

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

PRINTED: 04/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/27/2019
NAME OF PROVIDER OR SUPPLIER SCI-COASTAL HOUSE I AND II			STREET ADDRESS, CITY, STATE, ZIP CODE 1972 & 1974 WEST LAKE SHORE DRIVE WILMINGTON, NC 28401		
(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 000	INITIAL COMMENTS No deficiencies were cited as a result of a complaint survey conducted on 3/27/19 for Intake #NC00148506.	W 000			
W 217	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to re-assess 1 of 6 clients (#8) nutritional assessment after unplanned weight gain. The finding is: The facility failed to re-assess client #8 after unplanned weight gain. During observations on 3/27/19 of client #8, he was observed at breakfast eating 4 waffles and a single portion of scrambled eggs. Review of record on 3/27/19 revealed that client #8 had diagnoses of profound intellectual disability, benign prostatic hyperplasia (BPH), hypertension, diabetes mellitus type II and osteoarthritis in left knee. Review of client #8's March 2019 Physician's Orders revealed client #8 was on a regular, no concentrated sugar, single portions and seconds allowed of non-starchy vegetables, non-breaded meats or fresh fruit. No extra canned fruit, juice, potatoes, breads, noodles, corn or peas. Review on 3/27/19 of client #8's height and weight record indicated that in April 2018, client	W 217	A nutritional assessment will be completed for client #8 to address unplanned weight gain. A core team meeting will be held to determine strategies warrant to assure best practice in meeting client #8 nutritional status. In the future client #8 and all clients' will be re-assessed that experience any unplanned weight gain. All staff will receive training on client #8 and all clients' current and/or revised diet to promote optimal health. The Director/QP will monitor monthly for changes and request re-evaluations as needed for all clients. APR 08 2019 MHL & C Section	5-26-19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Fontaine Seaman* TITLE *Chief Operations Officer* (X6) DATE *4-8-2019*

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 217	Continued From page 1 #8 weighed 150 lbs. In September 2018, client #8 weighed 166 lbs, in December 2018, client #8 weighed 163.4 lbs. and in March 2019, client #8 weighed 166.2 pounds. His ideal desired weight ranged from 147-166.4. Review on 3/27/19 of client #8's nutritional assessment dated 2/15/19 indicated that client #8 was on a 1800 calorie diet with a noted 2.4 weight loss between January-February, 2019. Interview with the nurse supervisor on 3/27/19 revealed that she completed a nursing evaluation on client #8 on 3/5/19 and recorded his weight at 165.2 lbs. Client #8 was still within his desired body weight but was getting close to the end of the range. Upon review of his record, the nurse supervisor indicated that client #8 has had the same diet: regular with no concentrated sweets, single portions with double portions of non-breaded meats and non-starchy vegetables and fruits since the quarterly review 12/1/17-2/22/18. Interview with the qualified intellectual disabilities professional (QIDP) on 3/27/19 revealed that client #8 had a diagnosis of abnormal weight loss, (stable) but it was not part of his active diagnosis. The QIDP indicated that the facility received new scales last year, that had digital readings. Her preference was for the clients to be weighed in the morning, but clients were being weighed at various times of day at the day program. The QIDP couldn't determine if the variances of weight gain for client #8 was a reflection of more pounds or if the weights were not accurate due to staff techniques. The QIDP commented that overall, client #8 was not as active as he used to be. He used to walk to the mailbox to retrieve the	W 217			

