTION (X4) IU PREFIX SUMMARY STATEMENT OF DEFICIENCIES (P.O. STAN) (CACHDEFICKINGY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE REGULATORY OR USC IDENTIFYING INFORMATION TAG DEFICIENCY E 000 Plan Based on All Hazards Risk Assessment € 000 The administrative staff will develop and CFR(s): 483.475(a)(1)-(2) 12-16-18 maintain an emergency preparedness plan that will be documented, facility based and (a) Emergency Plan. The (facility) must develop community based risk assessment utilizing and maintain an emergency preparedness plan and all hazards approach, including missing that must be reviewed, and updated at least clients. This plan will include strategies for annually. The plan must do the following:] addressing emergency events identified by the risk assessment. The OIDP will retrain (1) Be based on and include a documented, all staff by 12-16-18. The plan will be facility-based and community-based risk retrained twice annually and as needed. assessment, utilizing an all-hazards approach.* The director will monitor. *[For LTC facilities at §483.73(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents, '(For ICF/IIDs at §483.475(a)(1):) (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. (2) Include strategles for addressing emergency events identified by the risk assessment * IFor Hospices at §418.113(a)(2):] (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to develop an emergency preparedness (EP) plan including and based upon a community and facility-based risk assessment, utilizing an all-hazards approach. The finding is: The facility did not have an emergency plan LABORATORY OFFICTORS OF PROVIDER SUPPLIFIED REPRESENTATIVES SIGNATURE THILE

Any deficiency Alatement and no With an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other calegorida provide sufficiently protection to the patients. (See instructions.) Except for nursing frames, the Endings stated above are discloselyle 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 discloselyle 14 days following the date these documents are made available to the lacksy. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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€ 000	Continued From pag	e I	ŧ	006				
	based upon risk ass	essments.		-				
W 130	plan (undated) reve specific information and community-bas all-hazards approact tornadoes, hurrican terrorism, missing of types. Interview on 10/16/2 Intellectual Disability revealed she was a had been complete the facility's EP plate PROTECTION OF CFR(s): 483.420(c). The facility must expected the facility must ex	of the facility's current EP aled the plan did not provide in regards to a facility-based ed risk assessment using an sh including flood, fire, es, winter storms, blo slients or other emergency 18 with the Qualified ties Professional (QIDP) not sure if a risk assessment for an was available for review. CLIENTS RIGHTS 1)(7) Insure the rights of all clients. If you was a sure privacy during a of personal needs		W 130				
	Based on observinterview, the facing of 3 audit clients of 3 audit client of 3 audit clients of 3 audit client	is not met as evidenced by; ations, record review and staff lity failed to assure privacy for 1 (#5) during personal care. The list client #5 in maintaining her thing and drossing. The walked from the bathroom to the vel with part of her hip and legually cued client #5 to walk back and get into the shower. Client						

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(X4) HD Prefix TAG	ADAPH DEFICACIO	Tatement of deficiencies Cy must be preceded by Full LSC IDENTH YING INFORMATION	IO PREF TAC		Promder 3 plan of correction (Each corrective action should cross references to the appropr deficiency)	19E	CONTE CONTE
W 130	water. Direct care si shower curtain oper anyone who walked bedroom is directly Client #1 opened hi was fully visible to I him to stay in his be showering. After si the bathroom door with dressing. Interview on 10/16/1 revealed client #5 g door is closed. She the home and she the other clients so open. Review on 10/16/1 program plan (IPP)	hower and staff turned on the laff left the bathroom door and heaving client #5 visible to by the bathroom, Client #1's across from this bathroom, shedroom door and client #5 pim. Direct care staff asked adroom until client #5 finished howering, direct care staff left open while assisting client #5 yets upset when the bathroom astated no other staff was in was responsible for monitoring ashe left the bathroom door	W	130	The QIDP and group home managreview each individual program platobserve consumers as they go about personal tasks of bathing, dressing. We will then make an addendum to program plan that fit their needs as pertains to privacy. The staff will be retained to ensure that consumers afforded their privacy when bathing dressing, etc. The consumers will a goals to assist them with their ability exhibit their rights to privacy. QIDP will monitor.	an and at their , etc. o their it ee are g, lso have	12-16-18
	for brushing teeth, door when bathing Interview on 10/16 intellectual disability	i/18 with the qualified ities professional (QIDP) has a bathrobe and should be	and the second s				
W 18	prompted to wear between rooms in dressing. Further requires verbal pr and bathroom do	this when she is walking the facility during bathing and interview confirmed she compling to close the bedroom ors during bathing and dressing. PROGRAM		W 189			
	The facility must printial and continu	provide each employee with ing training that enables the					

