

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:  <b>34G268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOORE COUNTY HOME FOR AUTISTIC ADULTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1112 DEVONSHIRE TRAIL</b> <b>ABERDEEN, NC 28315</b>		
(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 227}	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all needs were addressed with specific objectives in the individual program plans (IPPs). This affected 2 of 3 audit clients (#1 and #6). The finding is:</p> <p>Client #1 did not have an objective in medication administration.</p> <p>A. Client #1's observed need to take her medications was not addressed in a program.</p> <p>During observations on 12/18/18 at the 7:32AM medication administration pass, client #1 refused to take her medications. She was distracted and active. Touching everything around her and refusing to participate in the medication pass. She was physically assisted to do some parts and would jerk away from parts of the preparation. The client picked up lotion and wanted some but the staff said, "You can have some if you take your medications." Later the staff went to get another staff. The second staff came in and blocked client #1 in with her body whenever she would try to leave. She took the lotion and said, "Okay, if you get some lotion will you then take your medications?" The staff assisted her with obtaining lotion. Client #1 continued to refuse to take her medications and fell to the floor.</p>	{W 227}			

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 227}	<p>Continued From page 1</p> <p>Eventually, the staff said she would write refused on it.]</p> <p>During observations on 3/14/19 client #1 was observed to fall in the floor and be non-compliant with staff requests.</p> <p>Interviews on 12/18/18 with 2 staff confirmed that sometimes client #1 refuses her medications. The staff did not know how to address the medication refusal. The staff stated they just keep trying different things when she refuses.</p> <p>Review on 12/18/18 of client #1's IPP dated 5/10/18 revealed a plan for "non-compliance, SIB and Crying." The plan for non-compliance did not address not complying with the medication pass. There were no strategies and no goal to take her medications.</p> <p>Review on follow up survey on 3/14/19 revealed client #1 did not have an objective to address medication administration.</p> <p>Further interview on 12/18/18 with management confirmed there is no written plan to address the need for her to take her medications.</p> <p>Interview upon follow up survey with the habilitation specialist on 3/14/19 confirmed she did not have an objective because she did not realize an objective needed to be written to correct this issue.</p>	{W 227}			