

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

PRINTED: 01/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2019
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NAME OF PROVIDER OR SUPPLIER MINERAL SPRINGS I AND II	STREET ADDRESS, CITY, STATE, ZIP CODE 410 & 414 MINERAL SPRINGS ROAD DURHAM, NC 27707
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W 111	<p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure all physician's orders filed in the record were accurate. This affected 1 of 6 audit client (#9). The finding is:</p> <p>The physician orders for client #9 were not accurate.</p> <p>During medication administration on 1/15/19 at 7:30am, client #9 received one tablet of Diazepam 2mg.</p> <p>Review on 1/15/19 of client #9's record revealed the most current physician orders signed in October 2018 noted Diazepam 2 mg, 1 tablet daily (twice.) The Diazepam order was written twice which would indicate two 2 mg tablets.</p> <p>Interview on 1/15/19, with management, confirmed there was a record error not a medication error. The qualified intellectual disability professional (QIDP) confirmed the new physician's order with the error corrected was not filed in the record.</p>	W 111	<p>W111</p> <p>The nurse will ensure client #9 physician orders are corrected. Monitoring will occur with the QP completing a record review within the next 30 days and on a routine basis. In the future, the nurse will compare the MAR's with the doctor's orders for accuracy.</p>	
W 216	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include physical development and health.</p>	W 216		

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TITLE
01/28/19
(X5) DATE

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

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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W216	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure the record included an assessment of 1 of 6 audit clients (#8) physical development, specifically a physical therapy evaluation. The finding is:</p> <p>Client #8 did not have a physical therapy evaluation in his record.</p> <p>During observations at the day program and home on 1/14/19 and the home on 1/15/19, client #8 was observed in an ill fitting wheelchair that had metal slats covered and positioned under each arm. These appear at many times to be holding him up as if "crutches under arms." His feet protruded off the foot and leg rests and his knee hit the leg rest. He complained that his leg/knee hurt so staff put a pad between his knee and the leg rest for which he said eased the pain. On one occasion one staff lifted him alone and on one occasion two staff lifted him. Staff lifted him in different manners as well.</p> <p>Additionally, during observations of dinner on 1/15/19, he began to cough and a staff walked over and grabbed him under his arms and lifted him up and spun him around to the side (where his back faced the arm rest for a minute) and client #8 screamed in pain.</p> <p>Review on 1/14/19 of the individual program plan (IPP) dated 10/4/18 revealed no indication that a physical therapy evaluation had been done. However, it indicated client #8 was non-mobile.</p> <p>Further review of the record on 1/15/19 revealed</p>	W 216	<p>W216</p> <p>The PT will ensure Client #8 has a completed physical therapy evaluation that includes lifting and positioning and in-service staff on the PT evaluation. The QP will addendum the PCP to reflect the outcome of the PT evaluation. Monitoring will occur with the QP completing a chart review and an Q-Review. The Clinical Team will complete an Interaction Assessments twice a week in the home for the next 30 days and on a routine basis. In the future, QP will ensure evaluations are completed and placed in the record.</p>	3/15/19

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W 216	Continued From page 2 no physical therapy evaluation.	W 216		
W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to assure the individual program plan (IPP) included in it any relevant information and or interventions needed to assist the staff in caring for the individuals. This affected 1 of 6 audit clients (#8). The finding is:</p> <p>Client #8's IPP did not include relevant information regarding how client #8 should be lifted.</p> <p>Review on 1/14/19 and 1/15/19 of client #8's IPP revealed he had significant issues with an exposed rod in his back. He had surgery and for a while had to be discharged from the facility to heal. The IPP did not include any information about how to lift him with a rod that keeps his back straight.</p> <p>Interview on 1/1/19 with the facility qualified intellectual disability professional (QIDP) revealed that client #8 should be lifted with two people. The QIDP further confirmed there is no</p>	W 240	<p>W240</p> <p>The QP will addendum the PCP to indicate how Client #8 should be lifted. Monitoring will occur with QP completing a chart review within 30 days and on a routine basis. In the future, the QP will ensure all relevant information is included in the PCP.</p>	3/15/19

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W 240	Continued From page 3 information about how client #8 should be lifted in his IPP.	W 240		
W 249	<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 observations, record reviews and interviews, the facility failed to assure the pattern of interactions supported the individual program plans in the area of mealtime guideline orders. This affected 1 of 6 audit clients (#8). The finding is:</p> <p>Client #8's mealtime guideline physician's orders were not followed as written.</p> <p>During observations of meals on 1/14/19 and 1/15/19, the staff did not encourage client #8 to drink sips of fluids between every 2-3 bites. In fact, on 1/15/19 at dinner, he was not provided any fluids until about half way through his meal.</p> <p>Review on 1/15/19 of client #8's record revealed the most current physician's orders signed in October. These orders included the following guideline for meals: "...sips of fluids between every 2-3 bites...."</p>	W 249	<p>W249-</p> <p>The House Manager will ensure Client #8 mealtime guidelines physician's orders are followed as written. Monitoring will occur with The Clinical Team completing Mealtime Assessment twice a week for 30 days and on a routine basis. In the future, the House Manager will ensure guidelines are followed as written.</p>	3/15/19

