

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

PRINTED: 12/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2018
NAME OF PROVIDER OR SUPPLIER STARNES GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2823 STARNES ROAD CHARLOTTE, NC 28214		
(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 120	<p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, review of records and interviews, the facility failed to ensure an outside contracting agency providing day program services was providing sufficient active treatment relative to meeting and addressing the needs of 1 of 3 sampled clients (#5). The finding is:</p> <p>Observations in the outside agency providing day program services for client #5 on 12/17/18 from 12:50 PM until 1:15 PM revealed client #5 to sit at a table with game cards, socialize with staff and to begin a new game with other clients at his table. Additional observation revealed a schedule for daily activities with no specific identified vocational training opportunities. Scheduled activities included breakfast, group activity, art, Price is Right, lunch, exercise/music, snack and prepare for going home.</p> <p>Review of records for client #5 on 12/17/18 revealed an admission date to the facility of 11/8/18. Continued record review of client #5 revealed the client to have a diagnosis of mild intellectual disability, autism and language impairment. Review of the individual support plan (ISP) dated 12/6/18 for client #5 revealed no identified vocational objectives. Further review of client #5's training objectives revealed training relative to cooking, math worksheets, coin recognition, laundry, hygiene and cleaning his bedroom.</p>	W 120			

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 120	Continued From page 1 Interview with staff at client #5's day program on 12/17/18 revealed the client to be active, social and to enjoy playing with his cards and socially engaging with staff and other clients. Further interview with staff at the day program confirmed the posted schedule indicating exercise activities are limited to range of motion exercises and group activities consisting of participation in games or socially appropriate activity. Interview with the qualified professional (QP) at the day program verified client #5 has been attending the program for several years before residing at his current group home. The QP at the day program further reported client #5 seems to be doing well since placement with better hygiene, attending services at the program regularly, wearing clean clothing and more content overall. Further interview with the QP verified client #5 has no objectives at the placement that have been formally developed to address vocational needs and no training objectives were currently documented or tracked. The day program QP further verified she had not been invited to any team meeting of the client to address training needs. Interview with the facility qualified intellectual disabilities professional (QIDP) on 12/18/18 verified she had not been to client #5's day program and she had not met with day program personnel regarding vocational training for the client. The facility QIDP further reported she was newly assigned to the group home and she did not know why the day program QP was not invited to the client's team meeting on 12/6/18.	W 120			
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)	W 137			

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W 137	<p>Continued From page 2</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure 2 of 5 sampled clients (#1 and #3) were provided with clean appropriate clothing in good repair as evidenced by observation and interview. The findings are:</p> <p>A. Throughout the survey period 12/17/18 through 12/18/18 observations revealed client #1 wore oversized, ill-fitting gray colored sweatpants. In addition, continued observations revealed client #1 wore tops that were also ill-fitting. Subsequent observations on 12/17/18 at approximately 5:10 PM revealed client #1 went out on a community outing wearing the same oversized, ill-fitting clothing.</p> <p>Interview conducted on 12/17/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 is in need of new, better fitting clothing. Continued interview revealed they were reviewing client #1's clothing needs and planned to purchase new, better fitting clothing for Christmas presents.</p> <p>B. Throughout the survey period 12/17/18 through 12/18/18 observations revealed client #3 wore oversized, ill-fitting blue jeans. In addition, continued observations revealed client #3 wore a black belt with his oversized, ill-fitting blue jeans. Subsequent observations and interviews conducted on 12/17/18 with staff (1) in client #3's bedroom and in the home's laundry room</p>	W 137			

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W 137	Continued From page 3 revealed client #3 has multiple tops, an assortment of jean and cargo shorts comprised of sizes 38 and one fashionable, distressed, ripped-busted knee, blue jeans which appeared to be too short for client #3. Staff thought client #3 had more jeans and he should wear size 34 pants. Subsequent observations on 12/17/18 at approximately 5:10 PM revealed client #3 went out on a community outing wearing the same oversized, ill-fitting clothing. Interview conducted on 12/17/18 with the QIDP confirmed client #3 is in need of new, better fitting clothing. Continued interview revealed they were reviewing client #3's clothing needs and planned to purchase new, better fitting clothing for Christmas presents.	W 137		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure adequate staff training specific to privacy and meal preparation for 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The findings are: A. The facility failed to assure staff training relative to privacy for clients #3 and #6. For example: Observation in the group home on 12/18/18 at 6:45 AM revealed client #3 to enter the hallway	W 189		

