

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

PRINTED: 11/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/14/2018
NAME OF PROVIDER OR SUPPLIER SCOTLAND FOREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 21760 ANDREW J. HWY MAXTON, NC 28364		
(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	
E 032	<p>Primary/Alternate Means for Communication CFR(s): 483.475(c)(3)</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:</p> <p>(3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.</p> <p>*[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This STANDARD is not met as evidenced by: Based on document and interviews, the facility failed to ensure the Emergency Preparedness Plan (EP) included an alternate means for communicating with facility staff, regional and local governments during an emergency. The finding is:</p> <p>The facility's EP plan did not identify an alternate means for communicating with staff, regional and local governments during an emergency.</p> <p>Review on 11/13/18 of the facility's EP plan dated 3/15/18 revealed if the group home phone was not working and staff's personal phones were not working, staff should go to a nearby group home for help, go to a neighbor's house for help, go to a nearby business or store, write "Help" in big bold letters and place in the window, wave a white cloth, use personal back up chargers or flick a</p>	E 032			

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

TITLE

(X6) DATE

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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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: QQ8211 Facility ID: 922543 If continuation sheet Page 2 of 5

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W 159	<p>Continued From page 2</p> <p>was not attached to client #5's clothing. Upon further observations revealed the string to the chair alarm was hanging against the wall.</p> <p>During an interview on 11/13/18, the home manager (HM) revealed client #5 "has a monitoring device, which is used to ensure his safety if he tries to get up."</p> <p>During an interview on 11/14/18, staff revealed the chair alarm is suppose to be hooked to client #5 whenever he is in his chair.</p> <p>Review on 11/13/18 of client #5's individual program plan (IPP) dated 2/7/18 revealed he has a chair alarm; which is used for everyday for his safety.</p> <p>Review on 11/14/18 of client #5's physician's orders signed 10/16/18 stated, "...chair alarm...."</p> <p>During an interview on 11/14/18, the QIDP spoke with the physical therapist (via the phone) and discovered there was a written note indicating the chair alarm had been discontinued in July 2018. When asked about the note, the QIDP was not aware the physical therapist had written it or how client #5's chair alarm had been discontinued.</p>	W 159			
W 249	<p>PROGRAM IMPLEMENTATION</p> <p>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</p>	W 249			

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W 249	<p>Continued From page 3 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 area of feeding. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>Client #5's feeding guidelines were not followed.</p> <p>During morning medication administration in the home on 11/14/18 at 8:15am, staff provided hand over hand assistance for client #5 while he consumed his medications, which were in applesauce. Further observations revealed client #5 consumed his medications in eight consecutive bites. Client #5 did not have any liquid until after he consumed his medications. After medication administration client #5 coughed.</p> <p>During an interview on 11/14/18, the medication technician stated, "I have always given [Client #5] his meds this way, because it's a little bit." Further interview revealed client #5 consumes his food in this manner due to the fact he might choke.</p> <p>Review on 11/13/18 of client #5's IPP dated 2/7/18 indicated, "...Alternate Liquid/Solids...."</p> <p>Review on 11/14/18 of client #5's physician's orders signed 10/16/18 revealed, "...alternate with liquids/solid...."</p>	W 249			

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W 249	Continued From page 4 Review on 11/14/18 of client #5's choking prevention guidelines dated 1/11/18 stated, "...alternate Liquids/Solids...." During an interview on 11/14/18, the qualified intellectual disabilities professional (QIDP) revealed client #5 should take "two to four bites, pause and then drink." During an interview on 11/14/18, the facility nurse confirmed client #5's feeding guidelines should have been implemented as written.	W 249			