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W 217	Continued From page 2 mail and take out the trash but he has been moving slower for a while. The QIDP indicated that client #8 did not have a exercise program and that his weight gain was not discussed at last week IPP's meeting since his family, who were present, had commented that the client seemed to look better with the added weight.	W 217			
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 observations, record reviews and staff interviews, the facility failed to ensure a pattern of interactions supported the active treatment programs specific to use of supportive equipment and integrating cross cutting skills during meal preparation and medication administration. This deficient practice affected 3 of 6 audit clients (#3, #10, #11). The findings include: 1. Staff failed to involve client #3 in meal preparation to integrate identified skills per his individual program plan (IPP). During observations of meal preparation on 3/26/19 at the facility at 5:41 pm, client #3 came into the kitchen to assist staff A in preparing a	W 249	All staff will receive training in ICF/IID Level of Care basic: * Active Treatment * Encouraging Independence * Teaching Cues * Providing the least assistance necessary * Client #3 participation in meal preparation intergrating skills identified in his PCP * Client #11 participation in meal preparation to intergrate skills identified in his PCP * All clients' participation in meal preparation A core meeting will be held to discuss Client #10 outlined procedure wearing a soft helmet to increase motor and provide safety measure to assure safety when ambulating for head protection due to seizure disorder. All appropriate team members will participate in the meeting to identify needed changes or continued appropriateness for client #10 wearing the soft helmet	5-26-19	

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W 249	<p>Continued From page 3</p> <p>ham and cheese quiche, mashed potatoes, brussel sprouts and applesauce. Staff got the crusts out, put them on a pan and then put the pan in the oven while client #3 stood at the kitchen counter. Staff A then got out the mashed potato mix, measured the mix and added water to a pot. Client #3 briefly participated in stirring the mashed potatoes. Staff A got a bag of shredded cheese, a bag of chopped ham from the refrigerator and then opened both bags and emptied them into the baked crusts she had removed from the oven. During this time, client #3 stood by in the kitchen. Staff A then put the pan with the prepared quiches into the oven. Staff A asked client #3 to empty the brussel sprouts into the water into a pot on the stove. Staff A continued to stir, monitor the cooking pots on the stove while client #3 stood in the kitchen. Staff A removed the cooked quiches from the oven. Staff A removed the brussel sprouts and mashed potatoes from the pots and put them into serving bowls with tops. During this time client #3 was standing in the kitchen.</p> <p>Review on 3/27/19 of client #3's IPP dated 10/16/18 revealed he can finish household tasks, participates in sweeping and mopping and helping in the kitchen.</p> <p>Review on 3/27/19 of client #3's habilitation evaluation revealed he prefers household tasks and meal preparation is a preferred activity.</p> <p>Interview on 3/27/19 with the qualified intellectual disabilities professional (QIDP) revealed client #3 does prefer to help in the kitchen. She confirmed that he can stir, mix items, pour and operate some kitchen appliances with assistance.</p> <p>2. Staff failed to involve client #11 in meal</p>	W 249	<p>cont.</p> <p>to assure her safety while participating in motor activities. The QP will update client #10 PCP that clearly outline procedures assuring her safety when ambulating/standing. All staff will be inserviced on identified procedures as deemed appropriate by the team to assure client #10 safety. In the future the QP will identify any needed changes when current strategies are ineffective and meet with team members for needed guidance in assuring that all clients needs are being met with changes implemented according to current needs.</p> <p>The Director/QP will monitor at least weekly and the assigned Executive Director will monitor monthly.</p>		

