

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/12/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILO DRIVE FACILITY-CHAPEL HILL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 SILO DRIVE CHAPEL HILL, NC 27514</b>		
(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 242	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the team failed to ensure the individual program plan (IPP) for 1 of 6 sampled clients (#3) included objective training to address observed needs relative to privacy. The findings are:</p> <p>The IPP for client #3 failed to include objective training relative to personal privacy while using the bathroom.</p> <p>During morning observations on 12/12/19 at 7:00am client #3 walked out of his bedroom in a t-shirt and shorts, walked into the bathroom and toileted with the door open. During this time the qualified intellectual disabilities professional (QIDP) was giving medications, another direct care staff was assisting with the care of another client and the second direct care staff was in the dining room assisting with breakfast. Client #3 never turned the light on and exited the bathroom without washing his hands.</p> <p>Review on 12/12/19 of client #3's IPP dated 11/25/19 revealed he currently has no objective training in the area of observing privacy during</p>	W 242			
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

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W 242	Continued From page 1 self care.  Review on 12/12/19 of a list of integrative activities dated 2014 revealed client #3 will frequently leave the door open when going to the bathroom. Further review indicated support staff should use the least restrictive prompt to remind him to close the door.  Interview on 12/12/19 with direct care staff D revealed client #3 should be given frequent verbal cues to close the bathroom door as he will frequently enter the bathroom to toilet and not close the door or wash his hands.  Interview on 12/12/19 with the qualified intellectual disabilities professional revealed client #3 does not currently have training in the area of observing privacy. Additional interview confirmed staff need to provide consistent cueing to client #3 to close the door when dressing or toileting.	W 242			