

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

PRINTED: 02/07/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2019
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NAME OF PROVIDER OR SUPPLIER PENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379
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E 039	<p>EP Testing Requirements CFR(s): 483.475(d)(2)</p> <p>(2) Testing. The [facility, except for LTC facilities, RNHCs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCs and OPOs] must do all of the following:</p> <p>*[For LTC Facilities at §483.73(d):] (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:]</p> <p>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.</p>	E 039	<p>E039 - EP Testing Requirements CFR(s): 483.475(d)(2)</p> <p>By 04/05/2019 the Safety Manager will run an individual facility-based tabletop exercise to test Monarch's emergency plan. If Pence Place has not participated in an actual natural or man-made emergency that required activation of the emergency plan, a tabletop exercise will be completed on an annual basis thereafter.</p> <p>Responsible Person: Safety Manager Target Date: 04/05/2019</p> <p>DHSR - Mental Health FEB 19 2019 Lic. & Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Theresa Brechue</i> Director of Regulatory Affairs	TITLE	(X6) DATE 02/15/2019
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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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E 039	Continued From page 1 *[For RNHCIs at §403.748 and OPOs at §486.360] (d)(2) Testing. The [RNHCI and OPO] must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the [RNHCI's and OPO's] response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure a facility/community-based or tabletop exercise was conducted to test their emergency plan. The finding is: The facility's Emergency Preparedness (EP) plan did not include completion of facility/community-based exercise or tabletop exercise. Review on 2/4/19 of the facility's EP plan (updated 10/28/18) did not include a full-scale community-based or individual facility-based exercise or a tabletop exercise to test their emergency plan. Interview on 2/5/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the facility has not conducted a full-scale facility/community-based exercise or a tabletop	E 039	<i>Page intentionally left blank</i>	

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E 039 W 249	<p>Continued From page 2</p> <p>exercise to test the effectiveness of their current emergency plan.</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 observations, interviews and record review, the facility failed to ensure 2 of 6 audit clients (#7, #8) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration. The findings are:</p> <p>1. Client #8 was not prompted or assisted to participate with the administration of their medications to their maximum potential.</p> <p>During observations of medication administration in the home on 2/4/19 at 4:15pm, the staff obtained client #8's medication, a carton of Boost Breeze, a cup of water and punched his pill into a medication cup. Client #8 was then called into the area. The client took his medication with water, drank the Boost drink, threw away his pill cup and left the area.</p>	E 039 W 249	<p>W249- Program Implementation CFR(s): 483.440(d)(1)</p> <p>1. By 4/5/19 all LPN's will be re-inserviced on all person's supported IDLA's, specifically their medication administration section.</p> <p>2. By 4/5/19 all LPN's will be re-inserviced on all person's supported medication goals, how to run the goals properly, how to ensure the goals are intergrated daily for each person supported and allowing each person supported to be as independent as possible during medication administration.</p> <p>3. Residential Team Leader or designee will complete bi-weekly medication administration observations with the LPN's to ensure all IDLA's are being followed and all person's supported medication goals are being completed correctly.</p> <p>Responsible person: Residential Team Leader or designee Target Date: 4/5/19</p>	

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W 249	<p>Continued From page 3</p> <p>Immediate interview with the medication technician revealed client #8 has an objective to punch his pills which is implemented during the evening medication pass.</p> <p>Review on 2/5/19 of client #8's IPP dated 6/7/18 revealed, "During medication administration [Client #8] can: can pop out his medications from a bubble pack with assistance, can pour his own beverage, take his medications under the supervision of staff." Additional review of the plan indicated an objective to punch out his evening medication independently at 90% for 6 consecutive months (implemented 6/19/18).</p> <p>Interview on 2/5/19 with the QIDP confirmed client #8's skills and abilities should be integrated during medication administration.</p> <p>2. Client #7 was not prompted or assisted to participate with the administration of her medications to her maximum potential.</p> <p>During observations of medication administration in the home on 2/4/19 at 4:18pm, the staff obtained the client's medications and water, punched pills into a pill cup, told the client what she was taking, assisted her to consume her pills and throw away her trash.</p> <p>Immediate interview with the medication technician revealed client #7 has a goal to state the name of her medication and what they are for which is implemented during the evening medication pass.</p> <p>Review on 2/5/19 of client #7's Client Assessment Detail dated 4/13/18 revealed she can pour liquids from a pitcher into a glass and dispense</p>	W 249	<i>Page intentionally left blank.</i>	
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W 249	Continued From page 4 meds from a bottle or container with partial physical prompts. The assessment also indicated client #7 requires verbal prompts to state the medications she takes, state the purpose of medications, and describe specific medication needs/problems. Additional review of the client's IPP dated 5/10/18 identified a goal to become more independent with her medication administration with 3 or less verbal prompts at 75% for 6 consecutive months (implemented 5/25/18). Further review of the objective indicated the client should state the name of her medication, why she takes them and what time she takes them. Interview on 2/5/19 with the QIDP confirmed client #7 should be assisted to participate with the administration of her medications as indicated in her plan.	W 249			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure written informed consent was obtained from both guardians for client #8's restrictive Behavior Support Plan (BSP). This affected 1 of 6 audit clients. The finding is: Written informed consent was not obtained from both parents for a restrictive plan.	W 263	W263 Program Monitoring & Change CFR(s):483.440(f)(3)(ii) 1. By 4/5/19 Residential Team Leader will ensure all person's supported forms are signed by both legal guardians, as appropriate. Responsible Person: Residential Team Leader Target Date: 4/5/19		

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W 263	<p>Continued From page 5</p> <p>Review on 2/5/19 of client #8's Individual Program Plan (IPP) dated 6/7/18 revealed his parents were his legal guardians. Additional review of the client's BSP dated 5/9/18 revealed an objective to exhibit 3 or fewer challenging behaviors per month for 6 consecutive months. Review of the plan included restrictive medications and other techniques used to address the client's inappropriate behaviors. Further review of a consent for the BSP indicated only one of two guardians had given their written informed consent for the plan on 12/5/18.</p> <p>Interview on 2/5/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #8's mother routinely signs consent forms without obtaining her husband's signature. The QIDP acknowledged both guardian's should be signing the consent forms.</p>	W 263	<i>Page intentionally left blank.</i>		