

RECEIVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ DHSR-MH Licensure Sect		OHS NO. 0838-0391 (X3) DATE SURVEY COMPLETED 05/07/2019
NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 195 AIRPORT ROAD GOLDSBORO, NC 27530		
(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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 3 of 6 clients (#2, #4, #5) were afforded opportunity for individual choice making. The findings are:</p> <p>Clients #2, #4 and #5 food preferences were not acknowledged during meal time.</p> <p>a. During breakfast observation on 5/7/19 at 7:45 am, the clients were sitting at the dining room table, participating in family style dining. Clients passed bowls of food to each other so that each client could serve herself. Client #2 did not want a slice of American cheese. The house manager told client #2 "Can you just put it on your plate, you don't have to eat it."</p> <p>b. During breakfast observation on 5/7/19 at 7:45 am, the clients were sitting at the dining room table, participating in family style dining. Clients passed bowls of food to each other so that each client could serve herself. Client #4 did not want a scrambled eggs. The house manager told client #4 "You still have to put it on your plate."</p> <p>c. During breakfast observation on 5/7/19 at 7:45 am, the clients were sitting at the dining room table, participating in family style dining. Clients passed bowls of food to each other so that each client could serve herself. Client #5 did not want a slice of American cheese. The house manager told client #5 "Can you just put it on your plate, you don't have to eat it."</p>	W 247	<p>W247 Individual Program Plan</p> <p>All staff will be in-serviced on individual choice and self-management.</p> <p>QPs and RSSs will monitor on a weekly basis regarding consumer choice and self-management.</p> <p>QPs will update each consumer's Individual Program Plans to reflect each consumer's wants and needs.</p> <p>QPs and RSSs will ensure that all issues regarding choice and self-management are reviewed, plans are updated, staff are in-serviced, and monitored for competency.</p> <p>Consumer Affairs Coordinator will update training material to reflect choice and self-management which she will review upon hire and QPs will review on an annual basis.</p> <p>Responsible Persons: QPs, RSSs, Habilitation Specialist, Day Services Manager, and Consumer Affairs Coordinator.</p> <p>Frequency: Initially, Weekly, Annually, and as deemed necessary</p>	7-6-19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Camelia Hill

Program Director

5/21/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/10/2019

FORM APPROVED

OMB NO. 0938-0391

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:0XVX11

Facility ID: 922850

If continuation sheet Page 1 of 8

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W 247	Continued From page 1 Interview on 5/7/19 at 11:10 am, the house manager revealed that it was her understanding that if an item was on the menu, the food must be on clients plates, but the client did not have to eat it. Interview on 5/7/19 at 11:15 am, the qualified intellectual disability professional (QIDP) revealed that if a client did not want a food item, staff did not have to put the food on clients plates. Interview on 5/7/19 at 11:20 am, the program director revealed that in the past, when surveyed, she was led to believe that every food item on menu must be served to clients.	W 247			7-6-19	
W 249	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, 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 area of appearance and dental hygiene. This affected 2 of 5 audit clients (#1 and #2). The	W 249	Program Implementation The facility will ensure that each client receives a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of appearance and dental hygiene. The Interdisciplinary Team will meet on monthly basis or more often, to review, discuss, and determine the consumer's training needs and update each consumer's individual program plan according to each consumer's needs. The QP, RSS, and Habilitation Specialist will monitor the group home on a weekly basis to ensure		7-6-19	

