

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

PRINTED: 05/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2019
NAME OF PROVIDER OR SUPPLIER SCI-EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 338 COOPER DRIVE WINTERVILLE, NC 28590	
(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. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 5 audit clients (#4, #6) were afforded opportunities for individual choice-making. The findings are:</p> <p>1. Client #4's personal leisure choice was not acknowledged.</p> <p>During morning observations in the home on 4/30/19 at 7:32am, client #4 stated that he wanted to listen to his radio. Staff J and Staff K told him he could not listen to it because "it's too early" and he needs to follow the "house rules". Client #4 shouted, "That's my radio!" and began to cry. The staff continued to explain to him that it was too early to listen to his music and he needed to wait until later. Client #4 was not afforded the opportunity to make his own personal choice.</p> <p>Interview on 4/30/19 with Staff K revealed client #4 was not allowed to listen to his music because it was too "early in the morning" and it would disturb other clients. The staff added, "That's my opinion."</p> <p>Review on 4/30/19 of client #4's Individual Program Plan (IPP) dated 8/9/19 revealed, "[Client #4's] leisure skills are good. He enjoys his laptop, listening to music and singing gospel music using the homes Karaoke machine. He is allowed to have private time in his room with monitoring every 15 minutes for safety and appropriate use." Additional review of the plan</p>	W 247	<p>All staff will receive training regarding client #4 and client #6 rights to make personal/leisure and mealtime choices. Emphasis will be placed on staff role and their responsibilities in encouraging and affording opportunities for client #4, client #6 and all clients' leisure, personal and mealtime choices. The training will also outline the importance of encouraging choice making as part of the active treatment process for all clients throughout all of their environments. The Director and Program Coordinator will monitor at least 3 times a week for 30 days and then weekly. Any noted concerns will be address with additiona training as warrant.</p> <p style="text-align: center;">RECEIVED MAY 07 2019 DHSR-MH Licensure Sect</p>	8-28-19

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

TITLE

(X6) DATE

Antoine Simon Chief Operations Officer 8-6-2019

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 247	<p>Continued From page 1</p> <p>indicated, "[Client #4] is verbal...He is able to make his wants and needs known..." The plan also indicated a recommendation from the speech therapist to "continue to give [Client #4] choices during his daily routine."</p> <p>Interview on 4/30/19 with the Program Director revealed client #4 should not be denied the opportunity to listen to his music when he expresses the desire to do so.</p> <p>2, Client #6's personal choices were not consistently acknowledged at mealtime.</p> <p>During dinner observations in the home on 4/29/19 at 6:25pm, food dishes and beverages were placed on the table and the clients sat down. Client #6 held out his cup and pointed to beverages on the table. Staff A told him no. Other individuals also reached for items and were told no. Client #6 then reached for a food serving dish and he was again told no by staff A. Several other attempts were made by various individuals and staff A, B and C all stopped them from making a choice to start pouring or serving. All staff stood by table except staff B who was mostly in the kitchen. At 6:45pm, another client then said, "Can we at least say grace." Staff A shook her head no but staff B came from the kitchen and said, "Yea, y'all waited long enough go ahead."</p> <p>Interview on 4/29/19 with Staff A and B revealed client #6 was not allowed to pour or serve himself because he needs hand over hand help. When asked why the staff available couldn't help him, staff A said they have to wait until all are at the table and staff B indicated they guess he could</p>	W 247			

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W 247	Continued From page 2 have been helped by the available staff. Review on 4/29/19 of client #4's IPP dated 7/19/18 revealed he is able to make choices and it is important for him to be able to communicate effectively in some manner to make his wants and needs known. Interview with the program director on 4/29/19 confirmed that the individuals should have been given the opportunity to choose to start serving and pouring at the table while sitting there waiting.	W 247			
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 3 of 5 audit clients (#5, #6, #8) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of participation with medication administration and adaptive equipment use. The findings are: 1. Client #8 was not prompted or assisted to	W 249	All staff will receive training in ICF-IID Level of Care Basics: * Active Treatment * Encouraging Independence * Teaching Cues * Providing the least assistance necessary * Encouraging client #8 to wear his eyeglasses * Encouraging all clients to wear their eyeglasses * Client #5 medication administration guidelines (69-S) * Medication administration guidelines for all clients * The LPNs and all medication monitors will receive additional training on Nursing Policy 206-1 (#2-J) * Clint #6 adaptive dining equipment during all meals * All clients' dining equipment during all meals.	6-28-19	

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W 249	<p>Continued From page 3 wear his eye glasses.</p> <p>During observations throughout the survey on 4/29 - 4/30/19, client #8 did not wear eye glasses. The client was not observed to be assisted or encouraged to wear eye glasses.</p> <p>Interview on 4/30/19 with Staff X revealed the client's glasses had been broken "several weeks" ago.</p> <p>Review on 4/29/19 of client #8's IPP dated 3/7/19 revealed, "[Client #8] has compound hyperopic astigmatism in both his eyes and does wear glasses to meet his visual needs. [Client #8] would prefer not to wear his glasses. Staff encourage [Client #8] daily to wear his glasses." Additional review of the plan identified an objective to wear his glasses for 2 hours independently for 5 consecutive data sessions (implemented 1/28/19).</p> <p>Interview on 4/30/19 with the Program Director indicated client #8's glasses were broken some weeks ago; however, they had been replaced and are kept in his dresser drawer. Additional interview revealed staff should continue to encourage and prompt client #8 to wear his eye glasses.</p> <p>2. Client #5 was not prompted or assisted to participate with the administration of his medications to his maximum potential.</p> <p>During observations of medication administration in the home on 4/30/19 at 7:08am, client #5 came to the medication room when called, obtained a cup of water, took his medications and threw away his trash independently. The nurse</p>	W 249	<p>cont. The Director and Program Coordinator will monitor weekly and the Rn Team Lead will monitor monthly.</p>	

