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

PRINTED: 08/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ___ B. WING ___	(X3) DATE SURVEY COMPLETED
	34G105		08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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
E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical	E 015	E 015 - All direct support staff and RTL will be trained/in-serviced on water supply needs as required by the Emergency Preparedness Policy. All staff/RTL will be trained to procure and maintain the minimum supply of water per policy, by the Safety Committee Chairperson. This will be ensured via monthly environmental assessments completed at each facility, completed by a member of the Interdisciplinary Team. In the future, the Administrator and/or the Safety Committee Chairperson will ensure that the facility will maintain requirements related to food/water per Emergency Preparedness Policy. DHSR-Mental Health OCT 0 2019 Lic. & Cert. Section RECEIVED AUG 30 2019 DHSR NH L & C Black Mountain / WRO	10/4/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 8/26/19

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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E 015	Continued From page 1 supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement the emergency preparedness policy relative to the provision of subsistence water supply needs for clients and staff as required in the facility's emergency plan (EP). The finding is: Observations conducted in the group home on 8/6/19, verified by interview with the group home manager, revealed an emergency water supply consisting of two gallons plus 12-8 oz. bottles of drinking water was available in the home. Further observations conducted in the group home on 8/7/19 revealed three bottles of drinking water from the emergency water supply were utilized by clients when packing lunches for the day, leaving an available supply of two gallons plus 9-8 oz. bottles of water. Review of the facility's emergency plan (EP), conducted on 8/6/19, verified by interview with the qualified intellectual disabilities professional (QIDP) on 8/7/19, revealed the facility should maintain a supply of one gallon of water for each person per day for three days. Interview with the group home manager, conducted on 8/6/19, verified the facility's supply of water for emergency use should be adequate to meet the	E 015		

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E 015	Continued From page 2 needs of the 6 clients residing in the home as well as a total of 5-7 staff assigned to the home over a 24-hour period.	E 015		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide nursing services in accordance with the needs of 1of 3 sampled clients (#1) and 1 non-sampled client (#5) relative to training staff in client participation during the medication administration process. The findings are: A. The facility failed to provide nursing services in accordance with the needs of client #1. Observations conducted on 8/7/19 at 7:10 AM revealed client #1 entered the medication administration area and received medications that included: Aspirin 81mg- 1 tablet; Ezetimibe 10mg- 1 tablet; Levetoraceta 250mg- 1/2 tablet; Nifedipine 30 mg - 1 tablet and Vitamin D3 2000 units- 1 tablet. Continued observations revealed staff D to administer medications and to provide client #1 with no information related to the name, purpose or possible side effects of medications received. Further observation revealed staff D to retrieve client #1's medications, punch out medications from a bubble pack, mix medications with apple sauce, to feed client #1 all medications and throw away the cup.	W 331	W 331 - RN and/or Habilitation Specialist will ensure all staff are trained/in-serviced to provide active treatment during medication administration. This training will include name, purpose, and possible side effects of each medication given. Medication Administration active treatment will be ensured via quality checks twice weekly, for a period of four weeks, then routinely thereafter, by a member of the Interdisciplinary Team. In the future, RN and/or Habilitation Specialist will ensure active treatment is continuious during medication passes.	10/4/19

