

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

PRINTED: 04/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G296	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/19/2019
NAME OF PROVIDER OR SUPPLIER STONERIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 222 UNION HEIGHTS BOULEVARD SALISBURY, NC 28144		
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to assure privacy was maintained for 2 non-sampled clients (#1 and #3). The findings are:</p> <p>A. Client #1's bedroom window covering did not ensure his privacy.</p> <p>Throughout observations in the group home during the survey period 3/18/19 to 3/19/19 revealed client #1's bedroom window to have limited window covering. Further observations revealed a visible white film affixed to the bottom half window panes and a visible white film affixed to a small linear portion of the upper panes of client #1's bedroom window. Continued observations of client #1's bedroom window revealed a clear, unobstructed side view of the home located next door.</p> <p>Interview conducted with staff (C) on 3/18/19 at 4:05 PM revealed client #1 tore apart his bedroom window blinds over 2 months ago.</p> <p>Review on 3/19/19 of client #1's behavior support plan (BSP) dated 11/14/17 revealed "By October 1, 2019 [Client #1] will demonstrate zero disruptive behaviors per month for 6 consecutive months." Further review revealed client #1's behaviors include physical aggression, property destruction, and self-injurious behavior.</p>	W 130	<p>A. and B. The facility will ensure the rights of all clients, and ensure privacy during treatment and care of personal needs.</p> <p>QP will ensure that Window treatments will be provided for clients (#1,#3). For ongoing prevention. IDT will complete monthly environmental assessments.</p>	5-17-19	

RECEIVED

APR 11 2019

**DHSR NH L & C
Black Mountain / WRO**

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 130	<p>Continued From page 1</p> <p>Ongoing review on 3/19/19 of client #1's person center plan (PCP) dated 10/10/18 revealed the formal programs: Tolerate oral hygiene care to front teeth, participate in sorting two colored cards (red, blue), carry laundry to linen closet, sort two colored cards (blue, green), independently participate in hand drying routine, learn to exchange money, and a BSP.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/19/19 verified all clients including client #1 should have window coverings on their bedroom window(s) to ensure privacy.</p> <p>B. Client #3's bedroom window covering did not ensure his privacy.</p> <p>Throughout observations in the group home during the survey period 3/18/19 to 3/19/19 revealed client #3's bedroom window to have limited window covering. Further observations revealed a visible white film on the bottom half panes of client #3's bedroom window and the entire top half window panes revealed a clear, unobstructed front view of the homes located across the street.</p> <p>Interview conducted with staff (B) on 3/19/19 at 7:15 AM revealed client #3 "pulls at his window curtain." Further interview revealed the entire top portion of client #3's bedroom window has been exposed since late 2018. Interview with staff (C) on 3/19/19 at 8:45 AM revealed she didn't think a work order had been completed for client #3's bedroom window and as far as she knew they were leaving his bedroom window this way.</p> <p>Review on 3/19/19 of client #3's PCP dated</p>	W 130			

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W 130	Continued From page 2 12/4/18 revealed the formal programs: Decrease disruptive behaviors, learn to brush upper front teeth, independently complete bathing routine, learn to close doors for privacy, learn to pour laundry detergent into washer, increase verbalizations, hang outfit. Interview with the QIDP on 3/19/19 verified all clients including client #3 should have window coverings on their bedroom window(s) to ensure privacy.	W 130			
W 136	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(11) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. This STANDARD is not met as evidenced by: Based on record/document review and interview, the facility failed to assure 3 of 3 audit clients (#2, #4 and #6) had the right to participate in community outings. The findings are: During observations on 3/18/19 and 3/19/19 all clients in the group home did not have any scheduled outings. Clients engaged in activities such as looking at magazines, putting puzzles together and coloring. Clients also participated in household chores such as obtaining the mail, folding and sorting laundry, setting the table and assisting in meal preparation. A community outing calendar for March 2019 was not posted in the home. A. Client #2 had no current documented outings	W 136	The facility will ensure that clients participating in social, religious, and community group activities are met by evidence of documentation. The QP will inservice train all staff on completing documentation of outings. For furture, the Group Home Supervisor will ensure that the monthly outing calendar is posted in the home. The IDT will monitor documentation with weekly program book checks and QA.	5-17-19	

