

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

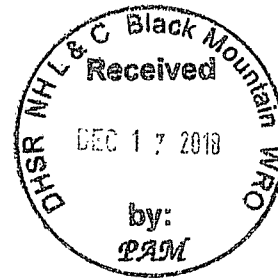
PRINTED: 12/05/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2018
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NAME OF PROVIDER OR SUPPLIER LEWIS FORK HOMES I AND II	STREET ADDRESS, CITY, STATE, ZIP CODE 1358 & 1388 LEWIS FORK BAPTIST CHURCH RD FERGUSON, NC 28624
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W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the person centered plan (PCP) for 1 of 2 sampled clients (#7) in Lewis Fork Home II included objective training to meet the client's independent living needs relative to meal preparation and household chores. The finding is:</p> <p>Observation in the group home on 12/3-4/2018 of client #7 revealed the client to participate in various leisure choices to include sitting in the living room looking at the Christmas tree, watching television, engaging socially with staff, painting a bird house and also returning to his room at various times to lay down. Observation at 4:05 PM and 4:50 PM on 12/3/18 revealed client #7 to participate in doing his laundry with staff assistance by putting his clothes in the washer and dryer. It should be noted this was the only household chore client #7 was observed to participate in during the survey. Observation during the dinner meal on 12/3/18 revealed client #7 to direct staff in various comments such as "Is my supper ready?", "you pour it", and "I want that cut up." Staff was observed to pour client #7's drinks, and to cut up the client's food item with no prompt for client assistance. Observation on 12/4/18 at 8:40 AM revealed client #7 to sit in the living room watching television while staff folded</p>	W 227	<p>W 227 The Habilitation Specialist will write two programs including the objective training for client #7 relative to meal preparation and household chores. The Habilitation Specialist will implement and in-service the staff on each program. The Qualified Professional will revise the Person Centered Plan including new programs. The clinical team will monitor through quarterly chart reviews to ensure training needs identified are implemented timely. The Qualified Professional will monitor during monthly Core Team Meetings to ensure needs identified for clients are addressed.</p> <p>In the future the Qualified Professional will ensure the Person-Centered Plans include training to address identified needs and recommendations from the team.</p>	1-31-2019
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Luray Kominer</i>	TITLE <i>Regional Administrator</i>	(X6) DATE <i>12/12/18</i>
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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 227	<p>Continued From page 1</p> <p>linen items from the laundry room. Client #7 was not prompted to participate in assisting staff with folding laundry items and remained sitting in a chair watching staff fold laundry.</p> <p>Review of client #7's record on 12/3/18 revealed a PCP dated 8/27/18 with training objectives for hygiene, eyeglass care, rate of eating and a vocational objective relative to paper shredding. Further review of client #7's PCP on 12/4/18 revealed no objective training relative to meal preparation or household chores. Review of client #7's adaptive behavior inventory revealed the client to have partial independence with various tasks to include pouring from a small pitcher, using a knife for cutting, using dishwasher, prepare beverage, requiring mixing, emptying garbage, folding towels and sheets, straightening room and sweeping floors. Continued review of client #7's record revealed a behavior support plan (BSP) dated 9/10/18 for target behaviors of verbal aggression, physical aggression, false reports, tantrums, self-injurious behavior, rectal digging/fecal smearing with PICA and inappropriate sexual behavior. Prevention strategies identified in the BSP revealed client #7 benefits from structure and knowing what is happening throughout the day.</p> <p>Interview with staff on 12/3/18 revealed client #7 has no programs to address household chore participation and the client will often have tantrums when prompted to clean his room. Interview with the qualified intellectual disabilities professional (QIDP) verified client #7 has no objective training to address meal participation or household chores. Further interview with the QIDP confirmed client #7 has tantrum behavior at times when prompted to clean his room. The</p>	W 227		

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W 227	Continued From page 2 QIDP further verified client #7 could benefit from training relative to household chores and meal prep to increase structure in the home and to increase independent living skills related to identified needs of the PCP.	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 and interview, the facility failed to assure opportunities for client choice and self-management were promoted for 4 of 6 clients (#7, #8, #9 and #10) in Lewis Fork Home II. The finding is: Evening observations in the group home on 12/3/18 at 5:20 PM revealed clients #7, #8, #9, and #10 to sit at the dining table waiting for dinner while the other two clients residing in the home were out in the community. Continued observation revealed the home manager to contact the group home with an estimated arrival time that she would be returning with the two residents on a community outing. Staff at the group home were observed to keep dinner food items warm in the kitchen and to not offer dinner to the four clients in the home while clients #7, #8, #9, and #10 remained waiting at the dinner table. Further observation revealed clients #7, #8, #9, and #10 to not be offered or to engage in any other activity while waiting for dinner. Observation while clients #7, #8, #9, and #10 waited on dinner revealed client #7 to ask "Is my dinner ready?" At 5:50 PM it was observed for the home manager to return to the group home	W 247	W 247 The Qualified Professional will in-service each staff on the importance of giving choices and planning activities before meal time and eating when the meal is ready. The clinical team will monitor two times a week for one month and then on a routine basis through Interaction Assessments to ensure staff are providing opportunities for client #7, #8, #9 and #10 to promote choices and activities. In the future the Qualified Professional will ensure the staff are implementing training objectives per the Person-Centered Plan and providing client choices and activities.	1-31-2019	

