

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

PRINTED: 06/20/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2019
NAME OF PROVIDER OR SUPPLIER COLLEGE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LAKE DRIVE LAURINBURG, NC 28352	
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #5's Individual Program Plan (IPP) included objectives to address her needs. This affected 1 of 4 audit clients. The finding is:</p> <p>Client #5's IPP did not include objectives to address her self-help and daily living needs.</p> <p>During observations at the day program after lunch on 6/18/19 at 12:03pm, client #5 was taken to the bathroom to have her gums swabbed. As Staff A attempted to place the swab in the client's mouth, she turned her head and clinched her lips together. Staff A then prompted client #5 to hold the swab; however, she continued to refuse to have her gums swabbed.</p> <p>Interview on 6/18/19 with Staff A revealed client #5 often refuses to have her mouth swabbed and will only allow staff to swab her mouth "every once in a while."</p> <p>Review on 6/18/19 of client #5's IPP dated 8/14/18 revealed an objective to remain on task without a prompt and to identify coins. Additional review of the plan indicated, "I need help with all self-help and daily living activities...[Client #5] is dependent for completion of her hygiene and</p>	W 227	<p><u>W227</u> Habilitation Specialist will assess client#5 self- help needs and generate a self-help program. In conjunction to assessing client#5.The Habilitation Specialist will also assess all other clients in the home self-help program as well as all other clients in the home self-help needs. The Habilitation Specialist will in-service all DSA's on self-help programs for all individuals in the home Monitoring will occur by QP assigning chart reviews pertaining to self-help goals. Target Date: July 19, 2019</p> <p>RECEIVED JUL 15 2019 DHSR-MH Licensure Sect</p>	

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

TITLE

(X6) DATE

7/15/19

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 227	Continued From page 1 grooming needs by the staff..." Further review of the client's Adaptive Behavior Inventory (ABI) dated 9/28/18 indicated needs in the area of dressing and grooming (i.e. toothbrushing, bathing and hand washing). The ABI noted, "[Client #5] requires full assistance for dressing." Further review of previous objectives revealed client #5 had trained on objectives to dry her face with verbal prompts in 2013 and to dry her hands with verbal cues in 2015. Review of the IPP did not include current objectives to address client #5's self-help and daily living needs. Interview on 6/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 currently does not have any formal self-help objectives and has not worked on objectives in this area since 2015.	W 227		
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, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#6) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual	W 249	<u>W249</u> Habilitation Specialist in conjunction with the QP, will in-service DSA's on encouraging participation form client#6 and all other clients in the home with meal prep, in addition to in-servicing on practicing safety skills during meal preps and cooking. Monitoring will occur at the rate of 4 mealtime assessments as assigned by QP. Target Date: July 19, 2019	

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W 249	<p>Continued From page 2</p> <p>Program Plan (IPP) in the area food preparation. The finding is:</p> <p>Client #6 was not afforded the opportunity to participate with cooking tasks to her maximum potential.</p> <p>During evening observations in the home on 6/18/19 at 5:02pm, Staff C prepared a cup of instant coffee using the microwave. During this time, client #6 stood nearby unengaged. Client #6 was not prompted or assisted to participate with this task.</p> <p>During morning observations in the home on 6/19/19 from 6:17am - 7:25am, Staff E completed various cooking tasks without prompting or encouraging clients to participate. For example, Staff E obtained necessary items, heated pancakes in the microwave, cracked/stirred eggs, sprayed a pan, cooked scrambled eggs, placed food in bowls, chopped up food in a food processor, poured milk in pitchers and made a pot of coffee. During this time, either no clients were in the kitchen or client #6 stood nearby unengaged. Client #6 was not prompted or encouraged to assist with food preparation tasks.</p> <p>Interview on 6/18/19 with Staff C revealed client #6 "loves coffee" and drinks a cup several times a day. When asked if client #6 could assist with making her own cup of coffee, the staff stated, "No."</p> <p>Interview on 6/19/19 with Staff E indicated clients do not assist with cooking tasks because they might get burned. Additional interview revealed client #6 can set the table, load the dishwasher, wash dishes and pour. The staff stated, "I wish</p>	W 249			

