

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

PRINTED: 03/18/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G189</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/05/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SCI-NASH HOUSE I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1045 KINCHEN DR ROCKY MOUNT, NC 27803</b>
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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 192	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure staff were sufficiently trained on competencies directed towards client's health needs. This affected 1 of 3 audit clients (#2). The finding is:</p> <p>Nursing staff was not informed of client #2 missing a bowel movement for more than 3 days.</p> <p>Review on 3/4/19 of client #2's physician's order dated 1/31/19 revealed an order: "For constipation, if no BM in 3 days give dulcolax tabs 3 PO PRN q day X 2 days if no result, notify MD after checking for impaction." Further review of medication administration record (MAR) revealed no Dulcolax administered in the month of January and February and March 2019.</p> <p>Review on 3/4/19 of the client's 2019 bowel movement record revealed the client only had bowel movements recorded on 2/24 2/13, 2/3, 1/19, 1/14, and 1/11 in the month of January and February 2019.</p> <p>Review on 3/4/19 of client #2 Physician record of medical visit of 2/25/19 revealed. "...constipation...monitor closely as it can trigger seizure."</p> <p>Interview on 3/5/19 with the facility's nurse confirmed she was not aware client #2's bowel</p>	W 192	<p>All staff will receive training on client #2 and all clients' health needs regarding bowel movements as outlined by the physician's order. A core meeting will be held to discuss client #2 physician order for constipation to determine continued appropriateness as written due to client #2 being independent in using the bathroom. The Chief Nursing Officer will collaborate with the medical provider for clarity regarding Nursing policy 204-11(client who independently uses the bathroom will not use the BM log). Staff will be educated/ trained to recognize signs and symptoms for client #2 and all clients that is experiencing constipation with a focus on assuring their health needs are met in a timely and the most appropriate manner to foster optimal health. The CNO ( Chief Nursing Officer) will conduct the training for all staff including the nurse. The RN Team Lead will monitor documentation of bowel movements monthly and will provide additional training as needed. The Director will monitor at least 2 times a week. DHR - Mental Health</p> <p>APR 02 2019</p> <p>Lic. &amp; Cert. Section</p>	5-4-19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]* Chief Operations Officer 3-28-19

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 192	Continued From page 1 movements were not regular and staff were suppose to communicate with her if no bowel movement in 3 days.	W 192		
W 248	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7)  A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to ensure the client's individual plan was made available to all relevant staff, including staff of other agencies who work with the client. This affected 1 of 3 audit clients (#6). The finding is:  Client #6 did not have a current individual program plan (IPP) available to at the day program.  During review on 3/4/19 at the day program of client #6's record revealed no (IPP) available apart from the facesheet of the IPPs.  During an interview on 3/5/19, the qualified intellectual disabilities professional (QIDP) confirmed the day program was in need of having the clients' current IPP .	W 248	The PCP will be placed in client #6 and all clients' program books to assure availability for all revelant staff that works with the clients. Client #6 and all clients program book will be available at day programs which includes a copy of their PCP. The Director will monitor at least 2 times a week to assure that the PCP is in all clients program books and is current. Any PCP noted to be outdated will be replace as needed.	5-4-19
W 336	NURSING SERVICES CFR(s): 483.460(c)(3)(iii)  Nursing services must include, for those clients certified as not needing a medical care plan, a	W 336		

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W 336	Continued From page 2 review of their health status which must be on a quarterly or more frequent basis depending on client need.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 4 audit clients (#6) received a review of their health status at least quarterly. The finding is:  A quarterly nursing assessment was not completed as indicated for client #6.  Review on 3/5/19 of client #6's record revealed he was admitted to the facility on 8/18/93. Additional review of the record indicated a nursing assessment had been completed on 1/31/19, 10/31/18 and 7/13/18; no other assessments could be located.  Interview on 3/5/19 with the facility's nurse revealed the one quarterly nursing assessment was missing.	W 336	The CNO (Chief Nursing Officer) will work with the RN Team lead to develop a clear schedule and assignment sheet for the Quarterly Reriew of Health status for client # 6 and all clients. The schedule will be posted in the medication room to serve as a visual reminder to prompt the facility LPN with completing the Quarterly Review Health Status within a timely manner. The facility LPN will be retrained on Nursing Policy 202-2 (Quarterly Review of Health Status). The RN Team Lead will monitor monthly and the Director/QP will monitor quarterly.	5-4-19	
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure physician's orders were followed as written for 1 of 4 audit clients (#1). The finding is:	W 368			