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W 249	<p>Continued From page 4</p> <p>preparation to integrate identified skills per his IPP.</p> <p>During observation of meal preparation on 3/27/19 at the facility at 7:49 am, staff B was in the kitchen with client #1, who was gathering items for her place setting. Once client #1 took items to the dining room table, staff B asked client #1 if she wanted to help make the eggs and client #1 declined. Staff B returned to the kitchen and was observed standing over the stove, with whisk in right hand, stirring scrambled eggs in the frying pan when client #11 entered the kitchen. Staff B did not stop scrambling the eggs, instead, staff B directed client #11 to go to the sink to wash his hands and helped client #11 place disposable gloves on his hands. Staff B then resumed stirring the eggs with the whisk while client #11 stood to her left side and watched. Staff B turned off the stove, walked to the cabinet to get a large bowl without involving client #11 to participate. Instead staff B told client #11, "Come over here, stay right here." Staff B removed the eggs from the pan at 8:03 am, poured the eggs into the bowl, without client #11 assistance, and took the temperature of the eggs. Staff B placed a non-lid mat over the bowl, then handed the bowl to client #11 to carry to the dining room table.</p> <p>Review on 3/27/19 of client #11's IPP dated 6/19/18 revealed that client #11 is a great kitchen helper.</p> <p>Interview on 3/27/19 with staff B revealed that the facility does not have clients cook over the stove, so staff B wanted client #11 to just watch.</p> <p>Interview on 3/27/19 with the qualified intellectual disabilities professional (QIDP) revealed that</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>client #11 was the only client capable of whisking eggs over the staff if staff stand next to him to supervise. QIDP also indicated that client #11, as well as two other clients in the home could remove bowls from the cabinet.</p> <p>3. Client #11 was not prompted or encouraged by staff to participate in pouring beverages during family style dining to his maximum potential per his IPP.</p> <p>During observations on 3/27/19 at the facility at 8:15 am, client #11 was seated at the dining room table eating breakfast. Staff B brought a container of hot coffee to the table. Staff B was observed pouring coffee for several clients, including client #11's coffee cup, saying out loud, "I don't want you to spill it." As staff B poured the coffee, the QIDP walked into the dining room and said to staff B, "hand over hand." After the coffee was poured, staff B verbally prompted the clients to add milk and sweetener to their coffee.</p> <p>Review on 3/27/19 of client #11's IPP dated 6/19/18 revealed that client #11 is a great kitchen helper.</p> <p>Review on 3/27/19 of client #11's Educational Evaluation on 6/4/18 indicated that client #11 could sweep, mop, start washer and dryer, with strengths in meal preparation and meal clean up.</p> <p>Interview on 3/27/19 with staff B revealed that she poured the drinks because some of the clients have cross contamination concerns.</p> <p>Interview on 3/27/19 with QIDP revealed that staff B was her newest staff and when possible, she reminds all staff to always practice hand over</p>	W 249			

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W 249	<p>Continued From page 6 hand training with clients during meals.</p> <p>4. Staff failed to offer soft helmet use while ambulating and standing, to client #10 per her IPP.</p> <p>During observation on 3/26/19 at 1:15 pm, client #10 was escorted from the bathroom by staff, standing by client's side, without wearing soft helmet. Client #10 then stood in classroom while staff B encouraged client #10 to participate in Zumba exercises.</p> <p>During observations at the facility on 3/26/19 at 3:20 pm, staff were preparing to take clients on outdoor walk. A jacket was placed on client #10 to take walk, but no soft helmet was provided. A tour of client #10's room, revealed no soft helmet was found placed on dresser, floor or near bed.</p> <p>Review on 3/26/19 of client #10's IPP record dated 11/6/18 revealed outlined procedures to increase client #10's motor activities and provide safety measures. A soft helmet is recommended when client #10 is ambulating for head protection due to her seizures disorder. Staff are responsible to put on and take off helmet along snapping and unsnapping her helmet strap. Staff will store her helmet to the chair's arm if possible or on a shelf/surface/bedroom dresser basket close to where client is at. When she is seated, staff will remove her helmet and put her helmet on when she is getting up to ambulate. Staff is responsible for the usage, care and keeping up with her helmet.</p> <p>Interview on 3/27/19 with the QIDP revealed that client #10 did not like to wear the soft helmet or have anything placed on her head. When client</p>	W 249			

