

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

PRINTED: 11/20/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/19/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1503 KIMBERLY ROAD NEW BERN, NC 28562</b>		
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W 125	<p><b>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</b></p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#5) had the right to be treated with dignity regarding his urinary incontinence. The findings is:</p> <p>Client #5 was not afforded the right to dignity.</p> <p>Upon arrival in the home on 11/19/19 at 6:10am, client #5 was seated in his wheelchair. At this time, the seat of client #5's wheelchair had an towel positioned over it. The towel was visible to anyone in the area as the edges of the towel extended from the back of the chair. The towel remained on the seat of the client's wheelchair throughout the morning.</p> <p>Interview on 11/19/19 with Staff D revealed the towel was positioned over the wheelchair seat just in case client #5 has a toileting accident in his wheelchair. Additional interview indicated he does not have an extra seat cover for his wheelchair.</p> <p>Review on 11/19/19 of client #5's Individual Program Plan (IPP) dated 6/5/19 revealed, "[Client #5] wears adult diapers. Supports must maintain [Client #5's] skin integrity by keeping him dry. He is on a 2 hour toileting schedule."</p>	W 125			

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 125	Continued From page 1 Interview on 11/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 does not have extra covers for his wheelchair seat; however, the towel should not have been put in place in case of a toileting accident. Additional interview confirmed client #5 is on a toileting schedule of every 2 hours and staff should be following his schedule as indicated.	W 125			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  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.  This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 3 audit clients (#2, #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of program implementation. The findings are:  1. Client #2's desensitization guidelines were not followed during mealtimes.  During observations on 11/18/19 at the day program, client #2 was observed to eat his lunch using his fingers. His utensils were placed on his	W 249			

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W 249	<p>Continued From page 2</p> <p>lap tray beside his lunch. Client #2 was not prompted to use his utensils while eating.</p> <p>Additional observations on 11/18/19 in the home revealed client #2 eating his dinner. He was observed sitting in his wheelchair at the table. His utensils were positioned on the placemat beside his plate. Client #2 was not prompted to use his utensils while eating.</p> <p>Additional observations on 11/19/19 in the home revealed client #2 eating his breakfast. He was seated in his wheelchair at the table and his utensils were placed on the placemat beside his plate. Client #2 was not prompted to use his utensils while eating.</p> <p>Review on 11/18/19 of client #2's IPP dated 7/9/19 revealed "[Client #2] likes to eat his food with his fingers. [Client #2] is offered utensils but he will refuse to use them. He doesn't like assistance from staff when he is eating. He has a desensitization guidelines in place to help him use his utensils"</p> <p>Further review on 11/19/19 of client #2's record revealed desensitization guidelines dated 5/20/19. These guidelines state that "[Client #2] will be given a verbal prompt prior to eating to pick up his utensil. He should be encouraged to hold his utensil and feed himself during dining. If he does not comply after three verbal prompts, he will be verbally and physically assisted as needed to finish his meals."</p> <p>Interview on 11/19/19 with Staff B revealed that client #2 has guidelines to use when eating. Staff B stated that prior to eating, staff should verbally prompt client #2 to pick up his utensils and he</p>	W 249			

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W 249	<p>Continued From page 3 should be encouraged to use them while eating.</p> <p>Interview on 11/19/19 with the qualified intellectual disabilities professional (QIDP) revealed that client #2 has desensitization guidelines in place to help with using utensils during meals even though he prefers to eat with his fingers. The QIDP confirmed that the desensitization guidelines are current and staff should be following them during each mealtime.</p> <p>2. Client #5's objective to wash his hands was not integrated into his daily routine.</p> <p>During observations in the home throughout the survey on 11/18 - 11/19/19, client #5 repeatedly and consistently placed his fingers in his mouth and drooled onto his hands. Periodically, the client was assisted to clean his hands with hand sanitizer. Client #5 was not observed to be prompted or assisted to the bathroom to wash his hands.</p> <p>Interview on 11/19/19 with Staff A revealed client #5 has an objective to wash his hands.</p> <p>Review on 11/18/19 of client #5's IPP dated 6/5/19 revealed an objective to wash his hands prior to meals with no more than 2 physical prompts of assistance 3 times a day with 100% accuracy.</p> <p>Interview on 11/19/19 with the QIDP indicated hand sanitizer is not meant to replace hand washing and client #5 should be assisted to wash his hands with soap and water.</p> <p>3. Client #5's objective to retrieve his spouted cup from the counter was not integrated into his daily routine.</p>	W 249			

