

PRINTED: 01/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/03/2019
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NAME OF PROVIDER OR SUPPLIER  MOORE COUNTY HOME FOR AUTISTIC ADULTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1112 DEVONSHIRE TRAIL ABERDEEN, NC 28315
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(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
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W 148	<p>COMMUNICATION WITH CLIENTS, PARENTS &amp; CFR(s): 483.420(c)(6)</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to assure the guardian was notified of a significant incident that occurred with client #1 which resulted in an injury. This affected 1 of 2 audit clients. The finding is:</p> <p>There was no evidence that the guardian had been notified when client #1 was injured by a peer.</p> <p>Review of documentation in client #1's record on 1/3/19 revealed no documentation that the nurse or any staff had notified the legal guardian.</p> <p>Interview with the nurse on 1/3/19 revealed she had not documented any contact with the guardian about the incident injuring client #1; however, she stated that she had called and left voicemail's. The nurse was asked to show a screen shot of the phone number to the guardian dialed on her cell phone and she stated she could not produce that because she used a different cell phone. The nurse stated she had called numerous times and that the guardian said there was a list of other emergency contacts that the nurse did not know anything about.</p> <p>An interview with the guardian on 1/3/19 revealed</p>	W 148	<p>By 1/18/2019 will ensure that all clients have alternate emergency contact information other than guardian to be contacted/notified of any significant incidents, changes, serious illness, accidents, death or abuse as specified in policy. Documentation of notification or efforts will be maintained. Documentation will be monitored by QIDP with each occurrence.</p>	1/18/19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: \_\_\_\_\_ (X6) DATE: 1/8/19

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.

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

PRINTED: 12/21/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  340288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/18/2018
NAME OF PROVIDER OR SUPPLIER  MOORE COUNTY HOME FOR AUTISTIC ADULTS			STREET ADDRESS, CITY, STATE, ZIP CODE 1112 DEVONSHIRE TRAIL ABERDEEN, NC 28316		
(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 189	<p>STAFF TRAINING PROGRAM <i>para 2</i> CFR(s): 483.430(e)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure staff received ongoing training to assure competency in behavior management, medication administration and interactions. This potentially affected all clients residing in the facility. The findings are:</p> <p>1. Staff were not trained not to mark the medication administration record when the medication was not provided.</p> <p>During medication administration observations on 12/18/18 at 8:00am, client #3 was not provided with any topical medication.</p> <p>Review on 12/18/18 of client #3's physician orders dated 11/14/18 revealed an order for Triamcinolone Aceton 0.25% Apply on skin three times a day."</p> <p>Interview on 12/18/18 with the management confirmed that the medication is not being given. The manager indicated she "knows for a fact" it is not being given because they have not had it.</p> <p>Further review on 12/18/18 revealed the medication administration record for the entire month of December is marked as giving the medication.</p>	W 189	<p>By January 18, 2019 all staff will be inserviced on medication administration, Behavior Support Plans and supports of client choices, self determination, self management and locking medication door.</p> <p>More specifically, though not limited to client #3 medication regime and documentation for accuracy.</p> <p>All MAR's and physician orders will be reviewed weekly by Homemanager, bimonthly by Hab Specialist/ QIDP and monthly by Registered Nurse.</p> <p>All staff will be inserviced on keeping the medication room locked when not in use. The locking of the room will be monitored daily by the Home manager and documented weekly by Home manager, Hab Specialist and QIDP.</p>	1/18/19	

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

TITLE

(X6) DATE

*James Home QIDP MA WORS*

*1/8/19*

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NAME OF PROVIDER OR SUPPLIER  MOORE COUNTY HOME FOR AUTISTIC ADULTS			STREET ADDRESS, CITY, STATE, ZIP CODE 1112 DEVONSHIRE TRAIL ABERDEEN, NC 28316	
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W 148	Continued From page 1	W 148		
W 258	<p>she was not contacted nor were there missed calls or voicemails from the nurse or facility stating client #1 had been injured.</p> <p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(1)(iv)</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is being considered for training towards new objectives.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the qualified intellectual disability professional (QIDP) coordinated the services for contacting the legal guardian and or family members when an injury occurs. This affected 1 of 2 audit clients (#1). The finding is:</p> <p>Client #1's individual program plan (IPP) did not have a list of emergency contacts for when the guardian could not be reached in an emergency.</p> <p>Review of the record on 1/3/19 revealed client #1's IPP did not include a list of emergency contacts other than the legal guardian.</p> <p>Review of documentation in client #1's record on 1/3/19 revealed no documentation that the nurse had notified the legal guardian of an incident causing harm to client #1.</p> <p>Interview with the nurse on 1/3/19 revealed she had not documented any contact with the guardian about the incident injuring client</p>	W 258	<p>By Jan 18, 2019 all clients to include client #1 IPP will include a list of emergency contacts if guardian cannot be reached.</p> <p>Documentation of contact and/or efforts will be maintained in client record.</p> <p>Biannually list will be renewed for accuracy and updated as needed as often as warranted.</p>	1/18/19

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W 258	<p>Continued From page 2</p> <p>#1; however, she stated that she had called and left voicemails. The nurse was asked to show a screen shot of the phone number to the guardian dialed on her cell phone and she stated she could not produce that because she used a different cell phone. The nurse stated she had called numerous times and that the guardian said there was a list of other emergency contacts that the nurse did not know anything about.</p> <p>An interview with the guardian on 1/3/19 revealed she was not contacted nor were there missed calls or voicemails from the nurse or facility stating her child had been injured. She stated that she had relayed to management a list of emergency contacts. She also indicated that the group home management was afraid to contact her because of a medication issue that had recently happened when staff failed to deliver meds as directed during a home visit.</p> <p>An interview on 1/3/19 with the management confirmed there was no list of family members to contact in emergency listed in the IPP.</p>	W 258			