

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

PRINTED: 03/06/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/27/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>OLD FARM ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 OLD FARM ROAD RAEFORD, NC 28376</b>	
(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 137	<p><b>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</b></p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure 1 of 4 audit clients (#5) had the right to appropriate fitting clothing. The finding is:</p> <p>Client #5 did not wear clothes which fit appropriately.</p> <p>During observations throughout the survey on 11/26 - 27/18, client #5 wore loose fitting sweat pants. Further observations revealed client #5's sweat pants hug very low on his hips, revealing his underwear and buttocks. Additional observations revealed staff pulling up client #5's sweat pants throughout the survey. Client #5 was observed tugging at the waist band of his sweat pants while walking around the facility.</p> <p>Review on 11/27/18 of client #5's individual program plan (IPP) dated 7/21/18 revealed he likes to wear sweat pants.</p> <p>Review on 11/27/18 of client #5's adaptive inventory behavior (ABI) dated 6/21/18 revealed he has total independence when it comes to putting on pants with an elastic waist band.</p> <p>During an interview on 11/27/18, staff revealed the facility buys client #5's clothing. Further interview revealed client #5 can dress himself</p>	W 137		1/25/19

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

*Shaketta McLeod*

TITLE

*BS OP*

(X6) DATE

12/11/2018

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 137	Continued From page 1 independently.  During an interview on 11/27/18, the qualified intellectual disabilities professional (QIDP) revealed client #5's guardian will sometime buy his clothes and other times staff will escort client #5 in the community to buy his clothing. Further interview revealed client #5 prefers to wear sweat pants.	W 137		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  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.  This STANDARD is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the areas of dining equipment, meal preparation and behavior. This affected 4 of 4 audit clients (#1, #3, #5, #6). The findings are:  1. Client #1's spoon was not utilized during lunch.  During lunch observations at the day program on 11/26/18, client #1 was observed using a white plastic spoon. At no time was client #1 offered to	W 249		1/25/19

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W 249	<p>Continued From page 2 utilize an thickened handle spoon.</p> <p>Review on 11/26/18 of client #1's IPP dated 11/6/18 revealed he utilizes a "non adaptive small bowled spoon with thickened handle."</p> <p>Review on 11/27/18 of client #1's occupational therapy (OT) update dated 9/25/16 stated, "[Client #1] eats with a non - adaptive small bowled spoon with thickened handle...."</p> <p>During an interview on 11/27/18, the qualified intellectual disabilities professional (QIDP) revealed client #1 should have utilized a spoon with an thickened handle and not a plastic spoon.</p> <p>2. Clients #3 and #6 were not given the opportunity to participate in meal preparation.</p> <p>During observations in the home on 11/26/18 at 3:53pm, staff were in the kitchen doing the following: opening cans of chicken pot pie and mixed vegetables with an electric can opener. The staff then proceeded to empty the cans into pots on the stove. Further observations revealed the staff using the electric can opener to open cans of mixed fruit, which were emptied into serving bowls. At no time were any clients involved in the meal preparation process. Further observations from 4:43 until 4:59pm, staff stirred the pots on the stove which contained the chicken pot pie and mixed vegetables. At 4:43pm, client #3 came into the kitchen, washed his hands and just stood in the kitchen. Beginning at 5:16pm, staff put dinner rolls on a baking sheet, put them into the oven and stirring the pots on the stove. Further observations revealed staff putting the chicken pot pie and the mixed vegetables into serving bowls; while client #3 was standing there</p>	W 249			

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W 249	<p>Continued From page 3 and watching.</p> <p>During observations in the home on 11/27/18 at 7:08am, staff were in the kitchen doing the following: putting various slices of bread into the toaster, taking bread out of toaster; putting into serving bowl; putting frozen sausage patties into the microwave, turning on microwave; removing the sausage patties from the microwave; placing into serving bowl and putting various cereals into serving bowls. While the staff was doing this, client #3 was standing in the kitchen and looking at the staff.</p> <p>During an interview on 11/26/18, staff revealed clients #3 and #6 can utilize an manual can opener. Further interview revealed clients #3 and #6 have the ability to pour food items into pots and serving bowls. Further interview revealed clients #3 and #6 should have been given the opportunity to participate in meal preparation.</p> <p>During an interview on 11/26/18, staff revealed client #3 should have been given the opportunity to put the bread in the toaster. Further interview revealed client #3 can utilize the microwave with verbal prompts. The staff also stated client #3 can pour food items into serving bowls.</p> <p>Review on 11/27/18 of client #3's adaptive behavior inventory (ABI) dated 8/15/18 revealed he has partial independence with preparing frozen foods in the microwave and preparing a breakfast meal. Further review stated he has total independence with using both an manual and electric can opener.</p> <p>Review on 11/27/18 of client #6's ABI dated 8/12/18 revealed he has partial independence</p>	W 249		

