

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

PRINTED: 10/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/25/2019
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		
(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 failed to exercise general policy, budget, and operating direction over the facility by ensuring all state and local ordinances were met. This potentially affected all clients.</p> <p>The facility failed to be in compliance with North Carolina Building Code 428.2.4 in regards to the use of space heaters in the facility.</p> <p>During observations in the facility on 10/25/19 between 6am-8:30am, there were two space heaters being used. One space heater was plugged in the kitchen and one space heater was in the den. Additional observations revealed this facility does not have a sprinkler system.</p> <p>Interview on 10/25/19 with staff B revealed the space heaters help clients warm during cooler months of the year.</p> <p>Interview on 10/25/19 with the administrator revealed the space heaters are only to be used in emergencies and that she is aware this is a violation of the building code. Further interview revealed the space heaters will be removed from the facility immediately.</p>	W 104			
W 192	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training</p>	W 192			

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 192	<p>Continued From page 1</p> <p>must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations record review and interviews, the facility failed to ensure staff were sufficiently trained on competencies directed towards client's health needs. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>Review on 10/24/19 of client #1's individual program plan (IPP) dated 3/18/19 revealed he has a diagnosis of Diabetes Type II and that he has a physician order for Glipizide XL.</p> <p>Review on 10/25/19 of client #1's physician orders dated 7/1/19 revealed he has an order to check his blood sugars twice daily.</p> <p>Review on 10/25/19 of client #1's Medication administration record revealed he had the following blood sugars on the following dates: October 15:65, October 16:56 and October 22: 53.</p> <p>During observations in the facility on 10/24/19 staff B checked client #1's blood sugars before supper at 4:30pm and it was noted to be 100.</p> <p>During observations on 10/25/19 staff A checked client #1's blood sugar before breakfast and it was noted to be 90.</p> <p>Interview on 10/25/19 with staff A (Home Manager) revealed she considered 60 or below to be a low blood sugar for client #1 and that she would offer him orange juice or candy and notify the Nurse for additional instructions. When asked</p>	W 192			

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W 192	Continued From page 2 if the Nurse was contacted about the low blood sugars for client #1 on 10/15/19, 10/16/19 and 10/22/19, she stated she contacted the Nurse. When asked if this was documented or follow up was needed, she stated, " I am not certain." Interview on 10/25/19 with staff B revealed she considered 50 or below to be a low blood sugar and that she would contact staff A (Home Manager) if client #1 had a low blood sugar. When asked about symptoms of low blood sugar she stated, " I would think he may be a little out of it, confused." Interview on 10/25/19 with staff D revealed if client #1 had a low blood sugar under 50 she would offer him tomato juice or water and contact the facility Nurse. When asked about symptoms of high blood sugar, she stated, " I am not certain, maybe thirsty."	W 192			
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence.	W 240			

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W 240	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #4's individual program plan (IPP) included specific information regarding her hearing impairment. This affected 1 of 4 audit clients. The finding is: The IPP did not include information about client #4's hearing impairment. Throughout observations in the facility on 10/24/19 and on 10/25/19 revealed direct care staff talking loudly to client #4 so she could understand what they were communicating to her. Interview on 10/24/19 with staff A (Home Manager) revealed client #4 needs hearing amplification devices but that the facility is waiting for the legal guardian to purchase them because "Medicaid won't pay for them". Review on 10/24/19 of client #4's IPP dated 12/1/18 revealed she was diagnosed with Moderate Intellectual Disabilities, Overanxious Disorder, Hyperlipidemia, Hypertension and Seasonal Allergies. There was no information in her IPP about her hearing impairment. Review on 10/25/19 revealed client #4 had an audiology evaluation on 3/28/19 and that some hearing loss was noted. Review on 10/25/19 of client #4's quarterly nursing assessment revealed, " Difficulty hearing, being evaluated."	W 240			

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W 240	Continued From page 4 Interview on 10/25/19 with the qualified intellectual disabilities professional (QIDP) revealed there is no information in client #4's IPP regarding her hearing loss or how staff need to communicate with her.	W 240			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 3 of 4 audit clients (#3, #4, #6) were provided the opportunity of choice in leisure activities.. The finding is: Staff did not encourage choice making during identified leisure time for audit clients (#3, #4 and #6). During observations in the facility on 10/24/19 from 2:50pm until 5pm clients were either instructed to do a structured leisure activity or left to watch television. During observations at 3pm staff A (Home manager) asked staff B to help the clients make skeletons on construction paper using Qtips, markers and glue. This activity lasted until 3:15pm Staff A also asked staff B and C to help the clients organize a Halloween activity at 4:15pm where they decorated a table decoration for their Halloween party. Audit clients #3, #4 and #6 participated and this activity was over in about 10 minutes. For the remainder of the observations on 10/24/19 until 5pm when the clients began setting up for supper, clients were instructed by staff to sit in the den and watch a television show	W 247			

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W 247	<p>Continued From page 5</p> <p>During observations in the facility on 10/25/19 before and after breakfast between 6am-8:30am clients #3, #4 and #6 were encouraged to sit in the den area of the facility while the television was on. The direct care staff who was working did not ask these individuals what television programs they would like to watch and no other leisure activities were offered. Audit clients #3, #4 and #6 were in this group of individuals. Breakfast began at 7:12am and was finished at 7:30am.</p> <p>Observation on 10/25/19 in the den revealed several board games which included connect 4, puzzles, bowling pins, Chutes and Ladders game.</p> <p>Review on 10/25/19 of audit client #3's individual program plan (IPP) dated 12/1/18 does not describe her ability to make choices of leisure activities.</p> <p>Review on 10/25/19 of client #4's IPP dated 3/18/19 revealed he enjoys watching television but described an older television series that is replayed weekly and a western style program which is listed as his preference. It should be noted that neither of these television programs were offered for him to watch.</p> <p>Interview on 10/25/19 with staff B revealed client #6 was recently admitted to the facility in September 2019 and his leisure choices are still being evaluated.</p> <p>Interview on 10/25/19 with direct care staff revealed client #4 loves to complete large 500 piece puzzles and this has been identified as a preferred activity. Additional interview revealed audit client #3 likes connect 4 and will sometimes</p>	W 247			

