

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: 34G340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2019	
NAME OF PROVIDER OR SUPPLIER PLAYMORE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3252 PLAYMORE BEACH ROAD MORGANTON, NC 28655		
(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 observation, record review and interview, the facility failed to ensure objectives contained in the individual program plans (IPP) were implemented as prescribed for 1 of 3 sampled clients (#1) and 1 non-sampled client (#4), related to communication and activities of daily living. The findings are:</p> <p>A. The team failed to assure client #4 received sufficient interventions to address communication needs. For example:</p> <p>Observations in the group home during the 3/4-5/19 survey revealed client #4 to be non-verbal. The client was noted to make loud vocalizations and to pull staff toward what he wanted. Further observations revealed staff to direct client #4 verbally, with gestures and with physical prompts. Prompted activities included snack, meals, going to the bathroom, medication administration and getting on the van for transport to day program. At no time were staff observed prompting the client to use any communication assistance tools. Continued observation revealed symbols and photographs located near the</p>	W 249	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">MAR 25 2019</p> <p style="text-align: center;">DHSR NH L & C Black Mountain / WRO</p> <p>Staff in the home will be re-inserviced on client #4's communication program and how to properly train it and under which circumstances it needs to be implemented. The QP and/or designee will ensure that staff are consistently implementing the communication program properly through direct observation done at least weekly.</p>	5/4/19

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

TITLE

(X6) DATE



QP

3/21/19

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>kitchen/dining area to include music, table, lunch, work, bed, shower, toilet, drink and outside.</p> <p>Record review for client #4 on 3/5/19 revealed an IPP dated 2/25/19. The IPP included an objective for staff to prompt the client toward pictures or symbols so the client could touch the desired photo/symbol. The program instructions indicated that staff should incorporate the photos/symbols when interacting with client #4 and transitioning from one activity to another. It also indicated the program should be completed throughout the day.</p> <p>Interview with the qualified intellectual disabilities professional on 3/5/19 confirmed client #4's communication program was current and staff should have run the program objective at all teachable opportunities. Therefore, staff failed to implement the program with sufficient frequency to support the achievement of the objective.</p> <p>B. The team failed to assure client #1 received sufficient interventions to address/maintain grooming needs. For example:</p> <p>Observations in the group home on 3/5/19 at 8:25 AM revealed client #1 to be in a storage room located next to the dining area which contained multiple grooming items including electric razors. A staff member was observed shaving client #1 with an electric razor while in the storage room, with no assistance from the client.</p> <p>Review of the record for client #1 on 3/5/19 revealed an IPP dated 8/14/18 which included an other service goal for client #1 to shave his face. The directions for staff included assuring the task was trained in front of a mirror, and assuring the</p>	W 249	

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W 249	Continued From page 2 least restrictive prompting necessary, so the client could complete the task as independently as possible. Interview with the QIDP on 3/5/19 confirmed the other service goal was current. The QIDP also confirmed staff should have assured the grooming task occurred in front of a mirror and with the least possible assistance from staff so client #1 could maintain independence with shaving.	W 249	Staff in the home will be re-inserviced on how to properly implement client #1's Other Service Goal of shaving their face in order to facilitate independence on the part of client #1. Staff will also be instructed to make sure that all grooming takes place in an appropriate location such as either a client's bedroom or in a bathroom, with privacy ensured to the degree that is appropriate. The QP and/or designee will ensure that staff are correctly implementing client #1's shaving program and that it is done in an appropriate location through direct observation done at least weekly.	5/4/19	
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, review of records and interviews, the facility failed to assure techniques to manage the behavior of 6 of 6 clients residing in the home (#1, #2, #3, #4, #5 and #6) were not used as a substitute for active treatment. The finding is: Observations conducted on 3/5/19 from 6:35 AM until 8:30 AM revealed individual toiletry baskets containing personal hygiene items for all 6 clients residing in the home were located on shelves in an unlocked storage closet on the hallway next to the dining room. Staff was observed to assist each client to access their personal hygiene and grooming items from their basket as needed throughout observations. Further observations revealed electric razors labeled as belonging to	W 288			