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W 249	Continued From page 3 they could cook. Review on 6/19/19 of client #6's IPP dated 9/4/18 revealed, "It is important to [Client #6] to have coffee available to her each day...She is able to help in the kitchen." Additional review of the client's Adaptive Behavior Inventory (ABI) dated 11/16/18 indicated she can bake muffins, cookies or bread and pour from a pitcher with partial independence. The ABI also identified needs in preparing sandwiches, salads, and frozen, canned, fresh foods or meat dishes in the oven/microwave. Interview on 6/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 can assist with most cooking tasks given assistance from staff.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data was collected as indicated for 2 of 4 audit clients (#2, #5). The findings are: Data for completion of Range of Motion (ROM) exercises was not documented as indicated for client #2 and client #5.	W 252	<u>W252</u> DSA's will be in-serviced by the OT/PT Assistant on clients # 2 & 5 protocol for data collection of Range of Motion (ROM) exercise, as well as the protocol for data collection of ROM exercises of all other clients in the home. The clinical team is to conduct At a maximum 4 reviews of all Range of Motion Exercises programs data in the home as assigned by the QP within 30 days to ensure all data is being collected as per the program guidelines .Clinical team is to utilize		

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W 252	Continued From page 4 a. Review on 6/18/19 of client #2's Individual Program Plan (IPP) dated 9/4/18 revealed a service goal (OSG #1) for an exercise program (revised 11/27/18). The service goal noted, staff should perform 3 ROM exercises for 15 - 20 seconds, repeating 3 - 5 times. The goal indicated, "Record data on the log sheet as indicated." Additional review of client #2's objective training book revealed no documentation for OSG #1. b. Review on 6/18/19 of client #5's IPP dated 8/14/18 revealed a service goal (OSG #1) for a Passive ROM program (dated 9/12/17). The service goal indicated, staff should perform 5 ROM exercises for 15 - 30 seconds, repeating 3 - 5 times for each exercise. The goal indicated, "Record data on the log sheet as indicated." Additional review of client #5's objective training book revealed no documentation for OSG #1. Interview on 6/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the service goals for client #2 and client #5 were current and staff should be completing the exercises as indicated and documenting on data sheets.	W 252	the formal program assessment form to review Program data. QP will assign assessments utilizing a 30 day schedule. Target Date: July 19, 2019		
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.	W 257	<u>W257</u> Habilitation Specialist in conjunction with the QP will review all programs and make revisions as needed for clients #1, #2, and client#5 as well as all other clients in the home. The Habilitation Specialist will in-service all DSA's on all new programs/revisions for all individuals in the home.		

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W 257	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Individual Program Plan (IPP) for 3 of 4 audit clients (#1, #2, #5) was reviewed and revised after clients failed to progress towards objectives. The finding is:</p> <p>Clients failed to progress towards identified objectives.</p> <p>a. Review on 6/18/19 of client #1's IPP dated 4/24/19 revealed objectives to swab his gums with 75% verbal prompts for 2 consecutive review periods (implemented 4/1/17) and to wash his hands with 75% verbal prompts for 2 consecutive review periods (implemented 4/1/17). Additional review of progress notes indicated the following:</p> <p>Swab gums</p> <p>06/18 - 54% 07/18 - 58% 08/18 - 50% 09/18 - 56% 10/18 - 50% 11/18 - 58% 12/18 - 56% 01/19 - 60% 02/19 - 64% 03/19 - 56% 04/19 - 61% 05/19 - 53%</p> <p>Further review of progress notes for this objective also revealed:</p> <p>11/5/18 - "had a decrease" 12/5/18 - "had a slight decrease" 3/15/19 - "a significant decrease"</p>	W 257	<p>Monitoring will occur by QP assigning chart reviews focusing on the length of time program has been in place, progress being made</p> <p>chart reviews focusing on the length of time program has been in place, progress being made by the individual, and modifications being made</p> <p>To the program.</p> <p>Target Date: July 31, 2019</p>	

