

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

PRINTED: 05/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/15/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA LIVING AND LEARNING CENTER (CLLC)</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 RUSSET RUN PITTSBORO, NC 27312</b>		
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W 252	<p><b>PROGRAM DOCUMENTATION</b> CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data was recorded for 1 of 5 audit clients (#1). The finding is:</p> <p>Staff did not record thorough documentation of fluid intake for client #1 on the in/out daily log.</p> <p>Review on 5/14/19 of client #1's individual program plan (IPP) dated 8/31/2018 revealed that client #1 had an extensive history of urinary retention and had a renal ultrasound performed on 4/16/18. The nephrologist ( medical doctor specializing in kidneys) noted that client #1's kidneys were smaller and harder due to medical renal disease. The doctor wanted to monitor client #1's sodium and creative levels, since the kidneys were functioning at 35%. Nursing recommended continued monitoring of urine output daily and ensure adequate liquid to prevent constipation.</p> <p>Review on 5/14/19 of client #1's monthly nursing review dated 4/30/19 revealed that there was a fluid restriction of 85 ounces or 2 to 2.5 liters per day.</p> <p>Review of client #1's In/Out Daily Log specified a fluid allowance of 88 ounces a day and any additional independent intake must be recorded.</p>	W 252			

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 252	<p>Continued From page 1</p> <p>The fluid intake was broken down by the time of day and activity, for example med pass, snack and lunch. Daily logs from 5/1/19 to 5/14/19 were reviewed and none of the logs had complete data for each allowed fluid intake. The last time the In/Out Daily Log had complete data recorded was on 4/29/19-4/30/19.</p> <p>Interview on 5/15/19 at 8:35am with Staff B revealed that client #1 drunk a lot and staff were supposed to record in the In/Out Daily log, his fluid intake.</p> <p>Interview on 5/15/19 at 9:05am with the case manager revealed that there was no known policy on In/Out Daily Logs. The case manager indicated that the nurse and him were responsible for ensuring staff were trained to do their jobs. When asked to review the In/Out Daily Log binder, the case manager shared that he was not aware that the logs were not being completed daily. The case manager added that years ago, the doctor wanted to encourage fluids for client #1. When client #1 started to see an urologist the doctor felt that client #1 was getting too much fluid and reduced it to 85 ounces a day. Minutes later, the case manager reported that he had spoken to the nurse and indicated that client #1's doctor didn't care about recording the fluids but acknowledged that the facility did have a system in place, where staff were expected to record on the In/Out Daily Log.</p> <p>Interview on 5/15/19 at 10:40am with the program director revealed that the facility has had trouble with staff recording data, since an employee who used to assume responsibility for keeping up with it, left the facility. These concerns had been discussed at their staff meetings.</p>	W 252			

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W 312	<p><b>DRUG USAGE</b> CFR(s): 483.450(e)(2)</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure drugs used for behavior management were not ordered on a PRN (as needed) basis for 1 of 5 audit clients (#1). The findings is:</p> <p>Client #1 behavior meds were ordered on a PRN basis.</p> <p>Review on 5/14/19 of client #1's individual program plan (IPP) dated 8/31/18 revealed the following restriction in the Behavior Support Plan (BSP): client #1 took Ativan prior to leaving from a home visit with parent to help with transition.</p> <p>Review on 5/14/19 of client #1's current physician's orders, dated March - May, 2019 indicated that Ativan 1 mg PO PRN for transition related to returning home after home visit. The date of the original order was 10/19/05.</p> <p>Review on 5/15/19 of client #1's MAR (medication administration record) revealed that client #1 received "Ativan 1 mg PO PRN on 12/26/18 at 8 am" during a home visit. Client #1 also received "Ativan 1 mg PO PRN at 9:10 am" during a home visit.</p>	W 312			

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W 312	Continued From page 3 Interview on 5/15/19 at 10:45am with the case manager revealed that the facility tried to be prepared for anticipated behaviors, by ensuring the availability of a PRN behavior medication.	W 312			
W 374	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(7)  The system for drug administration must assure that drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to administer the medication and instructions as to how often to administer the medication for 1 of 5 audit clients (#10). The finding is:  Client #10's Pirmella was not labeled.  During morning medication administration observations in the home on 5/15/19 at 7:28am, Staff A administered client #10 two pills and foot cream along with her Pirmella pill. Further observations revealed client #10's Pirmella pill package was not labeled.  During an interview on 5/15/19, Staff A confirmed client #10 Pirmella package was not labeled.  During an interview on 5/15/19, the program coordinator stated he was "not aware the package should be labeled" for client #10's Pirmella.	W 374			

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W 382	<p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is:</p> <p>The medications were left unsecured and unsupervised.</p> <p>During morning medication administration in the facility on 5/15/19, Staff A left the medication area. Further observation revealed client #10's foot cream was left unattended on the counter.</p> <p>During an immediate interview Staff A revealed medications should not be left unattended when not in use.</p> <p>Review on 5/15/19 of the facility's medication administration policy revised 8/1/18 revealed, "Failure to secure topical medications correctly (i.e.) leaving them in a place that non-medical passers or clients can access...." is considered a medication error.</p> <p>During an interview on 5/15/19, the program coordinator confirmed medications should not be left unattended when not in use.</p>	W 382			
W 460	<p><b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and</p>	W 460			

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W 460	<p>Continued From page 5 specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, 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 area of diet. This affected 1 of 5 audit clients (#5). The finding is:</p> <p>Client #5's diet consistency were not followed.</p> <p>During lunch observations in the home on 5/14/19 at 11:42am, client #5 walked over to the table and picked up a whole round shaped chicken nugget and placed it into his mouth whole. While he was placing it in his mouth he coughed three times. Further observations revealed client #5 picked up another chicken nugget and coughed one time, while walking down the hallway. Client #5 then walked into his bedroom, laid down on his bed, covered himself up with a blanket and coughed one more time. At no time was there a staff person in the area.</p> <p>Review on 5/14/19 of client #5's IPP dated 5/10/19 revealed, "Food needs to be cut for him, and he needs to be encouraged to take small bites to prevent choking."</p> <p>Review on 5/15/19 of client #5's nutritional evaluation dated 5/26/19 stated, "He needs help cutting up foods because otherwise he will bite off large amounts...which puts him at risk of choking."</p> <p>During an interview on 5/15/19, the program</p>	W 460			

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W 460	Continued From page 6 coordinator revealed client #5's food needs to be cur because "he is a fast eater and a choking risk."	W 460			