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W 249	Continued From page 7 #10 rejected the helmet, which reportedly rested on client #10's shoulders, due to her having a short neck, client #10 would take it off, before it could be strapped on. Staff next tried to place a toboggan hat on client's 10's head for protection but she did not tolerate the hat. Staff had not offered client #10 the soft helmet since December 2018. QIDP revealed that she had not updated client #10's IPP to reflect that client #10 was non-compliant with soft helmet use.	W 249			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to address medical recommendations for 1 of 6 clients (#8) to receive a follow up 5 year colonoscopy exam and weekly blood pressure monitoring to treat hypertension. The finding is: 1. The nurse failed to schedule colonoscopy exam for client #8, who had a history of colon polyps. Review of record on 3/26/19 revealed that client #8 had diagnosis of benign prostatic hyperplasia (BPH), hypertension as well as had three polyps removed during a colonoscopy in October, 2013. At the time of client #8's 2013 colonoscopy, it was recommended that he return for a follow up exam in October, 2018. Interview on 3/27/19 with the nurse revealed that	W 331	The Chief Nursing Officer will provide training on utilizing a schedule that documents medical recommendations to assure that client #8 and all clients' nursing services are provided according to their needs. A colonoscopy will be scheduled for client #8 immediately. Weekly blood pressure monitoring will be implemented immediately for client #8. Physician orders for all clients will be reviewed with immediate action taken as identified to assure that needed medical recommendations are completed. The Chief Nursing Officer will monitor physician orders monthly and address any concerns for needed actions/changes immediately The Director/QP will monitor quarterly and follow up as needed for any noted concerns with physician's orders with the Chief Nursing Officer.	5-26-19	

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W 331	<p>Continued From page 8</p> <p>he was responsible for scheduling clients' colonoscopy exams. He had not scheduled one yet for client #8 because at a meeting, the team was trying to determine if needed to be done every 5 years or every 10 years.</p> <p>Interview on 3/27/19 with the qualified intellectual disabilities professional (QIDP) revealed that the colonoscopy was not done, it had been overlooked.</p> <p>Interview on 3/27/19 with the nurse supervisor revealed that last week at client #8's IPP meeting, the need to schedule his colonoscopy came up in conversation. The nurse supervisor revealed that she normally did weekly and monthly reviews of client's nursing records but she didn't look at everything and it had been an oversight that the colonoscopy was still awaiting scheduling.</p> <p>2. The nurse failed to follow physician orders to closely monitor blood pressure for client #8.</p> <p>a. Review of record on 3/26/19 for client #8 revealed a new physician's telephone order on 11/12/18 to increase the dose of Lisinopril to 20 mg each day at 8 pm. Monitor blood pressure (BP) daily for 10 days, after dose increases.</p> <p>Review of record on 3/26/19 for client #8's flow chart revealed that BP was recorded only on 11/14/18, 11/15/18, 11/16/18 and 11/19/18. On 11/19/18, client #8's highest BP registered at 160/90.</p> <p>b. Review of record on 3/26/19 for client #8 revealed a new physician's telephone order on 11/28/18 to increase the dose of Lisinopril to 30 mg (1.5 tabs) each day. Daily BP checks for 10</p>	W 331			

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W 331	<p>Continued From page 9 days after dose increases.</p> <p>Review of record on 3/26/19 for client #8's flow chart revealed that BP was recorded only on 11/29/18, 11/30/18, 12/3/18, 12/4/18, 12/5/18 and 12/6/18. On 11/29/18, client #8's highest BP registered at 171/65.</p> <p>c. Review on record on 3/26/19 revealed that client #8 had another dose increase for Lisinopril on 12/12/18, to receive 20 mg twice a day. On 12/21/18, client #8's BP was registered at 203/55.</p> <p>d. Review on 3/26/19 of client #8's record revealed a new physician's telephone order on 1/11/19 to perform BP monitoring each week.</p> <p>Review on 3/26/19 of client #8's vital signs flow sheet revealed there were no weekly BP monitoring since the order was received by the facility. Dates of BP monitoring recorded were 1/30/18 (typo 1/30/19), 2/11/19 and 3/20/19. The highest BP recorded was on 1/30/18 at 132/68.</p> <p>Interview on 3/27/19 with the QIDP revealed that the pharmacist had just reviewed the records on 3/21/19 and sent a faxed note to the nurse about the absence of weekly BP monitoring.</p> <p>Interview on 3/27/19 with nurse revealed he was aware the physician had made some adjustments to client #8's medications. For a while the nurse recorded daily BP, then it went to weekly and the nurse believed the current order was to monitor the BP monthly.</p> <p>Interview on 3/27/19 with nurse supervisor revealed the facility nurse was to document weekly to make sure vital signs were taken. The</p>	W 331			