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W 368	Continued From page 3 Physician's orders were not followed as indicated for client #1.  During breakfast observations on 3/5/19 at approximately 8:08am, client #1 consumed his breakfast with his peer mate.  During observations of medication administration in the home on 3/5/19 at approximately 8:38 am, client #1 ingested Omeprazole with 9 other pills.  Review on 3/5/19 of client #1's physician's orders dated 1/31/19 revealed an order for, "Omeprazole 20mg: take 1 capsule by mouth twice a day." Further review of Omeprazole package from the pharmacy revealed a sticker which stated, "Take this medication before food."  Interview on 3/5/19 with the nurse revealed, client #1 always gets his medication after breakfast.  Interview on 3/5/19 with the qualified intellectual disabilities professional (QIDP) confirmed the physician's order was not followed.	W 368	In the future client #1 will receive his Omeprazole as ordered. All nurses and medication monitors will receive additional training on medication administration policy #206-1 with an emphasis on physician's orders being followed as written for client #1 and all clients. The RN Team Lead will follow up with the pharmacy to assure that labels/sticker for client #1 and all client' medication match with the physician's orders. The RN Team Lead will monitor at least monthly and the Director will monitor at least 1 time weekly.	3-4-19	
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1)  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to prevent client #5 from eating food, with unwashed hands, after his hands had been in the trash can. The finding is:  During observations on 3/4/19 at 11:53am, client	W 454	All facility personnel will receive training on infection control policy #1 to prevent the spread of diseases through the use of environmental controls (handwashing is the most important means of interruption of transmission of infection to clients and staff). Training will also focus on monitoring client #5 and all clients to assure they washed their hands anytime they touch trash cans or any other object they come into contact with prior to eating their meals to avoid sources of	3-4-19	

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W 454	<p>Continued From page 4</p> <p>#5 was at the day program. Client #5, stood in the kitchen/dining room with bare hands, assisting staff with meal preparation. Client #5 was given verbal cues to carry dishes to the table for meal set up. As wrappers were removed from containers, staff gave the wrapper to client #5 and instructed client #5 to throw the item in the trash can. Client #5, who was the only client in the room, walked a few feet over to the trash can and put the wrapper in the trash can, that had a swing lid, and used his left hand, to push the wrapper all the way down inside of the can. When client #5 removed his hand from the trash can, client #5 was not observed washing his hands.</p> <p>Additional observations revealed staff then prompted client #5 to carry drink pitchers to the table, plastic bags full of food to each table, then instructed client #5 to be seated. Client #5's chair was located next to the trash can. Client #5 sat at the table, waiting for the other clients to wash their hands and sit at the tables. Before the meal began, client #5 was observed throwing two more disposable items into the trash can, touching the swing lid. Client #5 was not observed to get up to wash his hands.</p> <p>There were two other clients at the table with client #5. The clients ate family style and passed the packages of food around the table. Client #5 took the plastic bag of sandwich rolls, reached in the bag with his bare hands to get three rolls, before client #5 passed the bag to other clients. The other clients ate rolls from the bag that client #5 had touched with his unwashed bare hands.</p> <p>Interview with staff at the day program on 3/4/19 at 2:20pm, revealed that client #5 had washed his</p>	W 454	<p>transmission of infections. The Director will monitor at least 2 times a week and provide any needed training to ensure a sanitary environment to avoid sources and transmission of infections for all clients.</p>		

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W 454	Continued From page 5 hands before meal perpetration had started. The staff indicated that she had not had noticed client #5 placing his hand inside of the trash can, before client #5 ate his meal or handled the food.	W 454			