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W 189	Continued From pagemployee to perfore efficiently, and come of the performance of the per	m his or her duties effectively, petently. Is not met as evidenced by, tions and interviews, the facility staff were sufficiently trained to a efficiently. This affected 3 of #4, #5). The findings are: Idd not assist client #5 with d in her individual program It is in the facility on 10/16/18 at valked from the bathroom to the livith part of her hip and leg ally cued client #5 to walk back and get into the shower. Client is shower and staff turned on the staff left the bathroom door and on leaving client #5 visible to be be droom door and client #5 by across from this bathroom. It is be droom door and client #5 by across from this bathroom. It is be droom door and client #5 by across from this bathroom. It is be droom until client #5 finished showering, direct care staff effect or open while assisting client #5. If the with direct care staff of the stated no other staff was in the was responsible for monitoring so she left the bathroom door.		189	The QIDP and the home manager retrain staff on privacy practices i to help train consumers to execute practices. The QIDP will review a individual program plans to ensurprivacy goals are included on an a where needed for all clients in the closing bathroom doors when late and wearing bath robes as needed. QIDP manager will also review caindividual program plan and make addendum as needed. The QIDP wupdate each plan to include the us assistance of each eating utensil. I will also include tooth brushing. I manager will ensure that staff is re and that all equipment and supplie to implement the goals will be recavailable to all consumers when ne QIDP will monitor and make channeeded.	n order these these all the that addendum the area of the showering the an this the home trained this reded adily the deded.	12-16-18
1	Review on 10/16	v18 of client #5's individual		جدست عوايات	The second secon	Vessi oustan	sheet Page 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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W 189	program plan (II "(client #5) need assistance for by to close the doo Interview on 10// Intellectual disal revealed client if prompted to we between rooms dressing. Furthy staff have been privacy. Addition requires verbal and bathroom of and #5 with curobservations of an During observations of the fork. Her commend the commendation of the fork. Her comperenced in their mouth, Several times to slow her patting utensite of the pack her mand swallowing observation of the force of the	Pr) dated 1/10/18 revealed, is verbal prompting and rushing teeth, combing her hair, it when bathing" (16/18 with the qualified bilities professional (QIDP) #5 has a bathrebe and should be far this when she is walking in the facility during bathing and er interview confirmed direct care is trained to assist client #5 with mal interview revealed she prompting to close the bedroom doors during bathing and dressing.	W	189			

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	lirect care staff and provided forks and statch clients #2 and porks to cut their menterview with direct evealed they did not he facility. When as inis-used knives or themselves with the linterview on 10/16/direct care staff shoutensils and assist food at mealtimes direct care staff have strengths and need formal written training as written. During observation 3:40pm, direct care retrieving her toothedroom. Once in her in putting the toand turning on the given verbal cues tower inside teeth took about 46 secciont to cup her hand rinse her romballiroom. Review on 10/16/	o their plates. There were 2 6 clients at the table. Staff poons at each placesetting. 14 used their spoons and at care staff on 10/15/18 of provide knives at meals at cked if any of the clients		189			

