

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

PRINTED: 01/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G217</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>12/18/2019</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CATES STREET ICF/MR</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>306 CATES STREET<br/>ROXBORO, NC 27573</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 249  | <p><b>PROGRAM IMPLEMENTATION</b><br/>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:<br/>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 (#3). The finding is:</p> <p>Client #3 was not provided a roll towel under chin during meals.</p> <p>During all meal observations in the home on 12/17-18/19, client #3 consumed all his meal with staff assistance with his chin leaning on the right side of the chest. Staff kept trying to reposition the client to upright position.</p> <p>Review on 12/18/19 of client #3's IPP date revealed dietary adaptive equipment."..... [client #3] should sit as upright as possible. A rolled towel can be used under chin if necessary."</p> <p>During an interview on 12/18/19, Staff C confirmed client #3 should be supported to upright position during meal.</p> | W 249   |   |                      |   |

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  | W 249   |   |                      |   |
| W 369  | <p>During an interview on 12/18/19, the (QIDP) confirmed client #3 should have used a rolled towel under chin to support him to upright position as possible.</p> <p><b>DRUG ADMINISTRATION</b><br/>CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observations, record reviews and interviews, the facility failed to ensure all medications were administered without error. This affected 2 of 3 clients (#2, #4) observed receiving medications. The findings are:</p> <ol style="list-style-type: none"> <li>Client #2's medications were not administered as ordered.</li> </ol> <p>During observations of medication administration in the home on 12/17/19 at 5:10pm, Staff B assisted client #2 to ingest Tamsulosin, Multivitamin, Finasteride, Docusate, Senexon and Metroprolol. The client was not observed to receive any other medications at this time.</p> <p>Review on 12/17/19 of client #2's physician's orders dated 9/18/19 revealed orders for artificial tear, instill one drop to both eyes three times a day try when the patient is lying down at 7:30am, 2:00pm and 8:00pm.</p> <p>Interview on 12/17/19 with the Staff B confirmed client #2 did not receive eye drops at 2:00pm</p> | W 369   |   |                      |   |

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| W 369  | <p>Continued From page 2 med pass.</p> <p>Interview on 12/17/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 should have received eye drop at the 2:00pm med pass.</p> <p>2. Client #3's medications were not administered as ordered.</p> <p>During observations of medication administration in the home on 12/18/19 at 7:17am, Staff B assisted client #3 to ingest Nabumetone along with 8 more medication. The client had the medication with a scoop of chocolate pudding. Further observations at the home at 7:45am, client #2 was seated at the table having breakfast with the peers.</p> <p>Review on 12/18/19 of client #3's physician's orders dated 9/18/19 revealed orders for Nabumetone 500mg, take 1 tablet by mouth with food or immediately after meal.</p> <p>Interview on 12/18/19 with Staff B confirmed client #3 did not receive Nabumetone with food.</p> <p>Interview on 12/17/19 with the facility's nurse (via phone) and the QIDP confirmed client #3 should have Nabumetone with food or after meal.</p> | W 369   |   |                      |   |