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W 331	Continued From page 3 Review of records for client #1 on 8/7/19 revealed an individual service plan (ISP) dated 1/22/19. Review of the ISP revealed a medication evaluation dated 1/16/19 that indicated client #1 punches out medications with supervision, swallows pills whole, obtains own drink, disposes trash appropriately and signs the medication administration record (MAR). Continued record review for client #1 revealed an adaptive behavior inventory (ABI) assessment dated 4/23/18 that further verified client #1 is able to dispense pills, place a pill in mouth and drink water from a cup with independence. Interview on 8/7/19 with the facility nurse and the facility qualified intellectual disabilities professional (QIDP) verified all staff should provide training to clients during medication administration relative to the name, purpose and side effects of medication. B. The facility failed to provide nursing services in accordance with the needs of client #5. Observations conducted on 8/7/19 at 8:00 AM revealed client #5 to enter the medication administration area and receive medications that included Amitiza 24 mcg - 1 capsule; Gabapentin 800mg- 1 tablet; Lamotrigine 25 mg - 2 tablets; OYS Calc 500 mg-1 tablet; Thermotabs buffered salt tab - 1 tablet; and Vitamin D3, 2000 unit- 1 tablet. Continued observations revealed staff D to administer medications to client #5 and to provide no education related to the purpose or possible side effects of medications received. Staff D was observed to ask client #5 if the client wanted to help punch out medications. Following no response from client #5, staff D retrieved	W 331		

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W 331	Continued From page 4 medications, punched out medications from a bubble pack into a med cup and handed medications to the client #5. Staff D was further observed to hand client #5 a cup of water poured by staff. Client #5 was then observed to take medications followed by water. Review of records for client #5 on 8/7/19 revealed an ISP dated 12/18/18. Further record review for client #5 revealed a medication evaluation dated 12/13/18 that identified client #5 punches out medications with hand over assistance, swallows pills whole, obtains own drink and disposes trash appropriately. Interview on 8/7/19 with the facility nurse and QIDP verified all staff should provide training to clients during med administration relative to the name, purpose and side effects of medication.	W 331		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 non-sampled client (#5) was administered medications without error. The finding is: Observations conducted on 8/7/19 at 8:00 AM revealed client #5 to enter the medication administration area and to receive medications that included: Amitiza 24 mcg - 1 capsule; Gabapentin 800 mg- 1 tablet; Lamotrigine 25 mg	W 369		

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W 369	Continued From page 5 - 2 tablets; Levothyroxin 100 mcg - 1 tablet; OYS Calc 500 mg-1 tablet; Thermotabs buffered salt tab - 1 tablet; Vitamin D3, 2000 unit- 1 tablet. Continued observations revealed staff D to administer medications and to provide client #5 with no information related to the purpose or possible side effects of medications received. Staff D was observed to ask client #5 if the client wanted to help punch out medications which was followed by no response from client #5. Staff D was then observed to retrieve medications, punch out medications from a bubble pack into a med cup and hand medications to the client. Staff D was further observed to hand client #5 a cup of water poured by staff. Subsequent observation revealed client #5 to take all medications followed by water. Review of records on 8/7/19 for client #5 revealed physician orders for client #5 dated 5/20/19. Review of the 5/2019 physician orders revealed medications to include: Amitiza 24 mcg (1), Gabapentin 800 mg (1), Lamotrigine 25mg (2), Levothyroxin 100 mcg (1), OYS Calc 500 vitD/500mg (1), Thermotabs buffered salt tab (1), Vitamin D3, 2000 unit (1) and Chlorhexidine glu 0.12%. Additional review of physician order revealed Chlorhexidine glu 0.12%. should be applied to the teeth with a swab. Interview with staff D on 8/7/19 revealed client #5 should have received Chlorhexidine glu. 0.12% as prescribed and staff D had overlooked it during the client's medication administration. Interview with facility nurse on 8/7/19 verified the 5/20/19 physician orders for client #5 to be current. Further interview with the facility nurse confirmed client #5 should have received Chlorhexidine glu 0.12% as prescribed.	W 369	W 369 - RN will ensure medication error will be given to the direct support staff. In addition, RN will ensure training/in-service for all staff on adminstering all medications. In addition, RN will ensure medication checker system is adequately applied in order to prevent medication errors. Direct Support Staff will retake Medication Administration training. This will be ensured via quality control checks of medication administration twice weekly, for a period of four weeks, then routinely thereafter. In the future, RN will ensure all direct support staff are trained to administer all medications, and medication checks are conducted to prevent errors.	10/4/19