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W 189	Continued From pay with 9 steps using a methodology, Revie objective revealed:	ge 6 backwards chaining w of the method for the	W 18	9		
W 218	9. Prepare toothbru 8. brush outer surfa 7. Brush outer surfa 6. brush chewing si 5. brush chewing si 4. brush inside surfa 3. brush inside upp 2. Brush tengue 1. rinse mouth Materials: cup, glastowel Interview on 10/16 program for client implemented as w confirmed direct or to implement this possible include sensorimed This STANDARD Based on observing the consessment for 1 failed to include a development. The During observation of the control of the c	ices upper leeth ices lower teeth ices teeth ices teeth ices teeth ices, toothbrush, toothpaste and ites, toothbrush, toothpaste and ites is current and should be ritten. Additional interview are staff have been trained how program. ices (3)(v) ices functional assessment must ices for development. is not met as evidenced by: ices for the ices functional ices for the ices for th	W	The administrative staff an appointment with an ofor client #5 to determine with swallowing or chew staff will be retrained on made by the OT. QIDP windividual program and needed and retrain staff. (quarterly.	ecupational therapist if there is a problem ing. Once completed the recommendation vill review the make changes where	

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES COMPLETED (XX) MULTIPLE CONSTRUCTION (XI) PROVERSUPPLIERCLIA STATEMENT OF DELICIENCIES IDENTIFICATION NUMBER A BUSIDERIO ... AND PLAN OF CORRECTION 10/16/2018 340161 STREET ADDRESS, CITY, STATE, ZUI CODE HAVE OF PROVIDER OR SUPPLIER 4309 HC HWY 87 SOUTH FAYETTEVILLE, NC 28308 NO PLACE LIKE HOME PROVIDERS PLANOF CORRECTION Constitui Constitui (CI) BUNMARY STATEMENT OF DEFICIENCIES LEACH CORRECTIVE ACTION SHOULD DE (X4) 10 CACH DEFICENCY MUST BE PRECEDED BY FULL PALDX CROSS HEF ERENCED TO THE APPROPRIATE FREFIX REGULATORY OR LSC IDENTIFYING HIS ORMATION TAG DEFICIENCY W218 Continued From page 7 were 2 direct care staff and 5 clients at the dining room table. Client #5 had a spoon and a fork for eating utensils, her meat was not cut. She picked up the piece of meat and ate large pieces off of hor fork. Her cheeks were full and she experienced much difficulty manipulating the food in her mouth, chewing and swallowing her food. Several times during the meal staff told her to slow her pace of eating however she continued to pack her mouth full and have difficulty chewing and swallowing. Immediate interview with direct care staff on 10/15/18 revealed client #5 frequently attempts to pack her mouth full of food and that she has difficulty manipulating the food into chewing and swallowing. Further interview revealed there have been no choking episodes. Additional Interview revealed this has not been reported to the qualified intellectual disabilities professional (QIDP). During observations in the facility on 10/16/18 at 7: 10am client #5 was served cream of wheat and a half of a baget onto her plate and bowl. At 7:12am client #5 and one other client were eating a the table with 1 direct care staff present. Client #5 packed a large amount of food into her cheeks and had great difficulty chewing and swallowing this food. Staff asked her to slow her pace of eating. She began to cough and spit the food into a napkin at her placesetting. Immediate Interview with direct care staff on 10/18/18 revealed client #5 has recently began to accelerate her pace of eating and often packs large amounts of food into her mouth. She stated there has not been any choking episodes. Further interview revealed she has not reported this to the

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W218	Continued From page QIDP.	o 8	W2	18		need-water of all age; allowage shall be all and a secure of the secure
W 227	program plan (IPP) direquires more prompi passing, drinking, sip while dining. Interview on 10/16/18 client #5 has recently putting feed put into I swallowing. Additional considered having client putting feed having client program of the individual program objectives necessary as identified by the constitution of the individual program of the individual program objectives necessary as identified by the constitution of the individual program of the individual program objectives necessary as identified by the constitution of the individual program of the indi	AM PLAN	W2	27 The administrative staff and of make appointment with an octherapist for client #5 to deter is a problem with swallowing Once completed staff will be the recommendation made by will review the individual pro-	ecupational mine if there or chewing, retrained on OT, OIDP	12-16-18
	Based on observation interview, the team fa development of training sensorimotor needs for (client #5). The finding observations of 10/15/18 at 6:25pm, of steak, rice and brocks were 2 direct care staroom table. Client #5	iled to consider the ng to address the or 1 of 3 sampled clients		make changes where needed QIDP will monitor quarterly.	and retrain sta	n.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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W 227	up the piece of meat her fork. Her cheeks experienced much din her mouth, chewin Several times during slow her pace of eating pack her mouth full and swallowing. Immediate interview 10/15/18 revealed clipack her mouth full difficulty manipulating swallowing. Further been no choking epitevealed this has no qualified intellectual (QIDP). When asked any training for clier "No." During observations 7: 10am client #5 and had great difficulties food. Staff asked a large and had great difficulties food. Staff asked eating. She began to a napkin at her place interview revealed there has not been interview revealed.	and ate large pieces off of were full and she ifficulty manipulating the fooding and swallowing her food, the meal staff told her to ing however she continued to and have difficulty chewing with direct care staff on lient #5 frequently attempts to of food and that she has ag the food into chewing and interview revealed there have disabilities professional difficulty on 10/10/18 at as served cream of wheat and to her plate and bowl. At ad one other client were eating irect care staff present. Client mount of food into her cheeks alty chewing and swallowing and swallowing and spit the food into		227			

