

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

PRINTED: 04/12/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/09/2019
NAME OF PROVIDER OR SUPPLIER FANJOY HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 235 FANJOY ROAD STATESVILLE, NC 28625		
(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 a communication objective contained in the person centered plan (PCP) was implemented as prescribed for 1 non-sampled client (#1) related to communication. For example:</p> <p>Afternoon observations in the group home on 4/8/19 from 3:40 PM to 5:24 PM revealed client #1 to wear bilateral hearing aids. Further observation at 5:25 PM revealed client #1 to remove both of his hearing aids and place them both on a side kitchen table. Continued observations revealed at 5:27 PM, staff C obtained a latex glove and retrieved both of client #1's hearing aids from the side kitchen table and took them to the medication administration closet. At no time was staff observed to prompt client #1 to place his hearing aids back into his ears.</p> <p>Review of records for client #1 on 4/9/19 revealed a PCP dated 4/24/18. Review of the 4/24/18 PCP revealed a diagnosis of "mild to severe sensorineural hearing loss". Further review of the PCP revealed a formal training objective titled</p>	W 249			

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

TITLE

(X6) DATE

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.

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

PRINTED: 04/12/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/09/2019
NAME OF PROVIDER OR SUPPLIER FANJOY HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 235 FANJOY ROAD STATESVILLE, NC 28625		
(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>Continued From page 1</p> <p>"Wears Hearing Aids at Home". Continued review of the hearing aid objective revealed client #1 will wear his hearing aids throughout the day, beginning at home, with a verbal prompt 100% of the time for two consecutive review periods. Ongoing review of client #1's hearing aid training objective revealed if staff notices client #1 has removed his hearing aids, staff should prompt the client to place his hearing aids back in his ear.</p> <p>Interview with staff C on 4/8/19 at 5:30PM revealed client #1 has a formal program to wear his hearing aids and the devices are stored in the medication administration room. Interview with the qualified intellectual disabilities professional (QIDP) on 4/9/19 verified client #1 should have been prompted to place his hearing aids back into his ears.</p>	W 249			