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W 189	<p>Continued From page 4</p> <p>bathroom with staff #1 to shave. Continued observation revealed staff #2 to enter the hallway and open the bathroom door on client #3 without knocking and enter then exit the bathroom. Additional observation at 6:55 AM revealed staff #1 to enter the hallway bathroom with client #6 to shave. Subsequent observation revealed staff #2 to enter the hallway and open the bathroom door on client #6 without knocking. Staff #2 was observed to open the bathroom door on client #6 two times without knocking before the client exited the bathroom at 7:05 AM.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) verified staff should always knock on bathroom doors before opening them. The QIDP confirmed staff could benefit from additional training relative to privacy in the group home.</p> <p>B. The facility failed to assure staff training relative to meal preparation for clients #1, #2, #3, #4, #5 and #6.</p> <p>Observation in the group home on 12/18/18 at 7:45 AM revealed staff #1 to prepare breakfast for client #2 while the client was in the medication room. After exiting the medication room, client #2 was observed to sit at the kitchen table waiting for his breakfast. Staff #1 was observed to prepare cold cereal, toast and pour beverages for the client. Staff #1 then took all prepared items to the client at the table. Observation of the group home menu for the morning of 12/18/18 revealed hot cereal, whole wheat bread and beverages. Observation of the group home pantry on 12/18/18 revealed oatmeal as a option for hot cereal.</p>	W 189			

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W 189	Continued From page 5 Interview with client #4 on 12/17/18 revealed the client to report he was doing good but he did not like staff fixing his breakfast. Client #4 further reported he had asked staff not to make his breakfast because he could do it but they still do. Interview with staff #1 on 12/18/18 revealed he did not look at the menu prior to making breakfast for client #2 as he was making what he knew the client likes. Interview with staff #2 revealed he had also served clients #1, #3, #4, #5 and #6 cold cereal with toast for breakfast. Additional interview with staff #2 revealed he never makes hot cereal when its on the menu and was not sure there was any hot cereal in the group home. Staff #2 reported he did not know what hot cereal was. Interview with the QIDP verified staff should be following the menu when assisting clients with meal preparation. Further interview with the QIDP verified all clients in the home were capable of assisting with meal preparation at some level. The QIDP further verified staff should not be preparing client meals with no assistance from the client and serving clients at the table.	W 189			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the individual	W 227			

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W 227	<p>Continued From page 6</p> <p>support plan (ISP) for 1 non-sampled client (#1) included objective training to meet the client's behavioral needs relative to staff supervision. The finding is:</p> <p>Observation throughout the 12/17-18/2018 survey revealed staff to attempt to support client #1 with a 1:1 staffing ratio. Staff were observed to remain within eyesight of client #1 at all times and at arms length of client #1 throughout most of the survey observations. Additional observation in the group home revealed client #1 to have a daily schedule for home based activity due to not going to an outside day program.</p> <p>Review of records for client #1 on 12/18/18 revealed an ISP dated 5/24/18. Review of the ISP revealed a behavior support plan dated 5/24/18 to address target behaviors of self injurious behavior, tantrum/throwing self to the ground and non-compliance. Continued review of client #1's behavior plan revealed no prevention strategy relative to 1:1 staffing.</p> <p>Interview with staff supporting client #1 on 12/17-18/2018 revealed client #1 does not go to a day program and the client is provided a staff to support the client with his daily activities pertaining to hygiene routine, community activities and programs in the group home. Additional interview with staff revealed the client likes to go shopping, visit the duck pond and various community places. Interview with the QIDP revealed client #1 does not go to a day program although she was not sure why but thought it was due to behaviors. Further interview with the QIDP revealed she did not know why the client's record did not reflect the need for a 1:1 staff and she also did not know why the client needed a 1:1</p>	W 227			