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W 227	"Not that I know of." Review on 10/16/18 program plan (IPP) requires more prom passing, drinking, si while dining Interview on 10/16/ client #5 has recent putting food put into swallowing. Additio team has not consi- address client #5's INDIVIDUAL PROC CFR(s): 483.440(c) The individual program toward independe This STANDARD Based on observa interviews, the fact individual program #5) included relevance regarding their use are: Client #5's IPP's d regarding observa vocational program vocational program client #5 wore glas	of client #5's individual dated 1/10/18 revealed she pling with eating, pouring, pping, and use of utonsils 18 with the QIDP revealed ly begun to have difficulty with the permouth, chewing and nat interview revealed the dered developing training to dining needs. 38AM PLAN (6)(i) Tram plan must describe instructions to support the individual nee. Is not met as evidenced by: It not met as evidenced by: It not met as evidenced by: It not include information		227 V 240	The QIDP will coordinate with the eye do for client #5 to determine when she needs wear her eye glasses. Once the eye doctor makes the determination the QIDP will implement a goal for this consumer to ass her and train staff on this goal in order to meet her needs. QIDP will also add this to her Individual program plan. QIDP will monitor.	ist	18

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES. DMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (XI) PROVIDENSUPPLIERCUA COMPLETED STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER A BURI OPPO AND PLAN OF CORRECTION 10/16/2018 34G151 STREET ADDRESS, CITY, STATE, ZO CODE NAME OF PROVIDER OR SUPPLIER 4309 NG HWY 87 SOUTH FAYETTEVILLE, NC 28306 NO PLACE LIKE HOME PROVIDER 3 FLAT OF CORRECTION Date (CC) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYNYI INFORMATION) Ю CEACH CORRECTIVE ACTION SHOULD BE (X4)迎 PRÉF以 PREFIX CROSS REFERENCED TO THE APPROPRIATE TAD DEFICIENCY) TAG W 240 Continued From page 11 W 240 her glasses to see items more clearly. Review on 10/16/18 of client #5's IPP dated 1/10/18 rovealed no information regarding her use of eventasses. Review on 10/16/18 of a recent visit to the ophthalmologist dated 10/2/18 revealed she was seen for treatment of a corneal abrasion and treated with antibiotics three times daily for one week. There was no mention of use of glasses. Interview with direct care staff (2) on 10/15/18 revealed they were not certain whether client #6 needed her glasses for full time use or only when she needed to view items in closer proximity. Interview on 10/16/18 with the qualified intellectual disabilities professional (QIDP) revealed client #5's eyeglasses use was not included in her IPP. W 249 The QIDP will review consumers PROGRAM IMPLEMENTATION W 249 12-16-18 individual program plans and make CFR(8): 483,440(d)(1) addendums as needed. Each plan will be As soon as the interdisciplinary team has updated to include the usage and assistance formulated a client's individual program plan, of each eating utensil for dinning. The each client must receive a continuous active QIDP will also include tooth brushing treatment program consisting of needed and will assist in insuring that all confirment interventions and services in sufficient number and supplies are needed to implement client and frequency to support the achievement of the goals Staff will be retrained. The OIDP will objectives identified in the Individual program review plans quarterly and make changes as plan. needed. This STANDARD is not met as evidenced by: Based on observation, Interviews and record

reviews, the facility falled to ensure each client

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PRINTED: 10/17/2018 FORM APPROVED OMB NO. 0938-0391

