

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

PRINTED: 06/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2019
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		
(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 000	INITIAL COMMENTS	W 000			
W 104	<p>Deficiencies were cited as a result of a complaint survey conducted on 6/13/19 for Intake #NC00151557.</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Governing body and Management failed to assure the physical environment was properly maintained regarding the ceiling and client #3's bedroom walls as evidenced by observations and interviews. The findings are:</p> <p>1. The ceiling is in need of repair.</p> <p>During morning observations in the home on 6/13/19, the surveyor noticed several brown spots on the ceiling in the living room, where you have to step down. Further observations revealed part of the ceiling has hanging down where a light fixture is located. Upon further observations part of the ceiling in the middle of the room was sloping. Additional observations indicated the ceiling was in the same manner when a previous complaint survey was conducted on 3/28/19.</p> <p>During an interview on 6/13/19, Staff A stated, "the ceiling has been like that for two months" since the time they have been working in the home.</p> <p>During an interview on 6/13/19, the home manger</p>	W 104			

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 104	<p>Continued From page 1</p> <p>(HM) revealed the ceiling has been looking like that since October 2018, during a storm. Further interview revealed the roof has been repaired, but no one has been in the home to repair the ceiling. The HM stated a work order has been written, but they were not sure when it was written. Additional interview revealed the management staff are responsible for writing the work orders for the home.</p> <p>During an interview on 6/13/19, management staff revealed it was her fault for the repairs to the ceiling not being completed. There was one person who put in a estimate to complete the work, but he just quit during the last part of April 2019. Further interview revealed another person had put in a second estimate to complete the work, with the hope the work can begin sometime next week.</p> <p>2. Client #3's walls in her bedroom are in need of repair</p> <p>During morning observations in the home on 6/13/19, client #3's bedroom had 1 hole by the window where the bed is located which was about 14 inches in length. Upon further observations there were two separate holes on the opposite side of client #3's bedroom. The first hole was about 20 inches in length and the second hole was about 6 inches in length.</p> <p>During an interview on 6/13/19, Staff A revealed the holes in client #3's bedroom were there before she started working in the home. Further interview revealed Staff A has been working in the home for two months. Additional interview revealed Staff A stated the holes are suppose to be fixed, but they were not sure when the repairs</p>	W 104			

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W 104	Continued From page 2 are suppose to occur. Staff A was not sure how the holes got on the walls of client #3's bedroom. During an interview on 6/13/19, the HM stated the holes in client #3's bedroom are the same holes that were previously observed during the complaint survey on 3/28/19. Further interview revealed the repairs to the holes in client #3's bedroom are suppose to be fixed either today or tomorrow. The HM showed the surveyor 6 large containers of paint located in the back hallway which were purchased for the repair work. Review on 6/13/19 of client #3's behavioral intervention plan (BIP) updated 8/10/16 stated, "Target Behaviors:...3. Self Injurious Behaviors: Defined as any behavior that intentionally results in physical damage to the person by the same person, including hitting...headbutting..or otherwise injuring self...." During an interview on 6/13/19, management staff revealed it was her fault for the repairs to the holes in the halls in client #3's bedroom have not being completed. Further interview revealed there was one person who put in a estimate to complete the work, but he just quit during the last part of April 2019. Further interview revealed client #3 will use her elbows to put holes into the walls of her bedroom.	W 104			
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.	W 130			

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W 130	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure privacy was provided for client #5. The finding is:</p> <p>Client #5 was not afforded privacy during toileting.</p> <p>During morning observations in the home on 6/13/19 at 7:57am, client #5 was observed sitting on the toilet with the door wide open. At 7:59am Staff A went into the bathroom while client #5 was still sitting on the toilet; Staff A exited the bathroom without shutting the door. At 8:00am, client #5 exited the bathroom and went directly into her bedroom which is located across the hall from the bathroom. At no time did client #5 flush the toilet or wash her hands. Staff A went into client #5's bedroom and re-adjusted her pants. Further observations revealed at no time did Staff A prompt client #5 to flush the toilet or wash her hands.</p> <p>During an interview on 6/13/19, Staff A revealed she "usually" closes the door for client #5. Further interview revealed client #5 should have been prompted to wash her hands.</p> <p>During an interview on 6/13/19, the home manger (HM) revealed staff have been trained to prompt client #5 to close the bathroom door for privacy and to wash her hands after using the bathroom.</p> <p>Review on 6/13/19 of client #5's individual program plan (IPP) dated 9/7/18 stated, "Staff must monitor her for completion of all hygiene activities...."</p> <p>Review on 6/13/19 of client #5's adaptive behavior inventory dated 10/31/14 indicated she</p>	W 130			

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W 130	Continued From page 4 has partial independence in closing the bathroom door for privacy and washing her hands after toileting. Review on 6/13/19 of an inservice discussing toileting and privacy dated 5/6/19 had Staff A's name on it. During an interview on 6/13/19, the management staff confirmed client #5 should have been prompted to close the door for privacy during toileting and washing her hands after toileting.	W 130			