

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

PRINTED: 10/11/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G283	(X2) MULTIPLE CONSTRUCTION A BLIND  B WING	(X3) DATE SURVEY COMPLETED  10/11/2018
NAME OF PROVIDER OR SUPPLIER  TROTTERS BLUFF			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<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 objectives identified in the individual program plan.</p> <p>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:</p> <p>Staff failed to promote independence during dining for client #4 by providing appropriate utensils.</p> <p>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 placemaking. 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.</p>	W 249	<p>The facility will ensure implementation of individual program plan interventions and supports to include the provision of appropriate utensils for clients to support self-help dining.</p> <p>For Client #4, the QP will provide in-service training to all staff on the need for appropriate utensils to include but not limited to a weighted fork for all meals. Staff will prompt client to set his place setting before meals to include appropriate utensils such as a weighted fork.</p> <p>The QP will in-service staff on appropriate utensils for all other clients in the home in accordance with their individual program plans.</p> <p>The QP and home manager will monitor meals weekly in the home to ensure continued compliance.</p> <p style="text-align: center;">RECEIVED NOV 01 2018 DHSR-MH Licensure Sect</p>	12/7/18

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

*Tonya Beckwith*

TITLE

*QP*

(X6) DATE

*10-31-18*

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G283</b>	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/11/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD <b>HOLLY SPRINGS, NC 27540</b>		
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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 placessetting.  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	The facility will ensure that informed consent is obtained for all restrictive client behavior support programs incorporating the use of psychoactive medications and/or other rights restrictions before implementation.  The QP will secure informed written consent for clients' #1 and #4 behavior support plans. The returned consent sheet will be filed in the records. The QP will document verbal consent upon mailing of the written consent sheet to the guardians.  The QP will monitor the development and /or any updates of the behavior support plans immediately to ensure that informed consent is obtained prior to implementation. HRC meeting minutes will reflect written informed consent was obtained for the behavior support plans.	12/7/18	

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NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>			STREET ADDRESS, CITY, STATE, ZIP <b>CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540</b>		
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W 263	<p>Continued From page 2</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	W 263			

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NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD <b>HOLLY SPRINGS, NC 27640</b>		
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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	The facility will assess and develop as appropriate formal and/or informal training to address inappropriate client behavior and document accordingly in the comprehensive assessment and individual program plans for clients.	12/7/18	
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	For Client #2, the QP will schedule a treatment team meeting to review the comprehensive functional assessment to discuss client restricted access to his personal razor and risks associated with his use of the razor during shaving.  For client #2 the team will develop and implement formal training or informal guidance to address safe use of the personal razor. The QP will in-service all staff on the update to client #2's IPP. The QP will monitor implementation of the IPP weekly to ensure continued compliance.  The QP returned Client #2's personal razor to his grooming kit. Staff will provide supervision during shaving. QP will discuss with staff the importance of reporting any restricted client access to their personal items.		

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W 288	<p>Continued From page 4 and could be heard using the shaver through the door. At 6:38am, client #2 returned the electric shaver to the staff office.</p> <p>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.</p> <p>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.</p> <p>Review on 10/10/18 of client 2's individual program plan (IPP) dated 9/15/17 revealed no restriction of his personal belongings.</p> <p>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.</p>	W 288			