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	of deficiencies Correction	(XI) PROVICERSUPPLIERCUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	NSTRUCTION	(X3) DAT	e Survey PLETED
		34G151	D, YANG	integrange principals of the 2 has assemble as a size of the same		
NAUE OF D	ROYDER OR SUPPLIER			ECT ADDRESS, CITY, STATE, ZET CODE		116/2018
HICKE OF (ngaken de oort cen		1	NO HWY 87 SOUTH		
NO PLAC	E LIKE HOME	J.	4	ETTEVILLE, NG 28306		
(X4) 10 Prefix Tag	(EACH DEFICIENC	atement of deficiencies y must be preceded by full LSC (Deathfying information)	ID PREFIX	Prompers Plan of Correc (Each Corrective action sho) Cross Referenced to the Appr Deticiency)	JA O BE	CCAPTETS/4 DATE
W 249	consisting of needed identified in the indivite the areas of dining, paffected 3 of 6 audit of findings are: 1. Clients #1, #4 and utensits in conjunction a. During observation 10/15/18 at 5:25pm, osteak, rice and broccower 2 direct care storoom table. Client #5 eating utensits. Her nup the piece of meat her fork. Her cheeks experienced much direct mouth, chewing to slow her pace of experienced much full and swallowing. At no observation did direct knife or offer to cut up b. During observation clients #2 and #4 wer rice and broccoli onto direct care staff and the provided forks and specific to cut their mea interview with direct care to their mea.	s active treatment plan interventions and services dual program plan (IPP) in ersonal care skills. This elients (#2, #4, #5). The #5 were not provided in with their dining skills. It is of supper at the facility on client #5 served salisbury oli onto her plate. There infl and 5 clients at the dining had a spoon and a fork for meat was not cut. She picked and até large pieces off of were full and she fficulty manipulating the food, the meal staff told client #5 atting however she continued I and have difficulty chewing to time during this t care staff offer to provide a continued to her meat. In sof supper at the facility reserved salisbury steak, their plates. There were 2 is clients at the table. Staff proons at each placesetting. 4 used their spoons and I.	W 249			
		ed if any of the clients				

TOTAL TOTAL	XCAIT TO THE ALTE	TAND HUMAN SERVICES	te mode stop of the entry to the mode of the entry of the	gift of the of the of the or the first of the or the order	والمنافذة والمراجعة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة	PRINTE	D: 10/17/2016
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TATEMENT O	e deliciencien Correction	(X1) PROVIDENSUPPLIERGLA INENTIFICATION NUMBER:			STRICTION	(X3) DAT	e Survey Pleted
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(X4)10 PRETIX TAO	BACH DEEK	ry statement of deficiences Dency Must be preceded by full Y or LSC Identifying information	ID PREF TAC	i	Provider's Plan of Correc Leach Corrective action sho Cross-Referenced to the Apph Deficiency	ULO BE	CONFRIGHT
W 249	Review on 10/16 2/3/18 revealed himself. There we regarding his ab Review on 10/16 12/9/17 revealed eating, pouring, not additional intuse a knife. Interview on 10/intellectual disal revealed clients knive to cut up to appropriate uter. 2. Direct care stoothbrushing pouring observa 3:40pm, direct cretrieving her to bedroom. Once her in putting the and turning on given verbal cut lower inside tections about 45 setient to cup her in putting the colient to cup her in putting the colient to cup her in putting the colient to cup her inside tections about 45 setient to cup her inside tections are inside tections are inside tections are inside tections.	page 13 those utensils, stalf stated, "No." 3/18 of client #2's iPP dated he can independently feed was not additional information litty to use a knife. 3/18 of client #4's iPP dated d he maintains the skills for drinking and sipping. There was formation regarding his ability to 1/16/18 with the qualified bilities professional (QIDP) #1, #4 and #5 can use a butter their food and should be provided his food and should be provided his to cut up their food laff did not implement client #5's program as it was written. Ition on 10/15/18 at the facility at care staff assisted client #5 in pothbrushing supplies from her on the bathroom, staff assisted he toothpaste on her toothbrush the water in the sink. She was les to brush her upper outside and eth surfaces. The toothbrushing seconds. Direct care staff told or hands, put water in her hands mouth, There was no cup in the	W	249			
	1/10/18 reveale	16/18 of client #5's IPP dated ed a formal training program for that was implemented on 1/10/18 sing a backwards chaining	The state of the s	Alberta de		and the second s	