		<p>that the Individual Program Plan aligns with consumer needs, and to ensure that the Habilitation Technicians are engaged in a competently.</p> <p>The QP will be responsible for collaborating with Interdisciplinary Team members, updating, and training staff on the Individual Program Plan.</p> <p>The Habilitation Specialist will be responsible for creating Functional Skill Plans, training staff, and the Hab. Spec. and RSS will ensure that the appropriate supplies are available.</p> <p>Responsible Persons: QP, RSS, Habilitation Specialist, Day Services Manager</p> <p>Frequency: Initially, Weekly, Monthly, annually, and as deemed necessary</p>	
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W 249	<p>Continued From page 2</p> <p>findings are:</p> <p>Client #1 did not utilize her electric toothbrush daily.</p> <p>During evening observation in the home on 5/6/19 at 5:38 pm, after dinner client #1 went to her bedroom and got a manual toothbrush and toothpaste, then walked to the bathroom. Staff B went to the bathroom with client #1 to supervise brushing teeth. The toothbrush did not have a power button per plan, to aide client with cleaning all surfaces.</p> <p>During morning observation in the home on 5/7/19 at 6:10 am, all of the client's toiletries kits were on folding table in foyer, with names marked. Inside of client #1's kit was an electric toothbrush. At 8:00 am, client #1 retrieved toiletries kit and went into the bathroom with staff C to brush her teeth. Client #1 placed toothpaste on brush, turned it on which caused all of the toothpaste to fly off of the brush; client #1 proceeded to brush her teeth, while staff C supervised. Staff C had client #1 repeat brushing her teeth with the toothpaste staying intact the second time.</p> <p>Review on 5/6/19 of client #1's IPP dated 5/1/19 stated "Brush all surfaces of teeth using electric toothbrush."</p> <p>Interview with client #1 on 5/7/19 at 8:05 am revealed that client #1 was using the electric toothbrush for the first time. Yesterday, she used a regular toothbrush. Client #1 commented that she was told that she had to throw out the other (regular) toothbrush yesterday.</p>	W 249		7-6-19	

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W 249	<p>Continued From page 3</p> <p>Interview on 5/7/19 at 11:20 am, the house manager revealed that clients #1, #3 and #5 toothbrushes were not "up to par" explaining that meant, very worn, so they were replaced last night.</p> <p>2. Client #3 was not prompted to refrain from using hand to wipe mouth when drooling.</p> <p>During meal prep observation in the home on 5/6/19 from 4:30 pm to 5:15 pm, client #3 was supervised by staff A to prepare beef tacos and green beans for dinner. Client #3 was observed drooling from her mouth and was told by staff A to close her mouth, while cooking over the stove. Minutes later, client #3 used the back of her right hand to wipe her mouth, due to drooling. Client #3 was not encouraged to get a napkin to wipe drool.</p> <p>Review on 5/7/19 of client #3's IPP dated 9/20/19 did not address client #3's drooling.</p> <p>Interview on 5/7/19 at 11:12 am, the house manager revealed that client #3 drooled a lot. There was not a formal plan to address drooling but staff would prompt client #3 to swallow to prevent spitting or wipe her mouth. The house manager felt that client #3 knew to get a napkin to wipe her mouth.</p> <p>Interview on 5/7/19 with the qualified intellectual disability professional (QIDP) revealed there was no formal plan in place to address client #3's drooling.</p>			W 249				7-6-19	
W 268	<p>CONDUCT TOWARD CLIENT</p> <p>CFR(s): 483.450(a)(1)(i)</p> <p>These policies and procedures must promote the</p>			W 268	<p>Conduct Toward Client</p> <p>Nova, IC. will in-service staff on Consumer Rights policies and procedures.</p>			7-6-19	

The QP and RSS will monitor on a weekly basis to ensure that there is a competent interaction between staff and consumers as it relates to consumer rights.

The Consumer Affairs Coordinator will ensure that she trains all staff upon hire.

All staff will receive consumer rights training on an annual basis.

Persons Responsible: QP, RSS, and Consumer Affairs Coordinator

Frequency: Initially, Weekly, Annually, and as deemed necessary.

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W 268	<p>Continued From page 4 growth, development and independence of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to provide a pattern of positive interactions to support 1 of 5 audit clients (#4). The finding is:</p> <p>Staff did not demonstrate positive interactions towards client #4.</p> <p>During observations on 5/6/19 at 12:00 pm, clients #2 and #4 were still at the dining room table. Client #2 was still eating lunch and client #4 got up from the table, with a noticeable "rotten egg odor" in the air. The remaining clients were sitting in the family room adjacent to the dining room and kitchen. Staff A standing in the kitchen, commented out loud to staff B who was sitting in the family room area, "She lit it up over here" referring to client #4. Staff B responded by saying, "She's (Client #4) good for that." Staff A said "She (Client #4) may need to go in the bathroom and sit down." Client #4 went into the bathroom and shut the door. Minutes later, the house manager entered the family room and stated, "Oh my God!" Staff B responded, "Need to turn the fan on," and staff A stated "I told you, she (Client #4) lit it up."</p> <p>Interview on 5/7/19 with the house manager about client #4 passing gas revealed that she spoke with the staff about their comments being inappropriate.</p> <p>Interview on 5/7/19 the qualified intellectual disability professional (QIDP) confirmed staff actions were inappropriate.</p>	W 268			

