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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G037	A. BUILDING ______ B. WING ______	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MALLARD LANE CENTER	142 MALLARD LANE ROCKINGHAM, NC 28379

(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 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 observation, 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 adaptive dining equipment. This affected 1 of 4 audit clients (#1). The finding is: Client #1's adaptive spoon was not utilized during medication administration. During afternoon medication administration on 6/18/19 at 12:40pm, client #1 utilized a plastic spoon to consume his medications. Further observations revealed staff using hand over hand to feed client #1 his medications During morning medication administration on 6/19/19 at 8:40am, client #1 utilized a plastic spoon to consume his medications. Further observations revealed staff feeding client #1 his medications. During meal time observations throughout the survey on 6/18 - 19/19, client #1 utilized a curved	W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 1. By August 17, 2019 all staff will be re-inserviced on all person's supported Adaptive equipment needs and when the adaptive equipment should be used. 2. By August 17, 2019 all staff will be re-inserviced on all person's supported IDLA's specifically adaptive utensils and ensuring they are used for during Medication administration as needed. 3. Residential Team Leader or designee will complete bi-weekly medication Administration observations to ensure All adaptive equipment is being used during medication administration. Responsible Person: Residential Team Leader or Designee Target Date: August 17, 2019 DHSR - Mental Health JUL 02 2019 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Beth Tyler, RTL, QP, mPA	Residential Team Leader	6-26-19

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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W 249	Continued From page 1 handle built up spoon. Additional observations revealed client #1 independently feeding himself during his meals. During an interview on 6/19/19, Staff A said, "[Client #1] doesn't use his adaptive spoon during med pass." Review on 6/19/19 of client #1's IPP dated 4/4/19 revealed, "...built up curved utensils." Review on 6/19/19 of client #1's individual daily living assessment (IDLA) dated 4/3/19 stated he can use a spoon with gestural prompts. During an interview on 6/19/19, the qualified intellectual disabilities professional (QIDP) revealed client #1 should utilize his adaptive spoon during medication administration.	W 249		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. 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: The medications were left unsecured and unsupervised. During morning medication administration in the facility on 6/19/19 at 8:39am, Staff A left the medication area. Further observation revealed	W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) 1. By August 17, 2019 all staff will Be re-inserviced on Monarch's Medication administration policy 2. Residential Team Leader or designee Will complete bi-weekly medication Administration observations to ensure all medications are kept secured and supervised during all Medication administration. Responsible Person: Residential Team Leader or Designee Target Date: August 17, 2019	

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W 382	Continued From page 2 the surveyor was left in the area along with client #1 and his medications. During an immediate interview Staff A revealed medications should not be left unattended when not in use. Further interview revealed they have been trained not to leave the medications unattended when not in use. During an interview on 6/19/19, the qualified intellectual disabilities professional (QIDP) confirmed medications should not be left unattended when not in use.	W 382		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that the infections control prevention procedures were carried out. This potentially affected all clients residing in the home. The finding is: Precautions were not taken to promote client health and prevent possible cross-contamination. During morning medication administration in the home on 6/19/19, Staff A utilized a pin which was hanging around her neck on a key chain to prick two of client #1's pills. Further observations revealed the pin and the key chain were previously placed down the inside of Staff A's shirt.	W 455	INFECTION CONTROL CFR(S): 483.470(l)(1) 1. By August 17, 2019 all staff will be re- serviced on Monarch's Hand Hygiene Policy and Infection Control- Standard Precautions Policy. 2. Residential Team Leader or designee will complete bi-weekly medication observations to ensure all standard infection control precautions are in use. Responsible Person: Residential Team Leader or Designee Target Date: August 17, 2019	

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W 455	Continued From page 3 During an interview on 6/19/19, Staff A confirmed the key chain with the pin, where placed down inside of her shirt and was touching her skin. During an interview on 6/19/19, the qualified intellectual disabilities professional confirmed the pin should not been on a key chain and placed down the shirt of the staff.	W 455	Intentionally Left Blank	