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W 247	Continued From page 6 help fold paper.	W 247			
W 249	<p>Interview on 10/25/19 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff should offer clients choices of preferred leisure activities when they are not working on objective training.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>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 program consisting of needed interventions and services identified in the individual program plan (IPP) in the area of behavioral intervention. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>Staff failed to consistently follow client #1's behavior support program (BSP) for his target behavior of stealing food at mealtime.</p> <p>During observations on 10/24/19 at the vocational program at 12:10pm client #1 reached over and took another client's egg salad sandwich and ate it before staff C could intervene and stop him.</p>	W 249			

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W 249	Continued From page 7 She immediately verbally directed him but he continued to sit next to the other client who was still eating. Staff stood next to the other client to prevent him from taking additional food. Review on 10/25/19 of client #1's BSP revised 4/10/16 revealed he has stealing food at mealtime as a target behavior. The interventions for this behavior include: verbally redirect him and then remove him from the table for 5 minutes until he is calm. Interview on 10/25/19 with the qualified intellectual disabilities professional (QIDP) revealed the BSP for client #1 is current and should be consistently followed.	W 249			
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. This STANDARD is not met as evidenced by: Based on record review and interview, the qualified intellectual disabilities professional (QIDP) failed to review and revise identified objectives for 2 of 4 audit clients (#3,#4) after they failed to make progress for several months. The findings include: 1. Client #3's formal objectives were not revised after she failed to make progress for several months.	W 257			

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W 257	<p>Continued From page 8</p> <p>Review on 10/24/19 of client #3's formal objectives revealed she had the following objectives: her behavior support program, will identify money with 75% accuracy for 2 consecutive months, Wash her clothing and make her bed. Review of the progress summaries from April to October 2019 revealed the following:</p> <p>a) Will identify money with 75% accuracy for 2 consecutive months. Implemented on 3/30/19. She has been on step 1 from April to October with no revision to the program.</p> <p>b) Washing her clothing which was implemented on June 5/2019. She has been working on step 5 from June to October without any revisions to the program.</p> <p>c) Making her bed which was implemented on 5/22/19. She has been working on step 1 from May to October without any revisions to the program.</p> <p>2. Client #4's objective was not revised after she failed to make progress for several months.</p> <p>Review on 10/24/19 of client 34 formal objectives revealed she had the following objectives: Her behavior support program, Identifying money with 40% physical assistance for 2 consecutive months and taking a bath . Review of the progress summaries from April to October 2019 revealed the following:</p> <p>a) Taking a bath: Client #4 has been working on the 1st step getting into the tub since June 2019 without any revision to the program.</p>	W 257			

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W 257	Continued From page 9	W 257			
W 435	<p>Interview on 10/25/19 with the QIDP revealed there had not been revisions to client #3 and client #4's objectives after they had failed to make progress for several months.</p> <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(1)</p> <p>The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews, the facility failed to ensure an adequate supply of recreational/leisure materials were available for informal active treatment programs to be implemented. Thsi affected all clients in the facility. The findings are:</p> <p>The facility failed to provide a variety of preferred leisure activities which were kept in good repair.</p> <p>During observations in the facility on 10/24/19 in the den several leisure activities were visible on the shelves built into the wall. Further observation of these activities revealed the following:</p> <p>a) A number puzzle missing several pieces. b) Several 63 piece, 24 piece and 500 piece puzzles, which staff identified were missing</p>	W 435			

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W 435	Continued From page 10 pieces. c) A connect 4 game with missing pieces d) Bowling pins with no ball. e) Two badminton rackets with no shuttlecock f) Chutes and ladders board game with missing pieces Interview on 10/25/19 revealed direct care staff had not reported to the qualified intellectual disabilities professional (QIDP) that these leisure activities needed to be replaced.	W 435			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to ensure 1 of 4 audit clients (#4) was furnished hearing amplification devices after this need had been identified. The finding is: The facility failed to purchase a hearing amplification need device after this need had been identified. Throughout observations in the facility on 10/24/19 and on 10/25/19 revealed direct care staff talking loudly to client #4 so she could understand what they were communicating to	W 436			

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W 436	<p>Continued From page 11 her.</p> <p>Interview on 10/24/19 with staff A (Home Manager) revealed client #4 needs hearing amplification devices but that the facility is waiting for the legal guardian to purchase them because "Medicaid won't pay for them".</p> <p>Review on 10/24/19 of client #4's IPP dated 12/1/18 revealed she was diagnosed with Moderate Intellectual Disabilities, Overanxious Disorder, Hyperlipidemia, Hypertension and Seasonal Allergies. There was no information in her IPP about her hearing impairment.</p> <p>Review on 10/25/19 revealed client #4 had an audiology evaluation on 3/28/19 and that hearing loss was noted.</p> <p>Review on 10/25/19 of client #4's quarterly nursing assessment revealed, " Difficulty hearing, being evaluated."</p> <p>Interview on 10/25/19 with the qualified intellectual disabilities professional (QIDP) revealed client #4 had been identified with a hearing loss in April 2019 and the facility had contacted the guardian about possible funds to pay for a hearing aid. Further interview confirmed client #4 is still without any hearing amplification devices.</p>	W 436			