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W 249	Continued From page 4 with preparing food foods in the microwave, using an manual can opener and preparing a breakfast meal.  During an interview on 11/27/18, the QIDP revealed clients #3 and #6 should have been given the opportunity to participate in meal preparation.  3. Client #5's behavior support program was not followed.  During observations throughout the survey on 11/26 - 27/18, client #5 was observed poking the corner of his eye. Further observations revealed client #5 sitting in the classroom at the day program not being involved in any activities. At no time was client #5 redirect when he poked his eye.  Review on 11/27/18 of client #5's Behavior Support Program dated 5/13/18 stated, "Challenging Target Behaviors: Self-Injurious Behaviors: Any intentional behavior that may cause tissue damage to himself (e.g., eye poking....) 1. Staff should sign "No" and redirect him. 2. If behavior continues, redirect [Client #5] to engage in an activity or go to another area that is calming for him...."	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan	W 252			1/25/19

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W 252	<p>Continued From page 5</p> <p>objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data was documented correctly. This affected 1 of 4 audit clients (#5). The finding is:</p> <p>Data was not collected as indicated for client #5.</p> <p>During observations throughout the survey on 11/26 - 27/18, client #5 was observed poking the corner of his eye.</p> <p>Review on 11/27/18 of client #5's behavior data sheets for both the home and the day program revealed no documentation for his eye poking, for the dates of 11/26/18 and 11/27/18.</p> <p>Review on 11/27/18 of client #5's Behavior Support Program dated 5/13/18 stated, "Challenging Target Behaviors: Self-Injurious Behaviors: Any intentional behavior that may cause tissue damage to himself (e.g., eye poking.....).....DOCUMENTATION: All episodes of Challenging Behaviors will be documented on the Behavior Intervention Data Sheets in the Behavior Notebook.</p> <p>During an interview on 11/27/18, staff revealed client #5's eye poking behavior should be documented on the behavior data sheets. Further interview revealed client #5 has two separate behavior data books; one is located in the home and the other one is located at the day program.</p>	W 252			

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W 252	Continued From page 6  During an interview on 11/27/18, the qualified intellectual disabilities professional (QIDP) confirmed staff are to document whenever client #5 has a target behavior.	W 252		

Old Farm

**W137**

The Facility will ensure the rights of all clients and ensure that clients have the right to retain and use appropriate personal possessions and clothing.

The Facility/QIDP will ensure that client # 5 have appropriate fitting clothes.

The QIDP, Home Manager, and staff will assist client #5 with shopping for appropriate fitting clothes and discard all other unfitting items.

**W249**

The Facility will ensure that all clients receive continuous active treatment programs consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in their plan.

1. The facility will ensure that #1 thickened handle spoon is available to him at all settings. The QP and Nursing Support coordinator will re-inservice staff on client #1 eating adaptive equipment.

The IDT will monitor and conduct meal assessments 2x per month for 2 consecutive months.

2. The facility will ensure that client's #3 and #6 is given the opportunity to participate in meal preparation. The Hab. Spec will re-inservice client's #3 and #6 ABI skills for using a microwave, pouring food items, and using a manual can opener.

The IDT will monitor and conduct meal assessments 2x per month for 2 consecutive months.

3. The Facility will ensure that client #5 behavior support planned is followed as written. Client #5 Behavior support plan will be re-assessed to determine if any modifications are warrant.

The IDT will monitor and conduct Interaction assessments 2x per month for 2 consecutive months.

**W252**

The facility will ensure that data relative to accomplishment the individual program plan objectives must be documented in measurable terms.

The Facility will ensure that client #5 behavior support planned is followed as written. Client #5 Behavior support plan will be re-assessed to determine if any modifications are warrant.

The IDT will monitor documentation for client #5 eye poking through interaction assessments 2x per month for two consecutive months.