

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

PRINTED: 10/31/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2019
NAME OF PROVIDER OR SUPPLIER SANDRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539		
(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 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to investigate reported incidents of PICA (eating inedibles). This potentially affected 1 of 6 audit clients (#3). The finding is:</p> <p>Review on 10/23/19 of a videofluoroscopic swallow function study dated 1/8/19 revealed, "Caregivers who are with him today report he sneaks po intake, some of which is not edible." This evaluation noted that he was "npo" (nothing by mouth) during this time of 2019. Further review of the record revealed no information about PICA.</p> <p>Interview on 10/23/19 with the qualified intellectual disability professional (QIDP) revealed she was unaware of the report of PICA. She stated she went straight to the findings of the swallowing study. She confirmed this incident of "sneaking po and eating inedibles" was not investigated.</p>	W 154			
W 259	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)</p> <p>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure that 1 of 6</p>	W 259			

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.

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

PRINTED: 10/31/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2019
NAME OF PROVIDER OR SUPPLIER SANDRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539		
(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 259	<p>Continued From page 1</p> <p>audit clients (#6) comprehensive functional assessment (CFA) was updated after a significant change in diet. The finding is:</p> <p>Client #6's diet was downgraded from ground to pureed due to aspiration risks.</p> <p>During lunch observations at the day program on 10/22/19 at 11:55 am client #6 was fed ravioli, three bean salad and cookies in a pureed texture by Staff B.</p> <p>During a review of client 6's individual personal plan (IPP) on 10/23/19, dated on 3/8/19, revealed that he was on a regular pureed diet and nectar thickened liquids. Client #6 was noted to independently eat finger foods. Comments from the occupational therapist suggested that client #6 was eating finger foods and would have a future swallow study. An additional review on 10/22/19 found a Nutritional Evaluation dated 7/16/19 that reflected that client #6 was on a regular pureed diet due to a history of aspirated pneumonia.</p> <p>An interview with the resident manager (RM) B on 10/23/19 at 7:45 am, revealed that client #6 was hospitalized during February 2019 and had a swallow study conducted. The recommendation of the study led to client #6's diet changing from ground to pureed texture.</p> <p>During an interview with the qualified independent disabilities professional (QIDP) B and nurse B on 10/23/19 at 9:27 am revealed that client #6 was last hospitalized in July 2019 for aspirated pneumonia, Sepsis, fever, a gastrointestinal bleed, vomiting and an urinary tract infection. The team had a CORE meeting on 7/23/19 and it was</p>	W 259			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2019
NAME OF PROVIDER OR SUPPLIER SANDRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539		
(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 259	Continued From page 2 recommended that his diet be changed to pureed. On 7/29/19, his orders changed from ground to pureed diet. QIDP also acknowledged that the 7/16/19 nutritional evaluation, suggested that the diet had changed to pureed for client #6 prior to 7/29/19 but she did not know the date of the original order. QIDP further confirmed that she did not complete an addendum to the CFA to reflect the change in the diet.	W 259			
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 observations and staff interviews, the facility failed to ensure that all medications remained locked, except while being administered, for 1 of 3 audit clients (#2) residing in Sandridge 3. The findings is: Surveyor permitted to remain in medication room, with unlocked cabinet door opened to narcotics, while medication technician (MT) stood at doorway, administering medication. During observation of medication administration at Sandridge 3 on 10/22/19 at 4:52 pm , the MT unlocked and opened the bottom cabinet door, where the narcotics were stored. MT proceeded to crush pills, then poured the contents into a pill cup. MT wheeled client #2 into the hallway, were a small medication table, with an adaptive device was located, so that client #3 could assist in pouring his medicine into 8 ounces of liquid.	W 382			

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

PRINTED: 10/31/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2019
NAME OF PROVIDER OR SUPPLIER SANDRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539		
(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 382	Continued From page 3 When MT walked into the hallway at 5:07 pm, the opened cabinet was no longer in his line of sight and the surveyor remained inside of the medication room. MT walked back into the room afterwards and brought client #3 into the room and administered his medications via the G-tube. During an interview with nurse A on 10/23/19 at 7:50 am, revealed that when giving narcotics, the cabinet should be locked after dispensing and/or whenever it's out of sight, especially if someone else is in the room. During an interview with the director of nursing (DON) on 10/23/19 at 8:44 am, he shared that narcotics should be kept double locked unless under supervision. When the MT had to leave the med room, the expectation is for the MT to lock the cabinet and ask the surveyor to step out of the room.	W 382			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure that staff did not cross contaminate foods and medications when providing care to 3 of 6 audit clients (#2, #5 and #6). The findings are: Staff did not exercise universal precautions after their hands came into contact with contaminated surfaces.	W 454			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2019
NAME OF PROVIDER OR SUPPLIER SANDRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539		
(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 454	<p>Continued From page 4</p> <p>a. During lunch observations of the day program at the pre-vocational center on 10/22/19 at 11:35 am, client #5 sat at the table and reached for a plastic bag with two cookies and cubed pieces of white bread. Client #3 emptied the bread onto the table and took one cookie out and began to eat it. Staff A returned from the bathroom, after assisted Staff B with transferring client #6. Staff was not observed washing her hands after she opened the bathroom door and walked to the table. Staff A picked up the bread pieces and put them back in the plastic bag with her bare hands. Staff A next took client #6 by the hand and walked him to the microwave, in another room, to reheat his lunch. Client #6 and Staff A walked up and down the hall, holding onto client #6's hand, until he was ready to return to the table. Staff A left the room, and returned with a thermometer and checked the temperature of client #6's ravioli. Afterwards, Staff A used her bare hands, to remove a cookie from the plastic bag and placed it on client #6's plate.</p> <p>b. During medication administration observation at Sandridge 3 on 10/22/19 at 5:00 pm, medication technician (MT) was removing pills from blister packs, into a pill cup for client #2. When removing the pill Klonopin 0.5 mg, it landed on the table's surface. MT was observed to pick up the pill, with his bare hands and place in the pill cup. The pill was crushed along with the other pills and given to client #2 via G-tube.</p> <p>c. During breakfast observations at Sandridge 4 on 10/23/19 at 7:15 am, Staff C was responsible for preparing breakfast. During the course of the preparation, Staff C was observed to wash her hands after touching a trash can, but used her bare hands, to open the microwave door and</p>	W 454			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2019
NAME OF PROVIDER OR SUPPLIER SANDRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539		
(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 454	<p>Continued From page 5</p> <p>operate the keypad to reheat the scrambled eggs and pancakes for two plates. Afterwards, Staff C placed a bowl of eggs into the blender and touched the lid and handle of the blender with her bare hands. Staff C was not observed washing her hands in advance of peeling bananas for the client and removing the banana from the peel, with unclean hands.</p> <p>Review of the facility's undated handwashing policy outlining infection control @ work recommended that staff should perform clean activities before dirty activities and wash hands before and after eating and using the bathroom.</p> <p>Interview with qualified independent disabilities professional (QIDP) on 10/23/19 at 7:30 am, revealed that she expected staff to wash their hands in between tasks and when soiled.</p> <p>During an interview with nurse A on 10/23/19 at 7:45 am, revealed that any time a pill falls outside of, it should be disposed of, then replaced.</p> <p>During an interview with the director of nursing (DON) on 10/23/19 at 8:44 am, he shared that any time a pill lands outside of a cup, it has become contaminated and must be sequestered to the side, then disposed. A fresh pill is then taken from the pack to replace it. He also commented that staff should never touch a pill with their bare hand; staff must wear gloves to touch a pill.</p>	W 454			