

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

PRINTED: 09/27/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2019
NAME OF PROVIDER OR SUPPLIER WILDCAT GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD DEEP GAP, NC 28618	
(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 104	<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: Based on observation and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure facility furniture and a floor mat was clean and in good repair. The finding is:</p> <p>Observations conducted of the group home furniture in the main day room of the facility on 9/17/19 revealed damage to multiple chairs along the seam of the frame of the chairs. Observations included one chair to have a nail protruding outward from the chair cover with a sharp point exposed to all passersby. Additional observation revealed a second chair to have internal metal material protruding from the seam of the chair frame. Subsequent observation revealed various other chairs in the main dayroom to have internal frame material pressing against the chair covers causing damage to the external chair material while attempting to protrude through the chair. Further observation on 9/18/19 at 7:15 AM revealed a floor mat in the main day room that appeared to have dried saliva and wet nasal drainage from the previous day as no client had been up for morning activity in the dayroom at the time of observation.</p> <p>Interview with staff B on 9/17/19 revealed she had not noticed the chairs in the main dayroom were in need of repair due to a protruding nail or piece</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	Continued From page 1 of metal. Further interview with staff B revealed a work order should be completed to address the need for furniture repairs. Interview with the qualified intellectual disabilities professional (QIDP) on 9/18/19 revealed all furniture should be in good repair and without safety concerns to clients in the home. Further interview with the QIDP revealed furniture should also be arranged or removed after an observation of a safety issue to provide safety to the clients in the facility until maintenance could conduct necessary repairs. The QIDP further confirmed a work order was not turned in by staff B after the staff was made aware of the need for furniture repairs during the survey. The QIDP additionally confirmed the floor mat in the dayroom should be clean and without bodily fluids (wet or dry) from client use.	W 104			
W 136	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(11) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure opportunity and documentation relative to community integration for 5 of 7 sampled clients (#1, #4, #7, #13 and #15). For example: Observation in the facility on 9/17/19 revealed client #1 to remain in the facility throughout observations engaged in various activities to include snack and activities in the main dayroom. Further observation revealed the qualified	W 136			

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W 136	<p>Continued From page 2</p> <p>intellectual disabilities professional (QIDP) to inform survey staff that the current day dinner outing planned for client #1 was canceled due to staff shortage. Subsequent observation of client appearance during the 9/17-18/19 survey revealed clients #1, #4, #7 and #15 to have longer length hair with a disheveled style.</p> <p>Review of internal documentation on 9/18/19 for client #4 revealed financial statements to reflect the client had not had a haircut since 1/2019. Further review of financial statements for client #4 since 1/2019 revealed the client to have had no community integration outing over the nine month period. Review of internal documentation by the QIDP revealed no evidence of community integration.</p> <p>Review of internal documentation on 9/18/19 for clients #1, #7, #13 and #15 revealed financial statements to reflect the clients had not had a haircut since 5/2019. Further review of financial statements for clients #1, #7, #13 and #15 revealed since 1/2019 that client #1 had been on 2 community outings, clients #7 and #13 had been on 5 community outings and client #15 had been on 3 community outings. Review of records revealed no further evidence of community integration for clients #1, #7, #13 and #15.</p> <p>Interview with the QIDP on 9/18/19 revealed she was aware outings for clients had been difficult due to staff shortage. Further interview with the QIDP revealed she was unaware of the timeframe in between haircuts for clients #1, #4, #7, #13 and #15 although she was aware haircuts had not occurred as often as scheduled. The QIDP further confirmed clients should have the opportunity for increased community integration</p>	W 136			

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W 136	Continued From page 3 while client #4 will often only participate in van rides. Subsequent interview with the QIDP confirmed better documentation should also be kept relative to client outings to reflect how often clients are provided the opportunity to participate in community activities.	W 136			
W 324	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(ii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide a physical examination that included immunization for 1 of 3 sampled clients (#14). The finding is: Review of the record for client #14, conducted on 9/18/19, revealed client #14 was admitted to the facility on 1/5/19 and had a physical examination on 1/10/19. Review of the 1/10/19 physical examination revealed no documentation regarding immunizations was included. Continued review of the record for client #14 revealed no documentation relative to the current or historical status of immunizations for client #14. Interview conducted with the nurse on 9/18/19 revealed the facility had been unable to procure a record of client #14's immunization history. This	W 324			

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W 324	Continued From page 4 interview further verified no documentation related to immunizations was included in the 1/10/19 physical examination.	W 324			