

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

PRINTED: 12/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER MEADOWVIEW HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2723 BOBWHITE CIRCLE WINGATE, NC 28174	
(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 288	<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 1 of 3 sampled clients (#3) was not used as a substitute for an active treatment program. The finding is:</p> <p>Observation in the group home on 11/28/18 revealed two bathrooms in the group home with no paper towels. Continued observation revealed clients to use both bathrooms of the group home at various times. Observation at 5:20 PM revealed staff to verbally prompt all clients to wash their hands for dinner. Additional observation revealed a staff to support client #4 to the bathroom to wash his hands and to acknowledge to the client the need for paper towels in the bathroom. Staff was observed to exit the bathroom and return with a small stack of paper towels. Staff was then observed to assist client's #4 and #5 with hand washing and to provide each client with paper towels for hand drying. It should be noted one bathroom in the group home remained without paper towels throughout the evening observation. Morning observations on 11/29/18 revealed both bathrooms in the group home to have a small number of paper towels stored in the paper towel holders.</p> <p>Interview with staff on 11/28/18 revealed paper</p>	W 288	<p>W288: ON DECEMBER 6, 2018 THE PAPER TOWEL HOLDERS WERE REPLACED WITH AUTOMATIC HAND DRYERS IN BOTH RESTROOMS. THE DRYERS WILL BE ASSESSED BY THE MANAGER ON A DAILY BASIS TO ENSURE THAT THE DRYERS ARE OPERATING PROPERLY IN BOTH RESTROOMS.</p>	

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

TITLE

(X6) DATE

Brookline Durkin, DPT, RTR 12/12/18

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 288	Continued From page 1 towels are not always kept in the bathrooms due to behaviors of client #3. Further interview with staff revealed client #3 will pull out all paper towels at times from the paper towel holders and stuff the commode or tear them up. Review of records for client #3 on 11/28/18 revealed a person centered plan (PCP) dated 5/22/18. Review of the PCP revealed training objectives for meal preparation, medication administration, hygiene, laundry, exercise, communication, activity participation and privacy. Further review of the PCP revealed a behavior support plan dated 10/20/18 for target behaviors of physical aggression, property destruction, and inappropriate toileting. Subsequent record review revealed no training objective relative to paper towel use or intervention strategy relative to limiting paper towels in the bathroom. Interview with the home manager and qualified intellectual disabilities professional (QIDP) verified paper towels are limited in bathrooms of the group home due to behaviors of client #3. Further interview verified client #3 had no programming to address the need for limited paper towel storage in bathrooms of the group home. The QIDP further confirmed each bathroom of the group home should always have a few paper towels for client use.	W 288			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by:	W 383			

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W 383	<p>Continued From page 2</p> <p>Based on observation and interview, the facility failed to assure only authorized persons had access to the keys to the drug storage area. The finding is:</p> <p>Observation in the group home on 11/28/18 at 4:30 PM revealed client #3 to participate in medication administration and staff to complete the medication pass with locking the medication closet door. Further observation at 4:50 PM revealed the key to the medication closet to hang on the door knob of the closet accessible to anyone. Observation at 5:00 PM revealed staff to walk from the living room area of the group home to the medication closet and to pick up the key on the med closet. Staff was then observed to put the key in her pocket.</p> <p>Interview with the facility home manager and the qualified intellectual disabilities professional (QIDP) revealed two clients in the home will at times pick items up and place items in unknown places. Further interview with the home manager and QIDP revealed staff should not have left the key to the med closet unattended and accessible to others.</p>	W 383	<p><u>W383: ON NOVEMBER 29, 2018, ALL STAFF WERE IN-SERVICED ON THE DRUG STORAGE PROTOCOL TO ENSURE THAT ONLY THE AUTHORIZED PERSON TO ADMINISTER MEDICATION MAY HAVE ACCESS TO THE KEYS TO THE DRUG STORAGE AREA. STAFF WILL BE OBSERVED PRACTICING THE PROPER DRUG STOARGE PROTOCOL WEEKLY FOR 30 DAYS THEN MONTHLY THEREAFTER BY THE RM, QP OR RN.</u></p>		