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W 247	Continued From page 3 with the two clients that had been on the community outing and for dinner to be served to all clients at 5:55 PM. Clients #7, #8, #9, and #10 were observed to sit at the dinner table with no other offered activity choice from 5:25 PM until 5:55 PM.	W 247			
W 249	<p>Interview with staff verified the delay in serving dinner to clients #7, #8, #9, and #10 was so all clients could eat together. Interview with the qualified intellectual disabilities professional on 12/4/18 verified the four clients in the home should have been offered the opportunity to eat when the meal was ready rather than waiting on the clients that were on an outing.</p> <p>PROGRAM IMPLEMENTATION 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 observation, record review and staff interview, the team failed to assure sufficient interventions to address the communication needs for 1 of 2 sampled clients (#2) residing in Lewis Fork I. The finding is:</p> <p>Observations during the 12/3-4/18 survey revealed client #2 to be mostly non-verbal. Staff</p>	W 249	<p>The Speech Pathologist will implement and in-service the staff on how to support client #2 in addressing his communication program. The clinical team will monitor two times a week for one month and then on a routine basis through Interaction Assessments to ensure staff are providing opportunities for client #2 to achieve his identified needs for communication in program planning.</p> <p>In the future the Qualified Professional will ensure the staff are implementing training objectives and meeting the individual identified needs for communication.</p>	1-31-2019	

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W 249	<p>Continued From page 4</p> <p>were observed prompting the client verbally and with gestures, as well as prompting the client to make a choice between two items by pointing to an item. Examples of activities and choices included: puzzles; games; blocks; watching television in bedroom; going to the bathroom; laundry; drink choices at dinner; and food and drink choices at breakfast. No communication tools were observed being used with client #2 during the survey observations.</p> <p>Review of the record for client #2 on 12/4/18 revealed a person centered plan (PCP) dated 6/27/18, which included a current communication program. Review of the communication program indicated client #2 was to answer "yes" and "no" questions to participate in activities by touching "yes" and "no" picture cards. The communication program indicated client #2 needed to use "yes" and "no" to indicate wants and needs in all settings to increase participation and increase relationships with others. The directions for the program indicated staff were to get the attention of the client and offer activities or options in the form of yes and no questions. Examples included: "Do you want juice" and "Are you ready to eat". The directions indicated staff were to provide the "yes" and "no" picture cards to client #2 and assist, as needed with touching one of the picture cards.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 12/4/18 confirmed the communication program for client #2 was current and staff should have implemented the program at every opportunity as prescribed.</p>	W 249		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)	W 368		

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W 368	<p>Continued From page 5</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure all drugs were administered according to physician's order for 1 of 1 client (#3) observed during medication observation in Lewis Fork I. The finding is:</p> <p>Observations in the group home on 12/4/18 at 7:15 AM revealed client #3 sitting down at the dining table and eating the breakfast meal. Continued observations at 7:26 revealed the client to take dishes to the kitchen and then enter the medication room where medication administration started at 7:29 AM. Medications administered included: Tums 500mg; calcitriol .25mg; Floranex; Lamictal 250mg; Keppra 750mg; Synthroid 150mcg; Linzess 290 mcg; Hiprex 1gm; Nasonex, 1 spray in each nostril; vitamin D 5000; and Minocin 100mg.</p> <p>Review of the record for client #3 on 12/4/18 revealed current quarterly physician orders prescribing Synthroid 150mcg daily at 6:30 AM. Further review of the physician orders revealed all other AM medications were ordered for 8:00 AM. Interview with the facility nurse on 12/4/18 confirmed the Synthroid 150mcg was ordered to be administered at 6:30 AM to assure client #3 received the medication prior to eating breakfast.</p>	W 368	<p>W 368 The RN will in-service staff on administering medications in compliance with physicians orders. The clinical team will monitor two times a week for one month and then on a routine basis through Medication Administration Observations to ensure the staff are administering medication [per physicians orders..</p> <p>In the future the RN will ensure the staff are trained and are adminisitrating medication in compliance with physican orders.</p>	1-31-2019
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