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W 136	<p>Continued From page 3 or community activities.</p> <p>Review on 3/19/19 of client #2's person centered plan (PCP) dated 12/27/18 revealed client #2 enjoys shopping and eating out. Further review revealed a community options tracking log for client #2 with the last documented entry on 7/8/18 when he went out for a haircut. A March 2019 calendar obtained from the qualified intellectual disabilities professional (QIDP) revealed client #2 had a personal outing scheduled for 3/13/19. However, no documentation was found or presented to document this outing took place.</p> <p>Interview on 3/19/19 with staff A revealed client #2 went out for dinner on 3/13/19. Continued interview revealed client #2's tracking log in his program book did not reflect the 3/13/19 outing. Further interview revealed direct care staff are required to document outing or community activities on each client's tracking log. Additional interview with the staff A revealed clients are taken on at least one personal outing and at least one group outing every month.</p> <p>Interview on 3/19/19 with the QIDP revealed client #2 has been on personal and group outings since 7/8/18 with the most recent occurring on 3/13/19. Further interview revealed staff are responsible for documenting these activities on the community options tracking log located in each clients' program book.</p> <p>B. Client #4 had no current documented outing or community activities.</p> <p>Review on 3/19/19 of client #4's PCP dated 8/24/18 revealed he enjoys going to the movies, shopping and eating out. Further review</p>	W 136			

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W 136	Continued From page 4 revealed a community options tracking log for client #4 with the last documented entry on 8/14/18 when he went out for a haircut. The March 2019 calendar revealed client #4 was scheduled for a personal outing on 3/4/19. Interview on 3/19/19 with staff A did not reveal any verification client #4 had been on a personal outing on 3/4/19. Interview on 3/19/19 with the QIDP revealed client #4 has been on personal and group outings since 8/14/18 although there was no documentation to verify the activities. C. Client #6 had no current documented outing or community activities. Review on 3/19/19 of client #2's PCP dated 4/13/18 revealed he enjoys shopping and eating out. Further review revealed a community options tracking log for client #6 with the last documented entry on 5/27/18 when he went out to eat ice cream. No other documentation of personal or community outings could be found or presented. A March 2019 calendar revealed client #6 was scheduled for a personal outing on 3/6/19. Interview on 3/19/19 with the staff A revealed no documented verification client #6 had been on a personal outing on 3/6/19. Interview on 3/19/19 with the QIDP revealed client #6 has been on personal and group outings since 5/27/18 although there was no documentation to verify activities. The QIDP acknowledged clients should have personal and group community outings on a regular basis and all outings should be documented in the clients' outing logs.	W 136			
W 227	INDIVIDUAL PROGRAM PLAN	W 227			

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W 227	Continued From page 5 CFR(s): 483.440(c)(4) 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.	W 227	A. and B. The facility will ensure to identify the needs in the area of the fire drill evacuations. The Habilitation Specialist will implement a formal fire drill evacuation program for clients (#1, #3). The safety committee will review fire drill evacuation plans and ensure clients who have difficulties evacuating are being addressed as needed. Habilitation Specialist will inservice train staff on client (#1, #3) fire evaluation programs. The IDT will monitor with with record review. For preventative measures the Safety Committee will monitor all fire drills monthly to ensure all evacuation difficulties are being addressed.	5-17-19	
	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the person centered plans (PCPs) for 2 non-sampled clients (#1, #3) included objective training to meet the clients' identified needs in the areas of fire drill evacuation. The findings are: A. Client #1 is in need of a fire drill program. Review on 3/18/19 of all fire drills conducted at the home during the 3/2018 to 3/2019 time period revealed staff had documented extended times to evacuate clients. Further review of staff documentation of fire drills revealed an evacuation difficulty with client #1 during the 8/2/18, 2nd shift fire drill conducted at 9:38 PM. Continued review on 3/18/19 of client #1's PCP dated 10/10/18 revealed client #1 "requires verbal prompts and assistance to exit the building during a fire alarm. Staff will need to provide [Client #1] with support to evacuate due to issues with non-compliance..." Ongoing review on 3/18/19 of client #1's formal programs to include oral hygiene, sorting colored cards, transport laundry to linen closet, independently perform hand drying routine, learn to exchange money, and a behavior support plan (BSP). Subsequent review of client #1's BSP				

