

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

PRINTED: 09/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2019
NAME OF PROVIDER OR SUPPLIER RAYSIDE A & B			STREET ADDRESS, CITY, STATE, ZIP CODE 617 & 619 RAY AVENUE HENDERSONVILLE, NC 28739		
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W 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 sampled client (#5) and 1 non-sampled client (#6) residing in Rayside B relative to staff training in the use of adaptive equipment. The findings are:</p> <p>A. Observations conducted on 9/23/19 from 3:30 PM until 5:20 PM revealed client #5 ambulated independently throughout the home as prompted by staff to go to the bathroom, wash hands, come to the dining table, carry her dishes to the kitchen and load the dishwasher. Subsequent observations conducted on 9/24/19 from 7:00 AM until 9:05 AM revealed client #5 ambulated independently throughout the home as prompted by staff to come to her leisure table to work on puzzles, to the dining table for breakfast, take dishes to the kitchen, load the dishwasher, come to the medication administration area and to her bedroom/bathroom to prepare to leave for the day program. Observation at 9:05 AM revealed client #5 retrieved a rolling walker from the living room of the home and used the walker while ambulating to the facility van for departure to the day program. Staff were not observed to prompt client #5 to use her walker at any time during the 9/23/19-9/24/19 survey.</p> <p>Review of the record for client #5, conducted on 9/24/19, revealed a person centered plan (PCP) dated 11/22/19 which documented adaptive</p>	W 331			

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 331	<p>Continued From page 1</p> <p>equipment prescribed for client #5 to include a 4-point rolling walker which was to be used at all times when client #5 was walking. Further review of the record for client #5 revealed a Physical Therapy Evaluation dated 6/28/19 which stated client #5 should utilize a walker during ambulation and recommended an increase in supervision to ensure client #5's safety while performing transfers and ambulation activities. Continued review of the record for client #5 revealed a current physician's order dated 4/19/19 prescribing a 4-point walker for client #5.</p> <p>Interviews conducted on 9/24/19 with the nurse and the qualified intellectual disabilities professional verified client #5 should utilize her 4-point rolling walker at all times when ambulating.</p> <p>B. Observations in Rayside B on the evening of 9/23/19 from 3:30 PM to 5:15 PM revealed client #6 ambulating throughout the group home with staff assistance by holding the client's left arm for various activities such as going to the bathroom, washing hands, and returning to the dining table for dinner. Further observations did not reveal client #6 wearing a shoulder harness for use with staff assistance during ambulation. Subsequent observations on the morning of 9/24/19 from 6:45 AM to 8:30 AM revealed client #6 ambulating with staff assistance as staff held client #6 under the left arm and hand to go to the bathroom, return to the dining table for breakfast, go to the medication administration room, and return to the table for an activity. Further observations did not reveal client #6 wearing a shoulder harness to assist client #6 with ambulating throughout the group home during the survey period.</p>	W 331			

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W 331	Continued From page 2 Record review for client #6 on 9/24/19 revealed a PCP dated 8/9/19, indicating that a shoulder harness should be used with client #6 for balance and mobility during waking hours. Further review of the PCP revealed that a shoulder harness for client #6 is used for standing, walking, and transferring rather than holding her arms, hands, wrists, shoulders, or any other body part to assist with mobility. Review of a nursing evaluation dated 7/25/18 revealed that staff must maintain ambulation guidelines as written. Further review of the PCP revealed a physical therapy (PT) evaluation dated 6/8/18. Continued review of the PT evaluation revealed assistance for transfer and ambulation for client #6 includes contact guard assist +1 with shoulder harness for safety due to concerns with range of motion in lower extremities, tightness of bilateral hip flexors, adductors, internal hip rotators, and hamstrings. Interview with the facility nurse on 9/24/19 revealed that client #6 will get bruises on her arm as a result of staff not using the shoulder harness as prescribed. Interview with the qualified intellectual disabilities professional (QIDP) and facility nurse confirmed that client #6 should wear a shoulder harness at all times when ambulating with staff assistance during awake hours.	W 331			
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 observation and interview, the facility	W 382			