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W 227	Continued From page 7 with the exception of behavioral history. The QIDP verified the client's record should currently reflect 1:1 staffing for client #1 although she is in need of further evaluating the intervention and prevention strategies relative to the client.	W 227			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 6 of 6 clients residing in the home (#1, #2, #3, #4, #5 and #6) were provided opportunities for choice and self management relative to meal preparation and meal item choice. The findings are: A. Observation of the evening meal on 12/17/18 revealed all clients to sit at the table at 6:35 PM. Continued observation revealed staff to fix individual plates for each client and pass the plate to another staff that placed the plate in front of the correct client. Staff was observed to fix all client plates and serve each client at the table. Observation on 12/18/18 at 7:45 AM revealed staff to prepare breakfast for client #2 while the client was in the medication room. After exiting the medication room, client #2 was observed to sit at the kitchen table waiting for his breakfast. Staff was observed to prepare cold cereal, toast and pour beverages for the client. Staff then took all prepared items to the client at the table. It should be noted on 12/18/18 at 6:30 AM when surveyors arrived to the group home, clients #1, #3, #4, #5 and #6 had already had breakfast.	W 247			

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W 247	<p>Continued From page 8</p> <p>Review of records on 12/18/18 for client #1 revealed a community/home life assessment dated 4/24/18. Review of the assessment revealed the client to be independent with the use of all utensils as needed, independent in passing food to others and able to request food from others with a verbal cue.</p> <p>Review of records on 12/18/18 for client #2 revealed a community/home life assessment dated 12/4/17. Review of the assessment revealed the client to be independent with the use of all utensils as needed and able to pass food to others with physical assistance.</p> <p>Review of records on 12/18/18 for client #3 revealed a community/home life assessment dated 4/26/18. Review of the assessment revealed the client to be independent with the use of all utensils as needed, independent in passing food to others and independent with requesting food from others.</p> <p>Review of records on 12/18/18 for client #4 revealed a community/home life assessment dated 8/27/18. Review of the assessment revealed the client to be independent with the use of all utensils as needed, independent in passing food to others and independent with requesting food from others.</p> <p>Review of records on 12/18/18 for client #5 revealed a community/home life assessment dated 12/6/18. Review of the assessment revealed the client to be independent with the use of all utensils as needed, able to pass food to others with a verbal cue and able to request food from others with a verbal cue.</p>	W 247			

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W 247	<p>Continued From page 9</p> <p>Review of records on 12/18/18 for client #6 revealed a community/home life assessment dated 7/23/18. Review of the assessment revealed the client to be independent with the use of all utensils as needed, independent in passing food to others and independent with requesting food from others.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed staff should not have fixed each client's plate and served each client at the table during the evening meal on 12/17/18. Further interview with the QIDP verified each client should participate in meal service to the level they are able. The QIDP additionally revealed each client is capable at some level of fixing their own plate at meals and pouring their own beverages.</p> <p>B. Observation in the group home on 12/18/18 at 7:45 AM revealed staff to prepare client #2's breakfast consisting of cold cereal, toast and beverages with no client assistance. Staff was then observed to take all prepared items to the client at the table. Observation of the group home menu for the morning of 12/18/18 revealed hot cereal, whole wheat bread and beverages. Observation of the group home pantry on 12/18/18 revealed oatmeal as a option for hot cereal. At no time was client #2 observed to have a choice in food items.</p> <p>Interview with staff on 12/18/18 revealed he did not look at the menu prior to making breakfast for client #2 as he was making what he knew the client likes. Interview with additional staff revealed he had also served clients #1, #3, #4, #5 and #6 cold cereal with toast for breakfast. Interview with the QIDP verified the group home</p>	W 247			

