

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

PRINTED: 03/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/22/2019
NAME OF PROVIDER OR SUPPLIER SCI-TRIANGLE HOUSE I		STREET ADDRESS, CITY, STATE, ZIP CODE 1406 TYONEK DRIVE DURHAM, NC 27703	

(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 249}	<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, record reviews and interviews, the facility failed to ensure 2 of 2 audit clients (#1, #2) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation. The finding is:</p> <p>Clients (#1, #2) were not prompted, assisted or encouraged to participate with cooking tasks.</p> <p>During morning observations in the home on 3/22/19 from 7:10am - 7:42am, Staff C prepared all food and drink items for the breakfast meal without any client involvement. For example, the staff obtained necessary items, filled pitchers with drinks, retrieved boxes of cereal, cooked eggs on the stove top, made toast, used a blender to grind up food, and placed food into serving bowls. During this time, all of the clients were seated at the dining room table.</p> <p>Interview with Staff C on 3/22/19 revealed clients usually assist with meal preparation tasks like setting the table. The staff indicated a chore list</p>	{W 249}	<p>All staff will receiving training in ICF-IID Level of Care Basics:</p> <ul style="list-style-type: none"> * Active Treatment * Encouraging Independence * Teaching cues * Providing the least assistance necessary <p>Mealttime programs:</p> <ul style="list-style-type: none"> * Client #1 participation in meal preparation to foster independence * Client # 2 participation in meal preparation to foster independence * All clients participation in meal preparation to foster independence. <p>Further training for staff will be conducted on client #1 and Client #2 and all clients PCP noting their skills in the homeliving / meal preparation area. Core meeting will be held to determine any formal training warrant with goals/services implemented as deemed appropriate by the team to further increase all client's imdependence in meal preparation.</p> <p>The Director will monitor at least 2 times a week and address any needed changes at that time.</p> <p style="text-align: center;">RECEIVED APR 02 2019 DHSR-MH Licensure Sect</p>	S-21-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 4-2-19

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 249}	<p>Continued From page 1</p> <p>is also followed giving all of the clients an opportunity to participate. The staff stated, "a lot was going on" so she just cooked everything.</p> <p>Review on 3/22/19 of client #1's IPP dated 9/26/18 revealed, "[Client #1] continues to exhibit strong skills in the area of self-help and homeliving...The team agreed that his strengths continue to fall under the area of mealtime preparation...[Client #1] is able to use all household equipment independently. [Client #1] uses a manual safety can opener while helping with meal prep. He can also use the...microwave and blender with minimal assistance." Additional review of client #1's Educational Evaluation dated 9/24/18 indicated, "[Client #1] also participates in the SCI chore chart that includes...meal preparation." Further review of the client's Adaptive Behavior Scale - Residential and Community (ABS-RC) dated 9/24/18 revealed he can mix and cook simple foods e.g. fried eggs, pancakes, TV dinners etc.</p> <p>Review on 3/22/19 of client #2's IPP dated 4/11/18 revealed, "[Client #2] is given an opportunity to assist with meal preparation... (through use of chore chart)." The IPP noted, "[Client #2] is offered the opportunity to promote independence in the area of home living on a daily basis." Additional review of the client's ABS-RC dated 4/9/18 indicated he can prepare simple foods requiring no mixing or cooking e.g. sandwiches, cold cereal, etc.</p> <p>Interview on 3/22/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed all of the clients can participate with meal preparation tasks and should be prompted to do so according to the home's chore chart.</p>	{W 249}		

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