

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

PRINTED: 04/24/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2019
NAME OF PROVIDER OR SUPPLIER TAR RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 498 & 500 SEAN DRIVE GREENVILLE, NC 27834		
(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 staff interviews, the facility failed to ensure a pattern of interactions supported the active treatment plans for 2 of 5 audit clients (#3, #5), specific to positioning during enteral feedings. The findings are:</p> <p>Clients #3 and #5 were not repositioned per the facility policy to minimize the possibility of aspiration during enteral feedings.</p> <p>During observations on 4/22/19 at the school section of the facility from, clients #3 and #5 were lying on mats in classroom #3 while connected to their enteral feedings. There were 3 staff and 6 clients in this classroom.</p> <p>a) Client #3 was lying on a mat with her head, back and feet on the mat. A small wedge was noted at the the head of the mat however, client #3 had slid down and was lying flat while her enteral feeding bag was running. Observation of the enteral feeding bag revealed "Repleat with Fiber 120ml. every 4 hours." The bag was dated 4/22/19.</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.

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W 249	<p>Continued From page 1</p> <p>b) Client #5 was lying on a mat with his head, back and feet flat. A small wedge was noted, however he had slid down from the top of the mat. His enteral feeding pump was activated and observation of the enteral feeding bag revealed Repleat with Fiber 190cc/hr. The bag was dated 4/22/19.</p> <p>Immediate interview with classroom staff A revealed the Nurses or CNAIL's start the enteral feedings for clients in this classroom. When asked about specific positioning during enteral feedings staff A pointed to the wedge at the top of the mat. When asked about repositioning, staff A stated the classroom staff reposition clients as needed. Staff A stated the Nurses at the facility provide training to staff regarding enteral feedings and positioning.</p> <p>Review on 4/22/19 of client #3's individual program plan (IPP) dated 4/4/19 revealed the following diet order dated 3/7/19 : Repleat with Fiber 120 ml. every 4 hours via gastrostomy. " Is NPO (nothing by mouth) for feeding or fluids" " Little or no head control in any position."</p> <p>Review on 4/22/19 of client #5's IPP dated 7/12/18 revealed he receives gastrostomy feedings of Repleat with Fiber 190ml. five times daily. Is NPO for feeding or fluids.</p> <p>Review on 4/22/19 of the facility policy 5001.3 Administration of Enteral feeding revealed #13: " If the person is in bed, elevate the head of the bed 30 degrees to 45 degrees during the feeding and for a minimum of one hour after the feeding is completed as directed by the physician. "</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>Interview on 4/22/19 with nursing staff working at the school revealed clients should also be elevated at 30-45 degrees when they are receiving enteral feedings and that if they are lying on a mat, direct care staff should reposition them as needed.</p> <p>Interview on 4/23/19 with the director of nursing (DON) revealed the policy regarding enteral feedings is current and that all clients heads should be elevated at 30-45 degrees during their enteral feedings and for an hour afterwards to prevent any possibility of aspiration.</p> <p>Interview on 4/23/19 with the qualified intellectual disabilities professional (QIDP) confirmed the facility policy is current and staff should ensure client's positioning should allow for their heads to be elevated at 30-45 degrees during their enteral feedings and for an hour afterwards to prevent any possibility of aspiration.</p>	W 249			