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W 247	Continued From page 10 menu should be followed at each meal. The QIDP further verified client choice should be offered relative to meal items.	W 247			
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 plan. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the team failed to assure sufficient interventions to address the vocational needs for 1 non-sampled client (#1). The finding is: Observation in the group home on 12/17/18 revealed a daily schedule for client #1 posted on a door in the kitchen area. Further observation of the schedule revealed the client to have a morning hygiene routine, ride the facility van for transport to day programs for other clients, exercise, activity choice, lunch, art/music activity, community outing and an afternoon activity choice/group outing. Review of records for client #1 on 12/18/18 revealed an individual support plan (ISP) dated 5/24/18. Review of training objectives in the ISP revealed vocational objectives relative to recycling and activity participation. Review of	W 249			

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W 249	Continued From page 11 client #1's recycling objective revealed an implementation date of 8/5/16 and revised 5/1/17. Additional review revealed the objective to have a methodology of: with 3 verbal prompts, 2 model prompts and unlimited physical assistance, client #1 will process recyclable items with 65% success for three consecutive months. Interview with client #1's 1:1 staff on 12/18/18 revealed he does not take client #1 to work on any recycling activities. Further interview with staff revealed he was unaware of any recycling program of client #1. Interview with the QIDP on 12/18/18 verified recycling activity was not currently identified in the client's daily schedule. Additional interview with the QIDP revealed she was not aware of the client's recycling program although from notes in the client's record the program remains current.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interview, the team failed to ensure data for objectives listed on the individual support plans (ISPs) was collected as prescribed for 2 of 4 sampled clients (#3 and #4). The findings are: A. The team failed to ensure data for 1 of 6 skill acquisition objectives listed on the ISP for client	W 252			

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W 252	<p>Continued From page 12</p> <p>#3 was collected as prescribed.</p> <p>1. Review of client #3's record on 12/18/18 revealed an ISP dated 4/26/18 which included an objective "Given 3 verbal prompts and light physical assistance, [client #3] will complete strengthening/exercise activity 70% of trials for three consecutive months." The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection, using a one quarter review period, for this objective as follows: 9/18 - 7 of 30 days; 10/18 - 3 of 31 days; and 11/18 - only 1 of 30 days. Subsequent review on 12/18/18 of client #4's list of medical diagnoses includes Osteoporosis and Cerebral Palsy.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 12/18/18 confirmed data collection for this objective was not completed as prescribed. Additional interview with the QIDP verified the lack of data collection for this objective prevented the ability to revise as necessary.</p> <p>B. The team failed to ensure data for 1 of 4 skill acquisition objectives listed on the ISP for client #4 was collected as prescribed.</p> <p>1. Review of client #4's record on 12/18/18 revealed an ISP dated 9/21/18 which included an objective "With 1 physical prompt [client #4] will complete the steps cook a simple breakfast 80% success for three consecutive months. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection, using a one quarter review period, for this objective as follows: 9/18 - 7 of 30 days; 10/18 - 1 of 31 days;</p>	W 252			

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PRINTED: 12/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2018
NAME OF PROVIDER OR SUPPLIER STARNES GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2823 STARNES ROAD CHARLOTTE, NC 28214		
(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 252	Continued From page 13 and 11/18 - 1 of 30 days.	W 252			
W 288	<p>Interview with the QIDP on 12/18/18 confirmed data collection for this objective was not completed as prescribed. Additional interview with the QIDP verified the lack of data collection for this objective prevented the ability to accurately review and revise programs as necessary.</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure it's technique to manage the behavior of 2 of 3 non-sampled clients (#1 and #2) was not used as a substitute for an active treatment program. The finding is:</p> <p>A. The facility failed to manage the behavior of client #1 within the identified techniques of the behavior support plan (BSP). For example:</p> <p>Observations throughout the 12/17-18/2018 survey revealed client #1 to have a 1:1 staff at all times. Staff was observed to stay within eyesight of client #1 while also at arms length throughout most observations. Observations in the group home the morning of 12/18/18 revealed client #1 to sit in a rocking chair of the living room watching TV and holding blocks throughout the morning. Client #1 was observed to get up from his chair</p>	W 288			

