

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

PRINTED: 11/14/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/13/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEE FOREST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1209 PELLHAM DR LAURINBURG, NC 28352</b>
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(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
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 adaptive equipment. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>Client #5 was not prompted to use his adaptive spoon during medication administration.</p> <p>During morning medication administration in the home on 11/13/19 at 9:37am, client #5 used a plastic spoon to consume his pills.</p> <p>During an interview on 11/13/19, Staff C confirmed client #5 should have used his adaptive spoon.</p> <p>Review on 11/13/19 of client #5's physician orders dated 10/1/19 stated, "maroon spoon at...med pass."</p> <p>During an interview on 11/13/19, the facility's nurse confirmed client #5 should have used his</p>	W 249		
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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 249	Continued From page 1 maroon spoon during medication administration.	W 249			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1)  The facility must hold evacuation drills under varied conditions.  This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview, the facility failed to ensure fire evacuation drills were conducted at varied times. This affected all clients residing in the home. The finding is:  Fire drills on third shift were not conducted at varied times.  Review of fire drill reports on 11/12/19 revealed the following:  Four fire drills were conducted on third shift: 12:40am, 12:30am, 12:15am and 1:39am.  During an interview on 11/12/19, the qualified intellectual disabilities professional (QIDP) confirmed the fire drills conducted on third shift were not varied. Further interview revealed the hours for third shift are 10:30pm until 7am and 11pm until 8am.	W 441			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by:	W 460			

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W 460	<p>Continued From page 2</p> <p>Based on observations, document/record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#5) received his specially-prescribed diet as indicated. The finding is:</p> <p>Client #5's diet was not followed.</p> <p>1. During dinner observations in the home on 11/12/19 at 6:15pm, client #5 consumed his dinner which consisted of a boneless pork chop, black bean vegetable mixture and 1 slice of whole wheat bread. Further observations revealed the boneless pork chop cut into penny sized pieces, the bean mixture was served regular; without any modifications and the bread was cut into bite size pieces.</p> <p>During an interview on 11/12/19, Staff A confirmed client #5's food should be in a ground consistency. Further interview revealed client #5 had a previous choking episode.</p> <p>Review on 11/12/19 of the home's Prevent Choking Hazards located on the refrigerator in the kitchen stated, "Ground food should be about the size of a grain of rice."</p> <p>Review on 11/12/19 of client #5's individual program plan (IPP) dated 7/23/19 revealed, "...Ground Consistency...."</p> <p>Review on 11/13/19 of client #5's physician orders dated 10/1/19 indicated his diet is a ground consistency.</p> <p>Review on 11/13/19 of client #5's choking risk assessment dated 5/14/19 revealed, "coughing while eating, talking with found in mouth, previous</p>	W 460			

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W 460	<p>Continued From page 3 choking incident and modified diet; Ground consistency."</p> <p>Review on 11/13/19 of client #5's medical evaluation dated 7/5/19 revealed, "...Ground Consistency."</p> <p>Review on 11/13/19 of client #5's nutritional evaluation dated 4/5/19 stated, "...ground...."</p> <p>During an interview on 11/13/19, the facility's nurse confirmed client #5's diet consistency is ground.</p> <p>2. Client #5's liquids were not nectar thick consistency.</p> <p>a. During afternoon observations at the day program on 11/12/19 at 12:14pm, Staff B poured an undetermined amount from a eight ounce bottle of Gatorade into a glass and then added one scoop of Thick It. Further observations revealed client #5 drinking the mixture. Staff B then at 12:16pm poured the remainder of the Gatorade into the glass and added in one scoop of Thick It and client #5 drinking it. Additional observations revealed the two glasses of the mixture was a watery consistency.</p> <p>During an interview on 11/13/19, Staff B asked the surveyor was it the correct amount, when asked about how many scoops of Thick It should be added to client #5's liquids.</p> <p>b. During morning medication administration in the home on 11/13/19 at 9:08am, Staff C poured client #5's Lactulose into a cup, then poured in a undetermined amount of water to mixture, then added two scoops of Thick It. Further</p>	W 460			

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W 460	<p>Continued From page 4</p> <p>observations revealed at 9:21am, Staff C adding more water of an undetermined amount. At 9:37am, client #5 drank the mixture. Additional observations revealed the mixture was a "honey" like consistency.</p> <p>During an interview on 11/13/19, Staff C denied not using a measuring cup to measure the water for client #5's water.</p> <p>Review of a document on the medication administration door states, "Thick It Use 2 Large Scoops for 8 ounces of liquids."</p> <p>Review on 11/12/19 of client #5's individual program plan (IPP) dated 7/23/19 revealed, "...Nectar Thick Liquids...."</p> <p>Review on 11/13/19 of client #5's physician orders dated 10/1/19 indicated his liquids are Nectar Thick.</p> <p>During an interview on 11/13/19, the facility's nurse confirmed client #5's liquids should be nectar thick.</p>	W 460			