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W 227	<p>Continued From page 6</p> <p>dated 9/4/17 revealed disruptive behaviors to include refusal to cooperate and dropping to the floor particularly at fire drills.</p> <p>Interview on 3/18/19 with staff (J) regarding fire drill evacuations at the home revealed client #1 "gets scared and we have to redirect him." Interview with the qualified intellectual disabilities professional (QIDP) revealed client #1 previously had a fire drill program that used therapeutic techniques for non-compliance and was discontinued. Further interview with the QIDP confirmed client #1 requires support and redirection during fire drills and has no current formal fire drill programs. Further interview with the QIDP confirmed client #1 could benefit from a formal fire drill program.</p> <p>B. Client #3 is in need of a formal fire drill program.</p> <p>Review on 3/18/19 of all fire drills conducted at the home during the 3/2018 to 3/2019 time period revealed staff had documented extended times to evacuate clients. Further review of staff documentation of fire drills revealed evacuation difficulty with client #3 during the following fire drills (see below).</p> <p>1/5/19 - 1st shift - 10:33 AM 9/5/18 - 3rd shift - 2:22 AM 8/2/18 - 2nd shift - 9:38 PM</p> <p>Continued review on 3/18/19 of client #3's PCP dated 12/14/18 revealed "[Client #3] requires prompts, and assistance during fire drills. [Client #3] requires training on understanding the time to evacuate, where to evacuate, and when to re-enter the home." Ongoing review on 3/18/19 of</p>	W 227			

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W 227	Continued From page 7 client #3's formal programs to include decrease disruptive behaviors, brush upper front teeth, independently complete bathing routine, close doors for privacy, pour laundry detergent into washer, increase verbalizations, hang outfit.	W 227			
W 249	Interview on 3/19/19 with the QIDP confirmed client #3 does not have a formal fire drill program and could benefit from one. 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 review and interview the facility failed to assure 1 of 4 sampled clients (#3) received continuous active treatment. The finding is: Observations on 3/18/19 from 4:00 PM until 4:50 PM revealed client #3 to sit in the living room looking out of the window until dinner was served at 5:10PM. There was no activity offered to client #3 during this 50 minutes nor did he initiate any activity. Staff periodically engaged client #3 to put his laundry away, wash his hands for dinner and press the button on the food processor. Observations on 3/19/19 from 7:15 AM until 8:50	W 249	The facility will ensure continuous active treatment for all individuals. Habilitation Specialist will ensure client #3 ABI is updated to reflect his current needs. The IDT will meet to discuss client's program needs. The Habilitation Specialist will inservice staff on active treatment and any recommendations for client #3. The IDT will monitor with weekly observations until issue is resolved. For the future, the IDT will monitor with monthly QA assessments.	5-17-19	

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W 249	<p>Continued From page 8</p> <p>AM revealed after client #3 completed breakfast, he returned to his bedroom and rested on his bed. There was no other observed activity except when client #3 received his medications, and went the bathroom, all of which took 15 minutes. For the remaining 70 minutes, client #3 remained in his room until all of the other clients were ready to leave for the day program. There was no other activity or training offered to client #2 during this 70 minute period.</p> <p>Review of client #3's record on 3/19/19 revealed a person centered plan (PCP) dated 12/14/18. Review of the current programs for client #3 revealed 2 objectives related to self-care which included washing the tops of his hands and brushing his teeth, along with 2 other goals of identifying bills \$1, \$5, \$10, \$20 and increasing socialization skills. Continued review of client #3's PCP revealed a current adaptive behavior inventory (ABI) that indicated client #3 is physically independent. Further review revealed client #3 needs verbal prompting only to perform some of the skills to accomplish activities of loading the dishwasher, washing dishes by hand, preparing beverages, and emptying the trash. Ongoing review of client #3's PCP revealed a current physical therapy evaluation which recommended client #3 participate in daily physical activity beyond 20-30 minutes.</p> <p>Interview on 3/18/19 with staff J revealed client #3 prefers to sit in front of the window over other activities. Interview on 3/19/19 with staff A revealed client #3 chose to nap while the clients prepared for departure to the day program. Interview on 3/19/19 with the qualified intellectual disabilities professional (QIDP) confirmed that client #3 should not have remained sitting idle</p>	W 249			