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W 288	<p>Continued From page 14</p> <p>with staff's verbal prompts regarding his morning routine. Observations at times when client #1 would attempt to get up from his chair without verbal prompts, staff would directly tell the client to sit back down. Client #1 was observed to be directed to sit down in his chair multiple times by staff. Client #1 was observed to follow all directives from staff to sit back down in his chair. Client #1 was observed to sit in his living room chair from 6:30 AM until leaving the group home at 8:15 AM except during the various times he was prompted by staff regarding morning medications and hygiene tasks.</p> <p>Review of records for client #1 on 12/18/18 revealed a individual support plan (ISP) dated 5/24/18. Review of the ISP revealed a BSP also dated 5/24/18. Further review of the BSP revealed client #1 to have target behaviors of self injurious behavior, tantrum/throwing self on the ground and non-compliance. Review of strategies to address client #1's behaviors revealed no strategy utilizing a 1:1 staff or the need to restrict the client from ambulating independently in the group home.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed she was unsure why client #1 has a 1:1 staff as she only recently began the QIDP role at the group home. Further interview with the QIDP verified client #1 did not have 1:1 staffing included in the BSP. The QIDP also verified client #1 should be allowed to ambulate freely in the group home.</p> <p>B. The facility failed to manage the behavior of client #2 within the identified techniques of the BSP. For example:</p>	W 288			

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W 288	Continued From page 15 Observations in the group home during the 12/17-18/2018 survey revealed client #2 to make multiple attempts to walk into the kitchen area, toward the refrigerator and the pantry area of the group home. With each attempt, observations revealed staff to block the client by physically holding the client's arms or hands and verbally redirecting the client out of the area. Review of records for client #2 on 12/18/18 revealed a BSP dated 1/25/18. Review of client #2's BSP revealed the client to have target behaviors of self injurious behavior, food seeking, physical aggression, disruptive behavior and elopement. Review of prevention strategies in the client's BSP revealed no form of physically blocking the client or restricting the client from the kitchen area. Interview with the QIDP on 12/18/18 revealed staff should not be physically blocking the client from entering the kitchen area of the group home.	W 288			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, nursing services failed to assure services were provided in accordance with client needs relative to medication administration for 1 of 4 sampled clients (#1). The finding is: During morning observations on 12/18/18 at 7:49 AM revealed staff accompanying client #1 to the	W 331			

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W 331	<p>Continued From page 16</p> <p>bathroom to brush his teeth. Continued observations revealed staff remove a white cylindrical tube from a box labeled Desitin, squeeze the white paste from the white cylindrical tube onto client #1's toothbrush and proceed to thoroughly brush client #1's upper and lower teeth. Continued observations revealed client #1 to fully comply with instructions as staff brushed client #1's teeth. After staff completed brushing client #1's teeth, staff helped client #1 wipe off the remaining white paste around his mouth. Further observations revealed staff gathering up toothbrushing supplies and returning the white cylindrical tube back inside the box labeled Desitin.</p> <p>At this point the surveyor asked the involved staff to show her the box labeled Desitin and the white cylindrical tube he had used and first noticed much of the contents inside the white cylindrical tube was gone. The surveyor examined the box labeling and the labeling on the white cylindrical tube used by the involved staff to brush client #1's teeth and found both the box and the white cylindrical tube labeling was Desitin Cream prescribed as "PRN" (identified in black bold lettering) for client #1 with instructions to apply to diaper rash four times daily as needed for perineal skin irritation.</p> <p>Immediate interview on 12/18/18 at 8:05 AM with the involved staff revealed he thought he had client #1's toothpaste and only realized he had made a mistake after the surveyor's examination and questioning of what he had used. Continued interview with the involved staff revealed he has completed medication training and has been administering medications for 3 years.</p>	W 331			

