

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

PRINTED: 05/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2019
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NAME OF PROVIDER OR SUPPLIER STRICKLAND BRIDGE HOMES A & B	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 STRICKLAND BRIDGE ROAD FAYETTEVILLE, NC 28304
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(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
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E 032	<p>Primary/Alternate Means for Communication CFR(s): 483.475(c)(3)</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:</p> <p>(3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.</p> <p>*[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This STANDARD is not met as evidenced by: Based on documentation and interviews, the facility failed to develop an alternate means for communicating with facility staff, regional and local governments during an emergency. The finding is:</p> <p>The facility failed to an alternate means for communicating with staff, regional and local governments during an emergency.</p> <p>Review on 5/6/19 of the facility's emergency preparedness (EP) did not include information about the use of an alternate communication device.</p> <p>During an interview on 5/6/19, the home manager (HM) revealed that neither home had an alternate communication device, which should be used in emergencies.</p>	E 032		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Samantha Scott* TITLE: Administrator (X6) DATE: 5/11/19

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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E 032	Continued From page 1	E 032		
E 036	<p>During an interview on 5/7/19, management staff confirmed neither home had an alternate communication device, which should be used in emergencies.</p> <p>EP Training and Testing CFR(s): 483.475(d)</p> <p>(d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p> <p>*[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(h).</p> <p>*[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the</p>	E 036	<p>RECEIVED</p> <p>MAY 22 2019</p> <p>DHSR-MH Licensure Sect</p>	

E032 COMMUNICATION

The Facility will develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and will be reviewed and updated at least annually. The plan will include primary and alternate means for communication with facility staff, federal, State, tribal regional, and local emergencies management agencies.

The Safety chair committee member, Remona Fennell, will ensure that an emergency preparedness books are updated to include an alternate method of communication.

An emergency cell phone and battery will be included in the emergency back pack to ensure the facility has an alternate method of communication.

E036 TRAINING AND TESTING

The Facility will develop and maintain an emergency preparedness training and testing program. The training and testing will be reviewed and updated at least annually.

The Safety chair committee member, Remona Fennell, will develop and maintain annual testing and training.

Initial and annual testing will be provide to all DSA's.

W137 PROTECTION OF CLIENTS RIGHTS

The Facility will ensure the rights of all clients and ensure that clients have the right to retain and use appropriate personal possessions and clothing.

The Facility/QP will ensure that client # 2 have appropriate fitting clothes.

The QP, Home Manager, and staff will assist client #2 with shopping for appropriate fitting clothes and discard all other unfitting items.

W249 PROGRAM IMPLEMENTATION

The Facility will ensure that all clients receive continuous active treatment programs consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in their plan.

1. The facility will ensure that clients #4 and #9 has a knife available to them at all settings.



The Vocational Manager will ensure that knives are provided at the Vocational Center. The Hab Spec will also inservice staff on providing eating utensils at all meals.

The IDT will monitor and conduct meal assessments 3x per month for 3 consecutive months.

2. The facility will ensure that client's #9 given the opportunity to participate in meal preparation. The Hab. Spec will re-inservice client's #9 ABI skills for using a microwave.

The IDT will monitor and conduct meal assessments 2x per month for 2 consecutive months.

W368 DRUG ADMINISTRATION

The Facility will assure that all drugs are administrated in compliance with the physician's orders.

The LPN will inservice staff on client#11 physician orders to elevate legs while at home.

The LPN/ Nursing Support/ Home Manager will conduct interaction assessments 4X per month for 2 consecutive months.

W436 SPACE AND EQUIPMENT

The Facility will furnish, maintain in good repair, and teach clients to use and make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the IDT as needed by the client.

Client #11 current wheelchair has been sent the wheelchair repair shop and is currently being repaired. Client #11 documents for her new wheelchair has also been resubmitted to Medicaid for approval.

The IDT will monitor and conduct interactions assessments 2x per month for 2 consecutive months to ensure client #11 wheelchair is in good repair.

