

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

PRINTED: 05/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/30/2019
NAME OF PROVIDER OR SUPPLIER THE CARTER CLINIC RESIDENTIAL HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 235 KINLAW RD FAYETTEVILLE, NC 28301		
(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, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the areas of adaptive equipment. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>Client #1 did not wear his compression stocking.</p> <p>Review on 4/29/19 of client #1's IPP dated 3/27/19 revealed, "adaptive equipments...compression stocking to left leg."</p> <p>During an interview on 4/30/19 at approximately 10:28 am, staff B stated, "[Client #1] wears compression stocking to his left leg and he was not wearing one for that day.</p> <p>During an interview on 4/30/19, the QIDP revealed client #1 should wear compression stocking to left leg during his waking hours.</p>	W 249			
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p>	W 288			

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 288	Continued From page 1 Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a technique to manage client #3's mood disorder was included in a formal active treatment plan. This affected 1 of 3 audit clients. The finding is: The use of Paroxetine was not included in an active treatment plan. Review on 4/29/19 of client #3's physician's orders signed 4/1/19 revealed the client ingests Paroxetine 40 mg once daily at bedtime for mood disorder. Additional review of the client's record did not include a formal treatment plan which incorporated the use of Paroxetine. Interview on 4/29/19, with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 has mood disorder and ingests the Paroxetine to address these issues. The QIDP acknowledged the medication should be included in a formal active treatment plan.	W 288			
W 322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3) The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by:	W 322			

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W 322	Continued From page 2 Based on record review and interview, the facility failed to assure 1 of 3 audit clients (#1) received a complete annual physical examination. The finding is: Client #1 did not have a complete physical. Review on 4/29/19 of client #1's physical assessment dated 2/21/19 revealed genitals not done. During an interview on 4/30/19, the facility's medical director confirmed the genital area was not addressed on the physical form. Further interview revealed she did not know exactly if the physician checked client #1's genitals.	W 322			
W 324	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(ii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure current immunization records were obtained for client #3. This affected 1 of 3 audit clients. The finding is: Client #3's record did not contain his current immunizations. Review on 4/29/19 of client #3's record revealed	W 324			

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W 324	Continued From page 3 he had been admitted to the facility on 10/14/17 Additional review of the record did not include his current immunizations.	W 324			
W 362	Interview on 4/30/18 with the facility medical director revealed she was not aware that the client the client record did not including his current immunizations. DRUG REGIMEN REVIEW CFR(s): 483.460(j)(1) A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. This STANDARD is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to assure drug regimens for 2 of 3 audit clients (#1 and #3) were reviewed at least quarterly by a pharmacist. The findings are: Medication reviews were not completed quarterly. a. Review on 4/29/19 of client #1's individual program plan (IPP) dated 3/27/19 revealed the pharmacy drug review was completed on March 2018 and the next review was completed August 2018. This individual remained on a prescriptive drug regimen. b. Review on 4/29/19 of client #3's IPP dated 12/3/18 revealed pharmacy drug review was completed on March 2018 and the next review was completed August 2018. This individual remained on a prescriptive drug regimen. During an interview on 4/30/19, the qualified	W 362			

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W 362	Continued From page 4 intellectual disabilities professional (QIDP) confirmed the pharmacy quarterlies had not been completed by the pharmacist on a quarterly basis.	W 362			