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W 454	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to prevent 1 of 3 clients (#3) assisting with meal preparation from cross contamination. The finding is:</p> <p>Staff did not provide consistent verbal prompts for client #3 to wash hands after hands were contaminated.</p> <p>During observations on 5/6/19 from 4:30 pm to 5:15 pm, client #3 was in the kitchen with staff A helping to prepare beef tacos and green beans for dinner. Client #3 has a tendency to drool from the mouth and was told by staff A to wipe her mouth. Client #3 used the back of her hand to wipe her mouth but did not wash her hands before continuing to stir the ground beef in skillet. Client #3 was told by staff A to not scratch her hair but was not prompted to wash her hands, when she did scratch hair. During the meal prep client #3 was given discarded wrappers and boxes to throw in the trash can, which had a swing lid. Most of the times, staff A would instruct client #3 to wash her hands after going to the trash can. However staff A did not always visually supervise client #3 dumping trash to further prompt client #3 to wash hands again, after touching trash lid. Client #3 next set the dining room table with plates, cups and silverware.</p> <p>Interview on 5/7/19 at 11:15 am, the house manager revealed that staff should monitor client</p>	W 454	<p>Infection Control</p> <p>The facility will in-service staff and consumers on maintaining a sanitary environment to avoid sources and transmissions of infections.</p> <p>The QP and RSS will monitor on a weekly basis to measure the competency of staff and consumers.</p> <p>The QP and RSS may make recommendations for staff and consumer training needs.</p> <p>Each consumer and staff will receive training in the area of infection control on an annual basis.</p> <p>Responsible Persons: QP, RSS</p> <p>Frequency: Initially, Weekly, Annual, and as deemed necessary.</p>	7-6-19	

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W 454	Continued From page 6	W 454	Food and Nutrition Services The facility will ensure that the clients receive a nourishing, well-balanced diet including modified and specially prescribed diets. The QP and the RSS will train staff on following each consumer's diet. The QP and RSS will monitor on a weekly basis to ensure that staff are competent in this area. Responsible Persons: QP and RSS Frequency: Initially, Weekly, and as deemed necessary.	7-6-19	
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, record reviews and interviews, the facility failed to ensure that 3 out of 5 audit clients (#1, #2 and #3) received their specifically-prescribed diets. The findings are: 1. Client #1 should not receive beverages with sugar at meals. During observation on 5/6/19 at 11:45 am, client #3 set the dining room table and placed a 12 ounce can of Sprite soda in front of the six place settings. None of the cans contained sugar free soda. Client #1 sat down to eat lunch at 11:53 am. After eating her meal, client #1 was observed drinking all of the contents in can of Sprite. Review on 5/6/19 of client #1's comprehensive functional assessment (CFA) dated on 5/1/19 revealed that client #1 was on a 1800 calorie diet, with sugar free beverages and that portion sizes needed to be monitored. Client #1 was in excess of the desired weight range. Interview on 5/7/19 at 11:20 am, the house manager revealed that there was sugar free beverages that should have been made available to the clients.	W 460			

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W 460	<p>Continued From page 7</p> <p>2. Client #3's low cholesterol diet was not followed.</p> <p>During breakfast observations on 5/7/19 at 7:47 am, client #3 ate grits, scrambled eggs, toast and 1/2 a piece of cheese. Review of the facility menu revealed no cheese for low cholesterol diet.</p> <p>Review on 5/7/19 of client #3's ISP dated 9/20/19 revealed low cholesterol diet, single portions.</p> <p>Interview on 5/7/19 with the house manager revealed client #3 is on a low cholesterol diet and should not have received the 1/2 a piece of cheese at breakfast.</p>	W 460			