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W 331	<p>Continued From page 17</p> <p>Review on 12/18/18 of client #1's current Physician's Order revealed "SF 5000Plus Cre 1.1% Brush Teeth Three Times Daily For Periodontal Disease After Meals For Oral Health" daily at 8:00 AM, 6 PM, and 8 PM.</p> <p>Review on 12/18/18 of client #1's current Physician's Order revealed "Desitin Cre 13% Apply To Diaper Rash Four Times Daily As Needed For Perineal Skin Irritation" which is identified as a "PRN" medication and treatment.</p> <p>Immediate interview on 12/18/18 with the qualified intellectual disabilities professional (QIDP) and subsequent interviews with the Director of Nursing (DON) revealed the involved staff did not use proper medication administration to ensure he had the correct medication and confirmed staff should have brushed client #1's teeth with his prescribed toothpaste. Further interviews on 12/18/18 with the program manager and facility management revealed the involved staff has been employed with the facility since 5/4/15, completed medication training on 8/31/15, and recently transferred to the group home on 9/26/18.</p> <p>In addition, interviews on 12/18/18 with the DON revealed the facility will implement immediate corrective actions to ensure all staff are properly trained to administer medications, treatments, and will consistently deliver appropriate, safe care to all clients residing in the home.</p>	W 331			
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are</p>	W 369			

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W 369	<p>Continued From page 18 self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure medications administered to 1 of 3 sampled clients (#1) was administered without error as evidenced by observation, interview and record verification. The finding is:</p> <p>During morning observations on 12/18/18 at approximately 7:49 AM revealed staff accompanying client #1 to the bathroom to brush his teeth. Continued observations revealed staff remove a white cylindrical tube from a box labeled Desitin, squeeze the white paste from the white cylindrical tube onto client #1's toothbrush and proceed to thoroughly brush client #1's upper and lower teeth. Continued observations revealed client #1 to fully comply with instructions as staff brushed client #1's teeth. After staff completed brushing client #1's teeth, staff helped client #1 wipe off the remaining white paste around his mouth. Further observations revealed staff gathering up toothbrushing supplies and returning the white cylindrical tube back inside the box labeled Desitin.</p> <p>At this point the surveyor asked the involved staff to show her the box labeled Desitin and the white cylindrical tube used and noticed much of the contents inside the white cylindrical tube was gone. The surveyor examined the box labeling and the labeling on the white cylindrical tube and found both the box and the white cylindrical tube labeling was Desitin Cream prescribed as "PRN" (identified in black bold lettering) for client #1 with instructions to apply to diaper rash four times daily as needed for perineal skin irritation.</p>	W 369			

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W 369	<p>Continued From page 19</p> <p>Immediate interview on 12/18/18 at 8:05 AM with the involved staff revealed he thought he had client #1's toothpaste and only realized he had made a mistake after the surveyor's examination and questioning of what he had used. Continued interview with the involved staff revealed he has completed medication training and has been administering medications for 3 years.</p> <p>Review on 12/18/18 of client #1's current Physician's Order revealed "SF 5000Plus Cre 1.1% Brush Teeth Three Times Daily For Periodontal Disease After Meals For Oral Health" daily at 8:00 AM, 6 PM, and 8 PM.</p> <p>Review on 12/18/18 of client #1's current Physician's Order revealed "Desitin Cre 13% Apply To Diaper Rash Four Times Daily As Needed For Perineal Skin Irritation" which is identified as a "PRN" medication and treatment.</p> <p>Immediate interview on 12/18/18 with the qualified intellectual disabilities professional (QIDP) revealed the involved staff did not use proper medication administration to ensure he had the correct medication and confirmed staff should have brushed client #1's teeth with his prescribed toothpaste. Subsequent interviews with the Director of Nursing (DON), the program manager and facility management on 12/18/18 confirmed staff should have brushed client #1's teeth with his prescribed toothpaste. Continued interviews revealed the involved staff has been employed with the facility since 5/4/15, completed medication training on 8/31/15, and recently transferred to the group home on 9/26/18.</p> <p>In addition, the DON revealed the facility will</p>	W 369			

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W 369	Continued From page 20 implement immediate corrective actions to ensure all staff are properly trained to administer medications, treatments, and will consistently deliver appropriate, safe care to all clients residing in the home.	W 369		