

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:</p> <p>(i) [Facility] staff.</p> <p>(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.</p> <p>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	<p>Please see attached sheet.</p> <p>RECEIVED</p> <p>NOV 26 2018</p> <p>DHSR-MH Licensure Sect</p>		

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.

E032

- Utilize an analog phone that plugs into a jack and does not need power for operation.
- Ask staff to utilize their personal cell phones when available and for contact between the staff and local emergency management. We will provide retribution if they engage their phones for emergency purposes on behalf of the company. We will purchase and maintain a battery operated charger that staff can use a quick charge.
- Maintain a deactivated phone for a true emergency because 911 can always be accessed.
- Use the pull station or activate the emergency alarm system in the home since they have battery back-up.
- Have a plan to utilize a nearby neighbor or business. Document the name of the neighbor, the address, date and time you received a verbal agreement, the potential for the neighbor to be at home/business to be open and the mode of communication they have available should they suffer a power loss. If they agree include their address and phone number in the plan.
- Assure your plan stipulates who your local emergency responders are, the plan for them to check on your facilities and means of communication should you find yourself in distress.
- Always have a large laminated sign that says I need help and tape available to place it in the front window or door.
- Utilize the horn on the van and lay down on it to signal distress.
- Assure your plan includes using the Weather band radio to stay abreast of emergency situations.
- Contact your local emergency coalitions because they have various communication devices available on a first come, first serve basis.

Target Date: 1/11/19

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E 032	Continued From page 1 flashlight to signal for help.	E 032	W159		
W 159	<p>Interview on 11/14/18 with the qualified intellectual disabilities professional (QIDP) revealed the facility did not have an alternative means of communication. The QIDP indicated she did not expect the staff working in the home to rely on using their personal cell phones.</p> <p>QIDP CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure the qualified intellectual disabilities professional (QIDP) communicated needed information concerning clients' needs to staff for 1 of 3 audit clients (#5). The finding is:</p> <p>There was a lack of communication between the QIDP and the physical therapist concerning client #5's chair alarm.</p> <p>During observations at the day program on 11/13/18 from 11:15am until 11:50am, client #5 was observed sitting in a recliner in the classroom. Further observations revealed there was a chair alarm which had a string, which was attached to client #5's shirt. Further observations revealed the alarm was attached to the wall.</p> <p>During observations in the home on 11/14/18 from 8:47am until 8:58am, client #5 was observed sitting in a recliner in the living room. Further observations revealed the chair alarm</p>	W 159	<p>The QP / Nursing / PT all agree that client #5 chair alarm will be discontinued due to the implementation of his Gerri chair with a seatbelt for safety.</p> <p>The QP / Nursing / PT will ensure that all safety equipment matches the physician orders and PT recommendations for all Individuals. All Individuals charts will be reviewed and the PCP will be updated</p> <p>Monitoring will occur by the clinical team through direct observation during house monitoring weekly.</p> <p>Target date: 1/11/19</p>		

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W 159	Continued From page 2 was not attached to client #5's clothing. Upon further observations revealed the string to the chair alarm was hanging against the wall. 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." 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. 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. Review on 11/14/18 of client #5's physician's orders signed 10/16/18 stated, "...chair alarm...." 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.	W 159			
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	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	<p>W 249</p> <p>Nursing will inservice staff on Implementing client #5 medications according to his choking prevention guidelines. Nursing and QP will review all clients medication regimens to ensure that all clients are being administered their medications if they have choking prevention guidelines. Nursing will conduct weekly medication administration assessments until situation has resolved. The QP or Hab. Spec. will conduct weekly meal observations until situation has resolved.</p> <p>Target date: 1/11/19</p>		

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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			