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W 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure the system for drug administration provided the opportunity to participate in medication self-administration or provided training related to the name, purpose and side-effects of medications administered for 1 of 3 sampled clients (#1) and 1 non-sampled client (#5) . The findings are: A. The system for drug administration failed to assure client #1 was provided the opportunity to participate in medication self-administration or provided training related to the name, purpose and side-effects of medications. For example: Observations conducted on 8/7/19 at 7:10 AM revealed client #1 entered the medication administration area and received medications that included; Aspirin 81mg- 1 tablet; Ezetimibe 10mg- 1 tablet; Levetoraceta 250 mg- 1/2 tablet; Nifedipine 30 mg - 1 tablet; Vitamin D3 2000 units- 1 tablet. Continued observations revealed staff D to administer medications and to provide client #1 with no information related to the name, purpose or possible side effects of medications received. Further observation revealed staff D to retrieve client #1's medications, punch out medications from a bubble pack, mix medications	W 371	W 371 - RN and/or Habilitation Specialist will ensure all staff are trained/in-serviced to provide active treatment during medication administration. This training will include name, purpose, and possible side effects of each medication given. In addition, RN will train/in-service staff to ensure all individuals are afforded the opportunity to be as independent as possible during the medication passes. Medication Administration active treatment will be ensured via quality checks, twice weekly, for a period of four weeks, then routinely thereafter, by a member of the Interdisciplinary Team. In the future, RN/Habilitation Specialist will ensure active treatment is continuous during medication passes.	10/4/19

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W 371	Continued From page 7 with apple sauce, to feed client #1 and throw away the cup. Review of records for client #1 on 8/7/19 revealed an individual service plan (ISP) dated 1/22/19. Review of the ISP revealed a medication evaluation dated 1/16/19 that indicated client #1 punches out medications with supervision, swallows pills whole, obtains own drink, disposes trash appropriately and signs the medication administration record (MAR). Continued record review for client #1 revealed an adaptive behavior inventory (ABI) assessment dated 4/23/18 that further verified client #1 is able to dispense pills, place a pill in mouth and drink water from a cup with independence. Interview on 8/7/19 with the facility nurse and qualified intellectual disabilities professional (QIDP) verified all clients should be provided the opportunity to participate in their medication administration at the skill level that each client is capable. Further interview with QIDP on 8/7/19 verified client #1 is capable of participation in medication administration with at least hand over hand assistance during most tasks. B. The system for drug administration failed to assure client #5 was provided the opportunity to participate in medication self-administration or provided training related to the name, purpose and side-effects of medications. For example: Observations conducted on 8/7/19 at 8:00 AM revealed client #5 to enter the medication administration area and receive medications including Amitiza 24 mcg - 1 capsule; Gabapentin 800mg- 1 tablet; Lamotrigine 25 mg - 2 tablets; OYS Calc 500 mg-1 tablet; Thermotabs buffered	W 371		

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W 371	Continued From page 8 salt tab - 1 tablet; Vitamin D3, 2000 unit- 1 tablet. Continued observations revealed staff D to administer medications to client #5 and to provide no education related to the purpose or possible side effects of medications received. Staff D was observed to ask client #5 if the client wanted to help punch out medications. Following no response from client #5, staff D retrieved medications, punched out medications from a bubble pack into a med cup and handed medications to the client #5. Staff D was further observed to hand client #5 a cup of water poured by staff. Client #5 was then observed to take medications followed by water. Review of records for client #5 on 8/7/19 revealed an ISP dated 12/18/18. Further record review for client #5 revealed a medication evaluation dated 12/13/18 that identified client #5 punches out medications with hand over assistance, swallows pills whole, obtains own drink and disposes trash appropriately. Interview on 8/7/19 with the facility nurse and QIDP verified all clients should be provided the opportunity to participate in their medication administration at the skill level that each client is capable. Further interview with QIDP verified client #5 is capable of participation in medication administration with at least hand over hand assistance during most tasks.	W 371		