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W 331	Continued From page 10 facility nurse was to communicate via email with the nurse supervisor regarding anything that was missing so that it would be taken care of before the end of the month. The nurse supervisor had noticed that some of the BP for client #8 had not been obtained during monthly chart reviews. The nurse supervisor had recommended to the nurse that physician orders be followed. The nurse supervisor reviewed client #8's medication administration record (MAR) and flow sheet and concluded that weekly BP monitoring had not been performed by the nurse. Interview on 3/27/19 with the management revealed that client #8's BP order was not in compliance and that it should have been detected.	W 331			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure all medications were administered without error. This affected 1 of 6 audit clients (#5) observed receiving medications. The finding is: Nursing staff failed to ensure that client #5 consumed his Miralax as ordered by the physician. During observations of the medication administration pass on 3/27/19 at 7:23 am client	W 369	In the future client #5 will receive his Miralax as ordered. All Nurses and Medication Monitors will be re-trained on SCI medication administration procedure 206-01 as well as SCI procedure for medication errors 206-03 with an emphasis #2 prevention strategies. The Director/QP with monitor at least monthly with spot checks and the Chief Nursing Officer will monitor at least quarterly.	5-26-19	

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER SCI-COASTAL HOUSE I AND II			STREET ADDRESS, CITY, STATE, ZIP CODE 1972 & 1974 WEST LAKE SHORE DRIVE WILMINGTON, NC 28401		
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W 369	Continued From page 11 #5 received Celebrex 10mg. (1), Colace 10mg. (1), Amitizia 10mg. (1), Finesteride 5 mg. (1), Calcium 600mg. with Vitamin D 400 mg. (2) and Miralax 17 grams with 8 ounces of water. Client #5 consumed his pills with water. The facility Nurse then handed him the glass of water that had the remaining Miralax to client #5 to consume. Client #5 then passed the gas of water with Miralax back to the Nurse without consuming the medication. Interview with the facility Nurse on 3/27/19 at 7:25 am revealed client #5 often does not choose to consume all of his Miralax. When the Nurse was asked if this had been reported to the Director or the Physician, he stated, "No." When the facility Nurse was asked if any other beverage medium had been considered to pour the Miralax into, he stated, "No." When asked how many mornings a week client #5 chooses not to consume his Miralax, he stated maybe "Three of five days a week." Review on 3/27/19 of client #5's physician orders dated 2/28/19 revealed the following for the 8am medication pass: Celebrex 10mg. (1), Colace 10mg. (1), Amitizia 10mg. (1), Finesteride 5 mg. (1), Calcium 600mg. with Vitamin D 400 mg. (2) and Miralax 17 grams with 8 ounces of water. Interview on 3/27/19 with the qualified intellectual disabilities professional (QIDP) confirmed she was unaware that client #5 was not consuming his Miralax. She stated that the physician should be notified when a client is not consuming prescribed medication.	W 369			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1)	W 454	All personnel will receive training in: * Infection Control and the spread of infection	5-26-19	