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W 249	Continued From page 9 during the observational periods and confirmed client #3 should have been involved in active treatment.	W 249			
W 448	<p>EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv)</p> <p>The facility must investigate all problems with evacuation drills, including accidents.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to investigate all problems with fire drills including the reason for the extended time needed for home evacuation. The finding is:</p> <p>Review on 3/18/19 of all fire drills conducted at the home during the 3/2018 to 3/2019 time period revealed staff had documented extended times (see below) to evacuate clients in the home.</p> <p>3/5/19 - 4 minutes - 3rd shift - 6 clients - 2 staff 2/5/19 - 5 minutes - 2nd shift - 6 clients - 3 staff 1/5/19 - 7 minutes - 1st shift - 6 clients - 2 staff 12/6/18 - 4 minutes - 3rd shift - 4 clients - 2 staff 11/5/18 - 6 minutes - 2nd shift - 6 clients - 2 staff 10/8/18 - 5 minutes - 1st shift - 6 clients - 2 staff 9/5/18 - 5 minutes - 3rd shift - 6 clients - 2 staff 8/2/18 - 5 minutes - 2nd shift - 6 clients - 3 staff 7/2/18 - 2 minutes - 1st shift - 6 clients - 2 staff 6/6/18 - 5 minutes - 3rd shift - 6 clients - 1 staff 5/4/18 - 1 minute - 2nd shift - 6 clients - 3 staff 4/1/18 - 3 minutes - 1st shift - 6 clients - 3 staff 3/5/18 - 4 minutes - 3rd shift - 6 clients - 1 staff</p> <p>Interview on 3/18/19 with staff (J) regarding fire drill evacuations at the home revealed client #1 "gets scared and we have to redirect him."</p>	<p>W 448</p> <p>The facility will ensure all problems with evacuation drills, including accidents are investigated.</p> <p>The facility safety committee will ensure all fire evacuation drills exceeding the time period, have a plan of action. QP will ensure that all plan of action recommendations are implemented and staff are trained on all plans of action.</p> <p>For preventative measures the safety committe will meet monthly and review all fire drills. The facility will monitor with record review and QA.</p>	5-17-19		

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W 448	Continued From page 10 Further interview revealed staff are trained to complete and to submit documentation to facility management regarding fire drill evacuation difficulties in the home. Interview on 3/19/19 with staff (B) revealed no difficulties with fire drill evacuations. Further interview revealed staff are trained to complete and to submit documentation to facility management regarding fire drill evacuation difficulties in the home. Interview with the qualified intellectual disabilities professional (QIDP) on 3/19/19 confirmed fire drill evacuations exceeding three minutes, facility management must institute a plan of action. Further interview with the QIDP revealed an undated document titled Fire Evacuation Plan for Stoneridge. Continued interview revealed no written documentation regarding a plan of action for the extended fire drill evacuations at the home. Subsequent interview with the QIDP and facility management on 3/19/19 confirmed the need to investigate the reasons causing the delayed evacuations in order to ensure all clients living in the home will remain safe.	W 448			
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 observations, verified by interview and record review, the facility failed to assure 2 of 3 sampled clients (#4, #6) residing in the home with a specially prescribed diet were provided with food items approved by the interdisciplinary team	W 460	The Facility will ensure that each client is receiving a nourishing well-balanced diet including modified and specially-prescribed diets. The QP will ensure that staff are trained and inserviced on all diets and to follow the menu as it is written. The QP will ensure that staff are inserviced on the allowed substitutions for each speciality diet as recommended by Dietician.		5-17-19

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G296	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/19/2019
NAME OF PROVIDER OR SUPPLIER STONERIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 222 UNION HEIGHTS BOULEVARD SALISBURY, NC 28144		
(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 460	<p>Continued From page 11 (IDT). The finding is:</p> <p>During observations on 3/18/19 at approximately 5:15 PM of food supplies revealed 2 packages of "Gardein-The Ultimate Beefless Ground" meat substitute in the group home refrigerator.</p> <p>Immediate interview on 3/18/19 with staff revealed she purchased the meat substitute to use instead of the ground beef in menu items such as tacos or Shepherd's Pie. Continued interview revealed the texture of the meat substitute worked well with the mechanical soft-type diets. Further interview revealed the beef less product did not require as much fluid-type filler to reach the appropriate texture needed for each clients' modified texture diet. Ongoing interview with staff C revealed she did not get the meat substitute approved by the qualified intellectual disabilities professional (QIDP) or other IDT members.</p> <p>Record review on 3/19/19 of client #4's person centered plan (PCP) dated 8/24/18 revealed he is on a chopped diet.</p> <p>Record review of client #6's ISP dated 4/13/18 revealed he is on a pureed diet.</p> <p>Interview on 3/19/19 with the QIDP revealed staff need to get approval for food substituted for a menu item not on the food substitute menu or approved by the IDT.</p>	W 460	The IDT will complete weekly meal assessments until issue is resolved. For preventative measures the IDT will continue to monitor with monthly observations.	5-17-19	