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W 249	<p>Continued From page 4</p> <p>retrieved his medication bin and punched his pills. Client #5 was not prompted or encouraged to complete any other tasks at this time.</p> <p>Interview on 4/30/19 with the facility's nurse revealed client #5 can name his medications but could not punch his pills due to tremors in his hands. The nurse indicated she was not aware of any assessments or training the client has received regarding his skills in this area.</p> <p>Review on 4/30/19 of client #5's IPP dated 6/21/18 revealed a service goal 69S for improving his medication administration skills (implemented 8/26/10). Additional review of the 69S service goal and his IPP noted the client can participate with the administration of his medications by coming to the area, obtaining his med basket and water, punching his pills with assistance and throwing away trash. The IPP also indicated the client can tell the name of his medications, what they are for and a side effect.</p> <p>Interview on 4/30/19 with the Program Director confirmed client #5 can participate with the administration of his medications as indicated in his plan.</p> <p>3. Client #6 was not provided adaptive equipment for dining as per his IPP.</p> <p>During observations of lunch at the day program on 4/29/19 at 11:50am, client #6 was not provided with any adaptive equipment. He was given a styrofoam plate and a fork to eat his chopped sandwich from. During the meal, he spilled a lot of the sandwich and ate some of it off the floor (staff did try and redirect.)</p>	W 249		

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W 249	Continued From page 5 During observations on 4/29/19 of the dinner meal in the home at 6:40pm, client #6 was provided with a blue high sided scoop dish. During observations on 4/30/19 of breakfast in the home at 8:00am, client #6 was provided a blue high sided scoop dish. Little to no spillage was evident. Review on 4/29/19 of client #6's IPP dated 7/19/19 revealed he should use a "plateguard" to "reduce spillage." Further review of the record revealed an occupational therapy evaluation dated 10/8/06 which noted he uses a plateguard. Interview with the home living specialist on 4/30/19 revealed that there are metal plateguards in the house but she has never seen him use them since she has been working there. Interview with the program director on 4/29/19 revealed that the adaptive equipment should be taken to day program for use there as well as for use in the home.	W 249		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure the potential for transmission of infection and possible cross-contamination were prevented. This affected 2 of 5 audit clients (#5, #8). The findings	W 454	All personnel will receiving training in: *The potential for cross-contamination and possible transmission of infection regarding the use of sharing electric razors with clients * Providing a sanitary environment to avoid sources of transmission of infections * Precautions to promote a healthy environment and prevent cross contamination Electric razors will be purchased	6-28-19

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W 454	<p>Continued From page 6</p> <p>is:</p> <p>The potential for cross-contamination was not prevented regarding the use of electric razors.</p> <p>During evening observations in the home at 4:50pm and 4:57pm, Staff H assisted client #5 and client #8 to use two electric razors to shave around their face, neck and mouth. The razors were not changed or cleaned between uses. Closer observation of the two electric razors revealed one was marked with client #8's name and the other was unmarked. Each razor was used to shave both client #5 and client #8.</p> <p>Interview on 4/29/19 with Staff H revealed client #5's electric razor was not working so he decided to use another client's razor. Additional interview indicated the staff was not sure who the unmarked razor belonged to.</p> <p>Interview on 4/30/19 with the Program Director indicated each client has their own electric razor and staff should not use another client's razor while shaving clients. The Program Director acknowledged this could cause potential cross-contamination.</p>	W 454	<p>Cont.</p> <p>immediately for all clients that currently need an electric razor. All clients' names will be placed on their razors for their use only. Two additional electric razors will be purchased as backups in the event of a crisis when a client's razor stop working so it can be replaced immediately.</p> <p>The Director and/or Program Coordinator will monitor weekly with retraining and reminders provided as needed to prevent the possibility of cross-contamination</p>	
W 473	<p>MEAL SERVICES</p> <p>CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure foods were served at an appropriate temperature. The finding is:</p>	W 473	<p>All staff who assist with preparing and serving food will receive training in serving food at the appropriate temperature. In the future, food will be served within 15 minutes of being removed from the heat source. Staff will be trained to check the temperatre of the food and reheat foods that have cooled when client for some reason has not eaten while foods are at the</p>	6-28-19

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W 473	<p>Continued From page 7</p> <p>Foods were not served at an appropriate temperature.</p> <p>During evening observations in the home on 4/29/19 at 5:46pm, Staff E removed cooked spinach from the stove, placed it in a bowl, covered it with a thin layer of plastic and placed the cooked spinach in the freezer. At 5:50pm, chicken was removed from the oven, placed in a bowl and covered with a thin layer of plastic. At 6:07pm, Staff E removed the spinach from the freezer and placed on the counter. The chicken and spinach remained covered and on the kitchen counter until 6:28pm. Clients began consuming these food items at 6:32pm. The food was not reheated and the temperature was not taken before serving.</p> <p>Interview on 4/29/19 with Staff E revealed hot food temperatures should be 110 degrees and if it is hotter than that, they have to let it cool down. The staff indicated this was why the spinach was placed in the freezer.</p> <p>Additional observation of a note posted near the kitchen counter revealed, "What's the temperature of the food you are about to serve? It should be no more than 140 and no less than 110."</p> <p>Interview on 4/30/19 with the Program Director confirmed the note posted in the kitchen was accurate and staff should be following the posted temperatures. Additional interview indicated hot foods should be served within 15 minutes after removal from the stove or oven.</p>	W 473	<p>correct temperature. Staff will also receive training on covering food appropriately even when placed on the table unless client are already seated at the table.</p> <p>The Director and/or Program Coordinator will monitor at least weekly.</p>		