PRINTED, 10/17/2018 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0301 CENTERS FOR MEDICARE & MEDICAID SERVICES YZVRUB BTAQ (CX) (X2) MULTIPLE CONSTRUCTION (XI) PROVIDERSUPPLIFICALLA COMPLETED Biatement of Deficiencies IDENTIFICATION NUMBER A BUILDING AND PLAN OF CORRECTION 10/16/2018 34G151 STREET ADDRESS, CHY, STATE, ZIP CODE HAVE OF PROVIDER OR SUPPLIER 4309 HC INVY 87 SOUTH FAYETTEVILLE, NC 28306 NO PLACE LIKE HOME PROVIDER & PLAN OF CORRECTION (44) Post Franco Stag SUMMARY SYATEMENT OF DEFICIENCIES (BACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (EACH CONTECTIVE ACTION SHOULD BE PRÉFIX $\Omega(k\chi)$ CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG DEFICIENCY) TAG W 249 Continued From page 14 W 249 methodology. Review of the method for the objective revealed: 0. Prepare toothbrush 8. brush outer surfaces upper teeth 7. Brush outer surfaces tower teeth 8. brush chewing surface lower teeth 5, brush chowing surface upper teeth 4, brush inside surface lower teeth 3. brush inside upper teeth 2. Brush tongue 1, rinse mouth Materials: cup, glass, toothbrush, toothpasta and towel Interview on 10/16/18 with the QIDP revealed this program for client #5 is current and should be implemented as written. W 262 W 262 PROGRAM MONITORING & CHANGE The Director as well QIDP will ensure that 12-16-18 GFR(s): 483.440(f)(3)(f) all human rights committee meetings include documentation of the discussion The committee should review, approve, and and consumers behavior, behavior plans. monitor individual programs designed to manage and medications to aide in the control of inappropriate behavior and other programs that, these behaviors in addition informed consent in the opinion of the committee, involve risks to forms will be signed by the human rights client protection and rights. committee. Director and OIDP will monitor quarterly. This STANDARO is not met as evidenced by: Based on review of records and Interview, the specially constituted committee, known as the

Human Rights Committee (HRC), failed to review, approve and monitor behavior support plans (BSP) for 2 of 3 sampled clients (#4, #5).

The HRC did not review, approve and monitor the restrictive behavior plans for 2 of 3 audit clients.

The findings are:

DEPARTMENT OF HEALTH AND HUMAN SERVICES 1950-8<u>500,007 8MC</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (XX) MULTIPLE CONSTRUCTION (XI) PROVIDERSUPPLIERCIA COMPLETED OTATEMENT OF DEFICIENCIES MID PLAN OF CORRECTION IOEMTIFICATION HOUSER A BUILDING _ 10/16/2018 34G151 STREET ADDRESS, CITY, STATE, ZIP CODE HAVE OF PROVIDER OR SUPPLIER 4309 HC HWY 87 SOUTH FAYETTEVILLE, NO 28308 NO PLACE LIKE HOME PROVIDERS PLAN OF CORRECTION (74.14 Constructi (14.1) LEACH CORRECTIVE ACTION SHOULD BE CROSS REPLRENCED TO THE APPROPRIATE Summary Statement of Deficiencies 10 (X4) IO PREFIX (EACH DEFICIENCY MUST DE PRECEDED BY FULL PREFIX IAG REGULATORY OR USC IDENTIFYING INFORMATION DEFICIENCY) IAG W 262 Continued From page 15 W 262 1. Review on 10/15/18 of client #4's behavior support program (BSP) dated 3/1/18 revealed this program targeted the following behaviors: verbal aggression, physical aggression and non-compliance which incorporated the use of Zypraxà. During observations of a medication pass on 10/16/18 client #4 received Seroquel 20mg. (1) at 9:10am Review on 10/16/18 of his physician orders dated 6/23/18 revealed a physician order for Scroquel 20mg. (1) Review on 10/15/18 of the HRC minutes dated 8/29/18 and 9/27/18 revealed no discussion of client #4's BSP Review on 10/16/18 of the informed consent for client #4's BSP revealed no signature from the HRC. Interview on 10/16/18 with the qualified intellectual disabilities professional (OIDP) revealed there was no documentation of the discussion of client #4's BSP in the HRC minutes on 6/29/18 and 9/27/18. 2. Review on 10/16/18 of client #5's BSP dated 10/31/16 revealed a program that targeted verbal aggression, property destruction and physical aggression. During observations of the medication administration pass on 10/16/18 client #5 received Haldol 10mg. (1.5 teblets) and Seroquel

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W 262	Continued From pag	0 16	W2	62	e par 1997	,
	client #5 receives 11	8 with the QIDP confirmed aldol and Seroquel in implementation of her BSP.				
	Review on 10/16/18 6/29/18 and 9/27/18 client #5's BSP .	of the HRC minutes dated revealed no discussion of	į			
	Review on 10/16/18 client #6's BSP reve HRC.	s of the informed consent for ealed no signature from the				
	there was no docur	18 with the QIDP revealed nentation of the discussion of the HRC minutes on 6/29/18	dependence of the color			
Wata)(2)	W	The administrative staff and ensure that drugs used to co	ntrol	12-16-18
	must be used only client's individual p	trol of inappropriate behavior as an integral part of the rogram plan that is directed s the reduction of and eventual sehaviors for which the drugs		inappropriate behaviors are elients individual program p will review and make adden plans to include these medic will monitor.	dans. The QIDP	
	Based on observed interview, the facility for the control of in used only as an in Support Plan (BSI reduction of elimination of elimination)	is not met as evidenced by: ntions, record review and ity failed to ensure drugs used rappropriate behaviors were regral part of the Behavior directed towards the nation of behaviors for which the yed. This affected 1 of 3 audit finding is:				

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CENTERS FOR MEDICARE & STATEMENT OF DEFICIENCIES AND PLAIL OF CORRECTION		(XI) PROVIDERSUPPLEMOLIA P	1 ' '	ere construction 185	(AQ (CX)	COMPLETED (CX)	
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(X4) ID PREFIX TAO	AGAPTIANGE ICENT	uveneul of delicitinger Campai be deceded balont Campai be deceded balont	OI FREF TAG		SHOULD BE	CONTENT OF THE CONTEN	
W 312	Continued From pa						
	Included in her Indiv DSP,	oplo medication was not vidual program plan (IPP) or					
	10/31/16 revealed t aggression, proper aggression, Further	3 of client #5's BSP dated his program targeted verbal by destruction and physical r review revealed there were adications listed in this					
	Review on 10/15/1 1/10/18 revealed the were not included to	8 of client #5's IPP dated ne use of Seroquel and Haldel in her IPP.					
	administration pas	is of the medication is on 10/16/18 at 9,40am, client i 10mg, (1.5 tablets) and ).					
	client #5 receives conjunction with the Further interview of medications are nand 8\$P.	V18 with the OIDP confirmed Haldol and Seroquel in the Implementation of her BSP, confirmed the use of these of included in client #5's IPP					
W 369	ORUG ADMINIST CFR(6): 483.480(	RATION k)(2)					
	that all dates, incl	ug administration must assure uding those that are , are administered without error.				Andrew miles and the second section of the sectio	
	Based on observinterviews, the fa	Is not met as evidenced by: rations, record review and cility failed to ensure all a administered without error.		.•			