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W 454	<p>Continued From page 12</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to provide a sanitary environment and prevent cross contamination. This potentially affected all clients residing in the home. The finding is:</p> <p>Precaution was not taken to promote client/staff/health/safety and prevent possible cross contamination.</p> <p>During observations on 3/26/19 at 5:08 pm, client #8 joined staff A in the kitchen to prepare dinner. Staff A directed client #8 to wash his hands before the preparation began. Client #8 was observed stirring eggs in bowl, pouring contents of egg batter into pie crusts, then adding diced ham and cheese, using a measuring cup receiving hand over hand assistance from staff A as needed. Client #8 was asked by staff A to throw away two empty plastic bags of cheese. Client #8 walked over to the trash can, took the lid off of the can, using his bare hands, tossed the items inside. Staff A did not notice that client #8 had touched the trash can lid. Next client #8 was directed to remove two large pots from the cabinets and emptied two bags of brussel sprouts into a filled pot on the stove. Staff A watched client #8 walk to the trash can, using his bare hands to remove the lid from the trash can to throw out the empty bags. Staff A did not direct client #8 to wash his hands afterwards. Client #8 filled another large pot with water then at the prompt of staff A removed raw potatoes from</p>	W 454	<p>cont.</p> <ul style="list-style-type: none"> * providing a sanitary environment * Precautions to promote a healthy and safe environment to prevent cross contamination. * Monitoring client #8 during meal preparation to assure he washes his hands anytime he touches the trash can to throw away items. * Monitor all clients to assure they wash their hands during meal preparation and all other activities anytime they dispose of trash into the trash can. <p>The Director/QP will monitor at least weekly with retraining and reminders as needed to assure a sanitary environment to avoid sources of cross contamination.</p>		

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W 454	<p>Continued From page 13</p> <p>counter with bare hands and placed inside the pot.</p> <p>Interview with staff A on 3/26/19 regarding the hand washing policy. Staff A indicated that hands must be washed before food prep, when touching raw meats and after using the bathroom. Staff A was asked if hands should be washed after touching the trash can; staff A took client #8 to the sink to wash his hands. After client #8 washed his hands, he took his paper towel, used to dry his hands and stood in front of the trash can. Staff A, who was still at the sink, asked client #8 to wait for her before throwing out the item. Client #8 stood for a few seconds, but when staff A didn't move, client #8 threw the paper towel away, brushing his fingers against the lid of the trash can. Staff A observed that client #8's hands made contact with the trash can and had client #8 wash his hands again. Staff A was asked if client #8 had been trained to understand the purpose of washing his hands or not touching the trash can; she responded that she wasn't sure. Staff A then explained to client #8 the reason she wanted him to wash his hands before meal and demonstrated to client #8 how to throw out times, without touching the lid.</p> <p>Interview on 3/27/19 with staff A and the qualified intellectual disabilities professional (QIDP). Client #8 was described by staff as someone who was very particular about his hygiene and cleanliness. Client #8 had previous training on hand washing skills, but due to the onset of dementia, client #8 had some forgetfulness. Staff A stated that part of client #8's routine was if he was only throwing away a paper towel, he did not remove the lid of the trash can. However, if he was throwing out regular trash, client #8 always removed the entire</p>	W 454			

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W 454	Continued From page 14 lid to throw the item away.	W 454			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that 1 of 6 clients audited (#8) received the correct dietary portions in accordance with his nutritional assessment. The finding is: Client #8 is diabetic with weight gain and was not prescribed double portions of bread at meals. During observations on 3/27/19 at 8:20 am, client #8 was observed with 4 waffles on his plate, that were placed by staff B. Client #8 ate the waffles along with single serving of scrambled eggs. Review of client #8's record revealed on the March 2019 Physician's Orders, client #8 was on a regular, no concentrated sugar, single portions and seconds allowed of non-starchy vegetables, non-breaded meats or fresh fruit. No extra canned fruit, juice, potatoes, breads, noodles, corn or peas. Interview with staff B on 3/27/19 regarding client #8's meal portions. Staff B stated that client #8 got double portions. When asked if double portions included bread, staff B responded, "I think."	W 460	See 217 All staff who assist with serving food will receive training to ensure that client #8 and all clients receives a nourishing, well balanced diet which will include any modified and special prescribed diets. All staff will be in-serviced on client #8 and all clients' correct dietary portions in accordance with their nutritional assessment. The Director/QP will monitor at least weekly and address any noted concerns with retraining as needed.	3-26-19	

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W 460	Continued From page 15 Interview with the nurse supervisor on 3/27/19 regarding client #8's meal portions. The nurse supervisor reviewed the diet order and revealed that client #8 was a diabetic, with no double portions of bread. She also stated he should not have received 4 waffles for breakfast.	W 460			