PRINTED: 01/24/2019
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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G122	A. BUILDING _____ B. WING _____	01/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBERT W THOMPSON GROUP HOME	1920 WOODHAVEN DR ALBEMARLE, NC 28001

(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	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 ensure staff were sufficiently trained regarding the appropriate use of disposable gloves. The finding is: Observation in the group home on 1/14/19 at 4:35 PM revealed client #4 to be assisted to the bathroom for a bath. Continued observation revealed staff to enter the bathroom with client #4 and then exit the bathroom wearing gloves. Staff was observed to enter the common areas of the home to assist other residents with transitioning from various activities in the kitchen and living room areas and assist with operating the remote control to the living room television while wearing the same gloves. Observation at 4:45 PM revealed staff to re-enter the bathroom with client #4 continuing to wear the same gloves. Additional observation in the group home on 1/14/19 at 5:30 PM revealed a set of disposable gloves to sit on a desk in the living room. Observation at 5:50 PM revealed staff to enter the living room, pick up and apply the gloves and then assist residents with going to the bathroom to wash their hands for dinner. Interview with the facility qualified intellectual disabilities professional (QIDP) on 1/15/19 revealed staff should have changed gloves in	W 189 W189	1. The QP will train the staff on the appropriate use and the disposable gloves this training will include preventing the cross contamination in the environment and among the clients in the home. The QP will inservice the facilities blood borne pathogens compliance program. The QP and/or manager will monitor the glove use in the home by conducting weekly observations in the home for two months or until the issue is resolved.	3-16-19

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DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Chief Regulatory Officer 2/4/19

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.

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W 189	Continued From page 1 between all client care. Further interview with the QIDP verified staff should have changed gloves after exiting the bathroom with client #4. The QIDP further verified staff should have thrown away the disposable gloves that were sitting unattended in the living room and applied a new pair of gloves.	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, review of records and interview the individual support plans (ISPs) failed to have sufficient interventions to address identified needs in vocational skills for 2 of 3 sampled clients (#5 and #6). The findings are: A. The ISP dated 11/8/18 for client #6 failed to include sufficient interventions to address vocational deficits. For example: Observation on 1/15/19 of client #6 at 7:50 AM revealed the client to complete his breakfast meal and transition to vocational programming with staff in the group home. Observation of vocational activities offered to client #6 from 8:00 AM to 9:00 AM at his home based vocational program included engaging with staff in connect four game activity and participating in medication administration.	W 227	W227 A and B-The QP will review Client #6 and Client #5 to address sufficient interventions to address vocational deficits to also include safety skills and number identification. The team will review all clients' vocational goals as part of the ISP and develop interventions as warranted to address deficits in vocational domains. The QP will inservice the staff on all clients deficits to include any interventions implemented as part of the ISP. The Chief Regulatory Officer will inservice the QP to ensure vocational deficits are identified with a plan whether formal or informal for all clients. The team will monitored this by conducting annual chart reviews.	3-16-19

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W 227	Continued From page 2 Review of records for client #6 on 1/14/19 revealed an ISP dated 11/8/18. Review of the 11/8/18 ISP revealed training objectives to address hygiene, laundry, take up place setting after meals, activity engagement, medication administration and oral hygiene. Further review of client #6's ISP revealed no objectives relative to vocational training. Continued review of client #6's ISP revealed identified deficits in safety skills and number identification. Interview with the facility qualified intellectual disabilities professional (QIDP) on 1/15/19 revealed client #6 participates in a home based vocational training program that includes various activities of matching, sorting, sensory activities and participating in community outings when available. Continued interview with the QIDP verified client #6 had no formal training objectives relative to vocational deficits and all formal goals were implemented to address hygiene and daily living independence. Further interview with the QIDP verified client #6 has deficits in vocational domains to include safety skills, number identification and could benefit from vocational training objectives specific to the identified deficits. B. The ISP dated 07/20/18 for client #5 failed to include sufficient interventions to address vocational deficits. For example: Observation on 1/15/19 of client #5 at 7:00 AM revealed the client to complete his breakfast meal and transition to vocational programming with staff in the group home. Observation of vocational activities offered to client #5 from 8:00 AM to 9:00 AM at his home based vocational program included engaging with staff in a block	W 227		

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W 227	Continued From page 3 matching game activity and participating in medication administration. Review of records for client #5 on 1/14/19 revealed an ISP dated 07/20/18. Review of the ISP revealed training objectives to address hygiene, laundry, take up place setting after meals, activity engagement, medication administration and making a purchase. Further review of client #5's ISP revealed no other objectives relative to vocational training. Continued review of client #5's ISP revealed deficits in safety skills and number identification. Interview with the facility qualified intellectual disabilities professional (QIDP) on 1/15/19 revealed client #5 participates in a home based vocational training program that includes various activities of matching, sorting, sensory activities and participating in community outings when available. Continued interview with the QIDP verified client #5 had no other formal training objectives relative to vocational deficits and all formal goals were implemented to address hygiene and daily living independence. Further interview with the QIDP verified client #5 has deficits in vocational domains to include safety skills and number identification and could benefit from vocational training objectives specific to the identified deficits.	W 227		
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:	W 331		

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W 331	Continued From page 4 Based on observation, record review and interview, the facility failed to ensure nursing services were provided in accordance with client needs relative to assuring the physician's orders matched the medication administration records (MAR) for 1 of 2 sampled clients (#5) observed to receive medications. The finding is: Observations in the group home on 1/15/19 at 8:05 AM revealed client #5 to participate in medication administration. Observation of the medication pass revealed client #5 to receive Risperdal, Zantac, Lorazepam, Keppra and Fluoxetine medication. Continued observations revealed at 8:15 AM the client was assisted by staff out of the medication area and returned to the living room. Review of client #5's record on 1/15/19 revealed a medication administration record (MAR) dated 12/2018. Review of the current 12/2018 MAR revealed orders for client #5 to receive Melatonin: Take 1 tab by mouth once daily (9 AM) and Centrum: Chew and swallow 1 tablet by mouth once daily (9 AM). Additional review of the 12/2018 MAR verified medication orders for medications observed to be given to client #5 during the morning medication administration. Interview with the facility nurse on 1/15/19 verified the physician orders for client #5's Melatonin and Centrum remained current and were to be given at 9 PM. Further interview with the facility nurse confirmed the current MAR was transcribed incorrectly with regard to the administration time for the client's Centrum and Melatonin orders and she was unaware of the transcription error. Additional interview verified nursing was responsible for ensuring physician orders match	W 331	W331 The RN will review all current orders to assure the physician orders match the medication administration records for Client #5. The nurse/QP and/or Manager will review all orders for all clients to ensure the physician orders match the medications administration record. The Chief Regulatory Officer will inservice the RN is responsible for ensuring physician orders match the medication administration records received by the pharmacy. Nursing will monitor on a quarterly basis while completed Quarterly Nursing assessments for all clients.	3-16-19

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W 331	Continued From page 5 the medication administration records received by the pharmacy.	W 331		