

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

PRINTED: 09/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2018
NAME OF PROVIDER OR SUPPLIER MASON STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 306 N MASON STREET APEX, NC 27502	
(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 436	<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 observation, record review and interview, the facility failed to ensure 1 of 3 sampled clients (#2) was taught to use and make informed choices about the use of eyeglasses. The finding is:</p> <p>Observations on 9/19/18 in the home from 11:10 AM to 1:45 PM revealed client #2 did not wear eyeglasses. Continued observation revealed client #2 engaged in puzzle activities, signing conversations with staff and watching television. At no time did staff prompt client #2 to wear her eyeglasses.</p> <p>Observations on 9/19/18 in the home from 4:45 PM to 6:00 PM revealed client #2 to wear eyeglasses. Continued observation revealed client #2 engaged in various activities as she wore her eyeglasses.</p> <p>Observations on 9/20/18 in the home from 6:55 AM to 7:45 AM revealed client #2 to wear eyeglasses. Continued observation revealed client #2 engaged taking her morning medications, and other various activities.</p> <p>Interview with staff on 9/20/18 revealed client #2</p>	W 436	<p>The noted deficiency will be corrected as follows:</p> <p>A. Clinical Supervisor (CS) will re-evaluate and if needed, re-assess the adaptive equipment needs of each individual.</p> <p>B. When appropriate, CS will implement programming goals that integrate the use of each individuals' adaptive equipment.</p> <p>C. CS and/or contracted consultant will provide training on how to properly use and incorporate adaptive equipment use. The training will include, but not limited to, giving verbal prompts to consumer to use equipment, use during activities, maintenance, repairs, etc.</p> <p>D. CS will implement a system (including documentation) in which adaptive equipment is routinely checked to ensure cleanliness and proper functioning.</p> <p>E. RM and/or CS will monitor documentation 1x weekly. PM will monitor monthly.</p> <p>DHSR - Mental Health</p> <p>OCT 16 2018</p> <p>Lic. & Cert. Section</p>	11/19/2018

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

TITLE

(X6) DATE

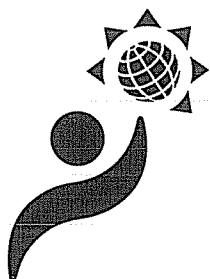
  

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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W 436	<p>Continued From page 1</p> <p>wears eyeglasses and this is her first eyeglasses prescription. Additionally, staff noted client #2 keeps her eyeglasses in her room and does require staff prompts to wear.</p> <p>Review of records on 9/20/18 for client #2 revealed a vision exam dated 1/29/18 with a diagnosis of presbyopia and "new glasses prescribed..." Continued review of client #2's record revealed an individual support plan (ISP) dated 2/5/18 with objectives relative to medication administration, money management, oral hygiene, exercise, and laundry. Additional review of current objectives and programs for client #2 revealed no training to address the proper use and care of eyeglasses.</p> <p>Interview with the home manager and the qualified intellectual disabilities professional (QIDP) verified client #2 has a new prescription for eyeglasses and this is her first prescription for eyeglasses. Further interview with the QIDP verified client #2 has no current training objective to address the proper use and care of her eyeglasses.</p>	W 436	Please see page 1		



ResCare Residential Services

Community Alternatives North Carolina
1200 Navaho Drive
Raleigh, NC 27609
919.387.1011
fax: 919.387.1130
www.ResCare.com
October 8, 2018

DHSR - Mental Health

OCT 16 2018

Lic. & Cert. Section

Stephanie DeGraffenreid, RN, BSN, BA
Nurse Consultant
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Correction for Recertification Survey Conducted September 19, 2018
Mason Street, 306 North Mason Street, Apex, NC 27502
Provider Number: 34G277
MHL Number: 092-125

Dear Stephanie DeGraffenreid,

Thank you for your time and the feedback given during the survey you completed on September 19, 2018. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve the services we provide.

Enclosed you will find the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 209. Again, thank you for your time and patience.

Sincerely,

Yasheenya Jackson, MA
Program Manager, CANC

Enclosures

Respect and Care

Assisting People to Reach Their Highest Level of Independence