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W 249	Continued From page 4 Further review on 1/15/19 of client #8's medical /nutrition evaluation dated 8/17/18 also revealed that "staff should redirect overstuffing mouth and sips of fluids between every 2-3 bites." Interview with the qualified intellectual disability professional (QIDP) on 1/15/19 confirmed staff should have been following the guideline orders and that she noticed the fluids were not provided until half way through the meal during dinner on 1/15/19.	W 249		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, nursing services for the facility with other members of the interdisciplinary team failed to assure staff were competent in preventive health measures. This potentially affected all clients. The findings are: The staff were not adequately trained in care for clients such as but not limited to lifting, when to report to the nurse, prn medications and what to do when a client is coughing/choking, etc. A. During observations on 1/15/19 before the medication pass about 6:00am, client #8 was	W 340	W340- A and B The Nurse will in-service staff on when to report to the nurse, prn medications and what to do when a client is coughing or choking. The PT will in-service staff on lifting. Monitoring will occur with twice weekly Interaction and Med Administration Assessments for 30 days by the Clinical Team and on a routine basis. In the future, the PT will in-service staff on lifting procedures and the Nurse will in-service staff on prn meds, when to report to the nurse and what to do when a client is coughing/choking ect.	3/15/19

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W340	<p>Continued From page 5</p> <p>observed in his bedroom in bed. A staff went in alone and closed the door. When he opened the door just a few minutes later, client #8 was in his wheelchair.</p> <p>Interview with the staff, after the observation, revealed he lifted client #8 alone and demonstrated with gestures that he lifted him in a cradled position in his arms. He stated he always lifts client #8 this way.</p> <p>Client #8 was interviewed and asked, after being lifted if he was in pain. He stated he was not in pain anywhere.</p> <p>During medication administration on 1/15/19, the staff took client #8's temperature. It was 99.3. The staff then took his pulse oxygen rate. The pulse oxygen meter was observed not to be on his finger good. It was noted to be 83. She stated she would call the nurse to tell her about the oxygen. She was then asked if she was going to take it again? She said she didn't know. The surveyor asked to see the meter and she applied it and obtained a pulse oxygen of 98. the staff then called the nurse and told her about obtaining the 83 and then the 98 for his oxygen but did not tell her about his above 99 degree temperature. The medication technician then told the surveyor that client #8 had a prn (as needed) medication that she gives when he needs it and put it to the side and said, "He won't be getting this now." The client then said, "I want my prn medicine." She said okay I will give it to you then and moved it back over to his morning medications. The surveyor asked client #8, "Are you in pain, now?" He was asked because he had just been asked before the medication pass. Client #8 responded, "No." the surveyor said,</p>	W340		

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W 340	<p>Continued From page 6</p> <p>"Why do you need a prn for pain when you are not in pain?" Client #8 stated, "Just in case I have pain." The staff then said, "Ok. Let's wait..."</p> <p>Review of client #8's record on 1/14/19 revealed an individual program plan (IPP) dated 10/4/18 which revealed client #8 had surgery this year for the rod in his back becoming exposed out of his back. It noted his back is completely straight with the new rod and cannot bend. It did not describe how he should be lifted. The record revealed current physician's orders which indicated the nurse should be called when his temperature is above 99 degrees and that he has a prn for "pain." The IPP noted he can indicate when he is in pain.</p> <p>B. During observations at breakfast on 1/15/19, client #8 started coughing hard as if beginning to choke. One staff started pulling him up under his arms and he screamed in pain. Another staff offered him a beverage while he was still coughing hard. The QIDP was observed correcting the staff who offered him beverage explaining to her she should wait and encourage him to keep coughing.</p> <p>C. During observations in the afternoon on 1/14/19, client #8 was on bedrest and was asked if he wanted to eat he said, "No." The staff said okay and prepared dinner for the house. They returned when it was ready and asked him again and he said no to which they replied, "Okay you can have a boost later." The QIDP came into the home and she was told by the surveyor that client #8 was refusing to eat. She went in and said, "Don't you want to eat? We have Lasagne?" He replied yes he would like Lasagne. She then asked for some assistance in lifting him and</p>	W 340	<p>W340-C.</p> <p>The QP will enservice staff on protocol for meal refusal. Monitoring will occur with twice weekly Mealtime monitoring by the Clinical Team for 30 days and on a routine basis. In the future, the QP will ensure all staff are in-serviced on meal refusal.</p>	3/15/19

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W 340	Continued From page 7 helped him up to eat. He ate a very large meal.	W 340			
W 436	Interview with the QIDP after the observation, revealed two staff should always lift client #8 for safety and that staff should "encourage" client #8 to eat versus just asking him if he wanted to eat. SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the provision of adaptive equipment specifically glasses and to keep a pair of glasses in good repair. This affected 1 of 6 audit clients (#8). The finding is: Client #8 was not provided eyeglasses consistently and when he was provided them, they were not in good repair. Throughout observations on 1/14/19 at the day program and house, client #8 did not wear glasses and he was not provided glasses. Additionally, during observations the morning of 1/15/19, he was not provided glasses. However, on the van leaving to go to the day program, client #8 had glasses on. These glasses had only one arm.	W 436	W436- The House Manager will ensure individuals are provided with working adaptive equipment as indicated, specifically eye glasses. Monitoring will occur with twice weekly Interaction Assessment by the Clinical Team for 30 days and on a routine basis. In the future, the House Manager will ensure the individuals' adaptive equipment, specifically glasses are provided consistently and are in good repair.	3/15/19	

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W 436	<p>Continued From page 8</p> <p>Review on 1/14/19 of client #8's individual program plan (IPP) dated 10/4/18 revealed he wears glasses and staff should monitor the care of his glasses.</p> <p>Interview on 1/15/19 with client #8 and with staff revealed the glasses were in his room and were broken at least a week.</p> <p>Interview on 1/15/19 with the QIDP revealed client #8 had an eye appointment scheduled to get a new prescription today and they would get him glasses after that appointment.</p>	W 436			