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (XI) PROVICER/SUPPLIERCLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEPICIENCIES COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A BURUBHO ____ 10/16/2018 34G151 STREET ADDRESS, CITY, STATE, ZIP COCH NAME OF PROVIDER OR SUPPLIER 4309 NO HWY 87 SOUTH NO PLACE LIKE HOME **FAYETTEVILLE, NC 28306** PROMOTERS PLAN OF CORRECTION (XS) COVENIANI DATE SUMMARY STATEMENT OF DEFICIENCIES WACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX TAG PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS REFERENCED TO THE APPROPRIATE TAG REGIRATORY OR LSC IDENTIFYING HE OR WATION DEFICIENCY) W 369 Continued From page 18 The nurse will retrain staff in the area of W 369 12-16-18 This affected 3 of 6 clients (#1, #4 and #5) medication administration so that all observed receiving medications. The findings medications are given prescribed by the physician. If there is a change, the physician will be contacted. The nurse and OIDP will Staff failed to administer medications as ordered monitor. within the time prescribed by the physician. a. During observations in the facility on 10/16/18 the qualified intellectual disabilities professional (QIDP) administered the following medications to client #4 at 9:10am: Omeprazole 20 mg. (1). Loratadine 1 mg. (1), Senna Plus 8.6 mg. (1). Review on 10/16/18 of the physician orders dated 6/26/18 for client #4 revealed the following medications are ordered at 8am: Omeprazole 20 mg. (1), Loratadine 1 mg. (1), Senna Plus 8.6 mg. b. During observations in the facility on 10/16/18 the QIDP administered the following medications to client #1 at 9:20am: Sproquel 200mg. (1), Aspirin 81 mg. (1), Lanoxin 0/125mg. (1), Toprol 10mg. (1), Colace 100mg (1), Cogentin 1mg. (1). Lisinopril 20mg. (1), Hydroxyzine 25 mg. (1) Systane eyedrops (1) drop to each eye were administered later at 9:50am. Review on 10/16/18 of the physician orders for client #1 dated 6/26/18 revealed the following medications are ordered at 8am; Seroquel 200mg. (1), Asplin 81 mg. (1), Lanoxin 0/125mg. (1), Toprol 10mg, (1), Colaco 100mg (1), Cogentin 1mg. (1), Lisinopril 20mg. 91). Hydroxyzine 25 mg. (1) and Systano eyedrops (1) drop to each eye. c. During observations in the facility on 10/16/18 the QIDP administered the following medications

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CENTERS FOR MEDICARE & STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION		MEDICAID SERVICES (XI) PROVIDENSUPPLIERICLIA IDENTIFICATION HUMBER	(X3) MULTIPLE CONSTRUCTION A BURLOCKS B WWG				OMB NO. 0938-0391 (x3) DATE SURVEY COMPLETED 10/16/2018		
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HAVE OF P	rovider or supplier	and a gradual state of the stat	<del>, , , , , , , , , , , , , , , , , , , </del>	1	REET ADDRESS, CITY, STATE, ZIP CODE	ed by years and standard	**************************************		
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(X4))D PREFIX TAG	(EXCH DEFICIENC)	atement of depictacies y must be preceded by full so identifying information)	IU Pref Ta(	IX	PROVIDERS PLAIT OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	AD DE	(15) Competench One		
W 369	to client #5 at 9:40am Rantidine 150mg. (1), Ferrous Sulfate 325m Benzotropine 20mg. (Seroquel 25mg. (1).  Review on 10/16/18 or client #1 dated 6/26/1 medications are order vitamins (1), Rantiding 330mg. (1), Ferrous Sewdexta 20/10 (1), Elaidol 10mg. (1) and interview on 10/16/18 facility policy regarding requires that medication before or no late physician orders these interview confirmed the	c: One a day vitamins (1), c. Levocarnitine 330mg. (1), rg. (1). Newdexta 20/10 (1), rg. (1). Newdexta 20/10 (1), rg. (1). Newdexta 20/10 (1), rg. (1). Haldel 10mg. (1) and of the physician orders for 8 revealed the following red at 8am: One a day red at 8am: One at 8am red	W	369					