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W 288	<p>Continued From page 3</p> <p>clients #1, #4 and #6 were also located in the closet on a small table along with their chargers.</p> <p>Review of records for all 6 clients residing in the home revealed the following:</p> <p>A. Review of client #1's individual program plan (IPP) dated 8/14/18 revealed an included adaptive behavior inventory (ABI) which indicated client #1 could care for his grooming basket with prompting and minimal staff assistance. Further review of the 8/14/18 IPP for client #1 revealed a behavior support plan (BSP) dated 5/7/18 which did not identify any behavioral problems or restrictions related to the use of personal toiletry items.</p> <p>B. Review of client #2's IPP dated 11/8/18 revealed an included ABI which indicated client #2 could care for her grooming basket with maximum independence. Further review of the 11/8/18 IPP for client #2 revealed a training objective, implemented on 1/18/18, for client #2 to clean her grooming basket and identify/replace any needed items. Continued review of the 11/8/18 IPP revealed a BSP dated 1/16/19 which did not identify any behavioral problems or restrictions related to the use of personal toiletry items for client #2.</p> <p>C. Review of client #3's IPP dated 10/9/18 revealed an included ABI which indicated client #3 cared for her grooming basket/supplies with minimal independence. Further review of the 10/9/18 IPP revealed a BSP dated 2/27/14 which did not identify any behavioral problems or restrictions related to the use of personal toiletry items for client #3.</p>	W 288	<p>Staff will be in-serviced on how to ensure that individuals's toiletry baskets and additional toiletry items are to be kept accessible in their rooms. Staff will also be in-serviced to monitor all individuals during routine self-care and grooming activities to ensure that all individuals are using toiletry items in appropriate manners and amounts. If staff should witness individuals using or attempting to use toiletry items in a manner that is inappropriate, they will be instructed to redirect individuals and model appropriate use through incidental learning techniques. Staff will also be instructed to document any attempts, successful or not by individuals to deliberately destroy, waste, or throw away toiletry items as an act of property destruction on an individual's behavior data collection sheet. The QP and/or designee will ensure compliance with this standard through direct observation at least weekly and monthly monitoring of behavior data by the program specialist.</p>	5/4/19

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W 288	<p>Continued From page 4</p> <p>D. Review of client #4's IPP dated 2/25/19 revealed an included ABI which indicated client #4 could care for his grooming basket/supplies with moderate independence. Continued review of the 2/25/19 IPP revealed a BSP dated 2/26/14 which did not identify any behavioral problems or restrictions related to the use of personal toiletry items for client #4.</p> <p>E. Review of client #5's IPP dated 10/16/18 revealed an included ABI which indicated client #5 could care for her grooming basket/supplies with moderate independence and should have access to her grooming basket at all times.. Further review of the 10/16/18 IPP revealed a BSP dated 2/23/14 which did not identify the need to store grooming supplies outside of her bedroom.</p> <p>F. Review of client #6's IPP dated 2/20/19 revealed an included ABI which indicated client #6 could care for his grooming basket/supplies independently with minimal assistance. Continued review of the 2/20/19 IPP revealed a BSP dated 1/19/19 which did not identify any behavioral problems or restrictions related to the use of personal toiletry items.</p> <p>Interview conducted with the home manager on 3/5/19 at 6:35 AM revealed the baskets containing hygiene and grooming supplies are kept in the storage closet next to the dining area for all 6 clients as well as the electric razors for clients #1, #4 and #6 in order to prevent them from misusing and/or destroying these items. Interview conducted with the qualified intellectual disabilities professional on 3/5/19 revealed all 6 clients residing in the home should have unrestricted access to their personal hygiene/</p>	W 288		

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W 288	Continued From page 5 grooming items, and further verified the grooming/toiletry items for all 6 clients should be kept in their personal bedrooms.	W 288		