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W 249	Continued From page 4  During observations in the home throughout the survey on 11/18 - 11/19/19, various staff prepared client #5's drinks in his adaptive cups while in the kitchen. The staff routinely placed the cups on table for meals or placed the drinks into client #5's hand. Client #5 was not observed to retrieve his cups from the kitchen counter.  Interview on 11/19/19 with Staff A revealed client #5 has an objective to pick up his cups from the kitchen counter.  Review on 11/18/19 of client #5's IPP dated 6/5/19 revealed an objective to retrieve his spouted cup from the counter once staff has make his drink with no more than 5 verbal prompts with 100% accuracy.  Interview on 11/19/19 with the QIDP confirmed the objective was current and should have been integrated into client #5's routine.	W 249			
W 263	<b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a restrictive Behavior Support Program (BSP) was only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#5). The findings is:	W 263			

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W 263	Continued From page 5  The restrictive BSP for client #5 did not include a written informed consent.  Review on 11/18/19 of client #5's record revealed a BSP last reviewed 5/13/19. The BSP addressed self-injurious behavior and also included the use of Benadryl to address the client's sleep issues. Additional review of the record did not include a current written informed consent for the BSP.  Interview on 11/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 ingests Benadryl for sleep. The QIDP acknowledged there was not a written informed consent for the use of Benadryl as part of the client's current BSP.	W 263			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a technique to manage client #3's inappropriate behavior was included in an active treatment program. This affected 1 of 3 audit clients. The finding is:  Medications to address client #3's inappropriate behavior were not included in a formal active treatment program.	W 288			

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W 288	Continued From page 6 Review on 11/18/19 of client #3's Behavior Support Plan (BSP) dated 3/31/19 revealed an objective to exhibit 4 or less tantrum behaviors per month for 12 calendar months. Additional review of the plan identified the use of Zoloft and Latuda to address behaviors. Further review of client #3's current BSP consent form and physician's orders dated 8/22/19 included orders for Risperdal and Atarax. The BSP did not include the use of Risperdal and Atarax to address client #3's behaviors.  Interview on 11/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's BSP should also include the use of Risperdal and Atarax to address his behaviors.	W 288			
W 369	<b>DRUG ADMINISTRATION</b> 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 interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 3 clients (#5) observed receiving medications. The finding is:  Client #5 did not receive all medications as ordered.  During observations of medication administration in the home on 11/19/19 at 8:14am, client #5 ingested Keppra and Depakote. The Medication	W 369			

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W 369	Continued From page 7 Technician (MT) also attempted to administer a nasal spray, however, client #5 became resistive and consistently turned his head. After several attempts, the MT indicated she would try to administer the nasal spray later that morning. Client #5 then left the area. Client #5 was not observed to receive the nasal spray.  Interview on 11/19/19 with the MT indicated client #5 does not usually resist his nasal spray.  Review on 11/19/19 of client #5's physician's orders dated 8/22/19 revealed an order for Saline Nasal spray .65%, use 1 spray in each nostril twice a day at 8:00am and 8:00pm.	W 369			
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: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#2, #5) received their modified diets as indicated. The findings are:  1. Client #5 did not receive his specially modified diet consistency as indicated.  During breakfast observations in the home on	W 460			



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W 460	<p>Continued From page 8</p> <p>11/19/19 at 7:50am, client #5 consumed sausage patties, a Pop tart and a slice of toast. While the sausages and Pop tart were in bite-size pieces, the slice of toast was cut in half.</p> <p>Interview on 11/19/19 with Staff A revealed client #5's food should be in bite-size pieces.</p> <p>Review on 11/19/19 of client #5's Individual Program Plan (IPP) dated 6/5/19 revealed, "[Client #5] is on a regular diet with chopped food into bite size pieces..."</p> <p>Interview on 11/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5's food should be cut into bite-size pieces.</p> <p>2. Client #2 did not receive his specially modified diet consistency as indicated.</p> <p>During breakfast observations in the home on 11/19/19 at 7:50am, client #2 consumed two sausage patties, a pop-tart and a slice of toast. The sausage was pop-tart were modified and cut into bite size pieces, while the slice of toast was cut in half. Client #2 was observed to eat the two half pieces of toast stacked one on top of the other.</p> <p>Review on 11/18/19 of client #2's IPP, dated 7/9/19, revealed "[Client #2] is on a regular diet, double portions, bite sized pieces prior to serving."</p> <p>Interview on 11/19/19 with the QIDP and home manager revealed that client #2's toast should have been cut into four pieces to be the same</p>	W 460			

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W 460	Continued From page 9 bite size consistency as his other food.	W 460			