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W 382	<p>Continued From page 3</p> <p>failed to assure all drugs and biologicals were kept locked except when being prepared for administration for 3 of 4 clients (#5, #7 and #8) residing in Rayside B. The findings are:</p> <p>A. Observations in the group home on the morning of 9/24/19 at 7:30 AM during medication administration revealed staff F stating that he "had to get something else" for the medication pass and left client #7 sitting in a chair unattended in the medication administration room. Further observations revealed medications were on the desk in the medication administration room belonging to client #7, and were visible from the hallway. Continued observations revealed staff F returned to the medication administration room to complete the medication pass for client #7.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) and facility nurse on 9/24/19 verified that clients should not be left unattended in the medication administration room without staff supervision. Continued interview with the facility nurse also confirmed that all medications should remain locked at all times prior to medication administration.</p> <p>B. Observations in the group home on the morning of 9/24/19 at 7:43 AM revealed staff F prompting client #5 to come to the medication administration room. Continued observations revealed staff F leaving the medication administration room "to get something outside from his wife". Continued observations revealed staff F leaving the medication room and exiting out of the facility front door, leaving the door open to the medication administration room. Subsequent observations revealed client #5 entering the medication administration room</p>	W 382			

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W 382	<p>Continued From page 4</p> <p>unattended by staff and sitting in a chair. Further observations revealed client #5 being alone in the medication administration room and medications on the desk belonging to client #5. Continued observations at 7:47 AM revealed staff F returning to the medication administration room to complete the medication pass for client #5.</p> <p>Interview with the QIDP and facility nurse on 9/24/19 verified that all clients should not be left unattended in the medication administration room without staff supervision. Continued interview with the facility nurse also confirmed that all medications should remain locked at all times prior to medication administration.</p> <p>C. Observations conducted on Rayside B on 9/24/19 at 8:40 AM revealed staff F exited the medication administration room, leaving the door ajar. Continued observations revealed medications were sitting on the desk in the medication administration room, labeled as belonging to client #8, which were clearly visible from the hallway. Staff F was then observed to enter the living room of the home and prompt client #8 to come to the medication administration area. Client #8 was observed to be non-compliant with this request. On-going observations at 8:43 AM revealed Staff F stated he was taking a "smoke break" and exited the home through the back door while the door to the medication administration area remained ajar. Further observations revealed staff F returned inside the home at 8:55 AM at which time client #8 accompanied staff F to the medication administration room and staff F closed the door.</p> <p>Interview conducted on 9/24/19 with the QIDP and the nurse revealed medications should</p>	W 382			

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W 382	Continued From page 5	W 382			
W 440	<p>remain locked at all times when not being prepared for administration.</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to show evidence of quarterly fire drills conducted for second and third shift of personnel. The finding is:</p> <p>Review of the facility fire evacuation drill reports for 12 months from 8/2018 through 7/2019 revealed missing fire drills for Rayside A and B over the course of the review year. The review revealed in Rayside A during the first quarter of the survey year (7/2018-9/2018), no evacuation drills completed for 2nd or 3rd shift, and during the second quarter of the survey year (10/2018-12/2018) no evacuation drills were completed for 2nd or 3rd shift. Further review in Rayside B during the first quarter of the survey year, revealed no evacuation drills were completed for 2nd or 3rd shift, and during the second quarter of the survey year, no evacuation drills were completed for 3rd shift.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 9/24/19 verified no evacuation drills were conducted for 8/2018, 9/2018, 11/2018, and 12/2018 for any shift of personnel in Rayside A and, 3rd shift drills were conducted only on 1/10/2019 and 6/5/2019 in Rayside A during the review year. Continued</p>	W 440			

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W 440	Continued From page 6 interview with the QIDP further verified no evacuation drills were conducted for 8/2018, 9/2018, and 11/2018 for any shift of personnel in Rayside B, and 3rd shift drills were conducted only on 1/10/2019 and 6/7/2019 for Rayside B during the review year. Further interview with the Home Manager and QIDP on 9/24/2019 verified that fire drills for all shifts should have been conducted quarterly over the course of the review year according to the facility rotation schedule for conducting fire drills.	W 440			