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W 257	<p>Continued From page 6</p> <p>4/5/19 - "a decrease over previous review"</p> <p>Wash Hands</p> <p>06/18 - 40%</p> <p>07/18 - 46%</p> <p>08/18 - 51%</p> <p>09/18 - 46%</p> <p>10/18 - 52%</p> <p>11/18 - 58%</p> <p>12/18 - 50%</p> <p>01/19 - 56%</p> <p>02/19 - 62%</p> <p>03/19 - 54%</p> <p>04/19 - 58%</p> <p>05/19 - 51%</p> <p>Further review of progress notes for this objective also revealed:</p> <p>7/5/18 - "a significant decrease"</p> <p>10/1/18 - "a slight decrease"</p> <p>4/5/19 - "had a significant decrease"</p> <p>b. Review on 6/18/19 of client #2's IPP dated 9/4/18 identified an objective to place 3 items of clothing in the washer with 75% gesture prompts or less for 2 consecutive review periods (implemented 2/1/18). Additional review of the objective's progress notes indicated the following:</p> <p>Clothes in washer</p> <p>07/18 - 14%</p> <p>08/18 - 21%</p> <p>09/18 - 26%</p> <p>10/18 - 18%</p> <p>11/18 - 30%</p> <p>12/18 - 26%</p>	W 257		

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W 257	<p>Continued From page 7</p> <p>01/19 - 35% 02/19 - 38% 03/19 - 42% 04/19 - 35% 05/19 - 39%</p> <p>Further review of the progress notes for this objective also revealed:</p> <p>8/5/18 - "a slight decrease" 11/5/18 - "a significant decrease" 1/5/19 - "a slight decrease"</p> <p>c. Review on 6/18/19 of client #5's IPP dated 8/4/18 revealed an objective to remain on task without a prompt with 75% accuracy for 3 consecutive review periods (implemented 8/1/17). Additional review of progress notes for the objective revealed the following:</p> <p>07/18 - 46% 08/18 - 44% 09/18 - 48% 10/18 - 44% 11/18 - 57% 12/18 - 56% 01/19 - 52% 02/19 - 56% 03/19 - 63% 04/19 - 65% 05/19 - 62%</p> <p>Further review of progress notes for this objective also revealed:</p> <p>7/3/18 - "a decrease of 6%" 9/5/18 - "a slight decrease" 11/5/18 - "a slight decrease" 2/5/18 - "a slight decrease"</p>	W 257		

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W 257	Continued From page 8 6/4/19 - "a slight decrease"	W 257			
W 288	<p>Interview on 6/19/19 with the Habilitation Specialist revealed she was not aware of any revisions that had been made to the objectives. She acknowledged the objectives need to be reviewed for progress since many of them have been in place for 1 1/2 to over 2 years.</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure a technique to address client #1's inappropriate behavior was included in a formal active treatment plan. This affected 1 of 4 audit clients. The finding is:</p> <p>A technique to manage client #1's behavior was not included in an active treatment plan.</p> <p>During morning observations in the home on 6/19/19 at 8:12am, Staff B took a small bag of chewing tobacco to client #1 as he sat in his bedroom, The staff gave him a small portion of the tobacco which he placed in his mouth. Staff B then left the room with the bag of chewing tobacco.</p> <p>Interview on 6/19/19 with Staff B revealed client #1's chewing tobacco is not kept in his room because he will "constantly eat it" and he needs</p>	W 288	<p><u>W288</u> Psychologist/Behavioral Specialist will generate a plan and in-service staff on changes made to client#1 BSP. QP will ensure the PCP identifies interventions to manage client#1 behaviors. Monitoring will occur through observations and assessments to Ensure interventions identified are implemented as written and during the annual Person Centered Plan. Team members will discuss the ongoing need for limited access to his tobacco. Target Date: July 19, 2019</p>		

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W 288	<p>Continued From page 9 to be monitored.</p> <p>Review on 6/19/19 of client #1's Individual Program Plan (IPP) dated 4/24/19 revealed, "chewing tobacco is important to [Client #1]...He may also be distracted by the thought of more tobacco, even when he may already have had some in his mouth at the current time." Additional review of the client's Behavior Support Plan (BSP) dated 11/11/18 identified an objective to exhibit 20 or fewer challenging behaviors per month for 11 consecutive months. The BSP addressed severe disruption, aggression, SIB, property destruction and inappropriate toileting. The BSP did not address inappropriate use of his chewing tobacco.</p> <p>Interview on 6/19/19 with the Home Supervisor revealed client #1 has put his chewing tobacco in his ears in the past.</p> <p>Interview on 6/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #1's tobacco is kept in the office because he will overstuff and pack his mouth with it. The QIDP acknowledged the client's tobacco use is not addressed in his IPP.</p>	W 288			