

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

PRINTED: 01/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G352	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/14/2020
NAME OF PROVIDER OR SUPPLIER HILLTOP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2820 KIDD ROAD RALEIGH, NC 27610		
(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 111	<p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the content of client #14's record was accurate regarding the use of eyeglasses. This affected 1 of 5 audit clients. The finding is:</p> <p>Client #14's Individual Program Plan (IPP) did not include accurate and updated information.</p> <p>During observations throughout the survey on 1/13 - 1/14/20, client #14 did not wear eyeglasses.</p> <p>Review on 1/13/20 of client #14's IPP dated 3/8/19 revealed, "[Client #14] is not cooperative with wearing her glasses, therefore, she has worn them very little...Use glasses as tolerated..."</p> <p>Interview on 1/14/20 with Staff A revealed two clients in the home wear eyeglasses on a daily basis, however, client #14 does not wear eyeglasses. Additional interview with the Home Manager also indicated client #14 does not wear eyeglasses.</p> <p>Interview on 1/14/20 with Qualified Intellectual Disabilities Professional (QIDP) confirmed client #14 does not own eyeglasses, currently does not wear eyeglasses and has not worn them for several years. The QIDP acknowledged the IPP</p>	W 111			

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 111	Continued From page 1	W 111			
W 249	<p>was not accurate regarding eyeglasses for client #14.</p> <p>PROGRAM IMPLEMENTATION 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 observations, interviews and record reviews, the facility failed to ensure 2 of 5 audit clients (#9, #18) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of feeding guidelines. The finding is:</p> <p>Client #9 and client #18's mealtime guidelines were not followed.</p> <p>a. During observations in the home on 1/13/20 from 4:29pm to 4:44pm, client #9 was observed to be eating dinner. Staff B was observed to feed client #9 throughout the meal. At 4:30pm, client #9 reached up to grab his spoon, but Staff B pulled the spoon back and away from client #9 and pushed his hand down, then proceeded to place the spoon in client #9's mouth. At no time throughout the observation was client #9 allowed to use his spoon to assist with feeding himself.</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>During observations in the home on 1/14/20 from 8:16am to 8:25am, client #9 was observed to be eating breakfast. He was assisted by the Resident Manager (RM) . Throughout the observations, the RM was observed to allow client #9 to grab the spoon from midline, and using hand-over-hand assistance, would put the spoon in client #9's mouth to eat. After each time that client #9 ate, the RM would allow client #9 time to hand his spoon back to her. The RM would also provide client #9 with hand-over-hand assistance with wiping his mouth. In addition, the RM would tell client #9 what the food was before each bite, such as "[Client #9], let's try your sausage and gravy."</p> <p>Review on 1/14/20 of client #9's IPP dated 10/14/19 revealed a training objective that states "After bringing a loaded spoon to his mouth with hand-over-hand assistance, [Client #9] will remove spoon and hand to staff without dropping it to the floor."</p> <p>Review on 1/14/20 of client #9's record revealed feeding guidelines updated 1/10/20. These guidelines state:</p> <ol style="list-style-type: none"> 1. Staff are to offer food with verbal cues such as "do you want more ___?" 2. Bites should be offered at midline. 3. Client #9 should be encouraged to self-feed and wipe his own mouth. 4. Client #9 should be allowed to hold his spoon for bites throughout his meal with hand-over-hand assistance and have the opportunity to remove the spoon from his mouth." <p>Interview on 1/14/20 with the facility occupational therapist (OT) revealed that client #9 will grab his</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>spoon to try to feed himself. The OT revealed that staff should not be feeding client #9 without allowing him to participate but should be providing him hand-over-hand assistance. The OT stated that the feeding guidelines for client #9 are provided at each of the three meals he receives and the expectation is staff are to review those guidelines before beginning to feed and assist client #9.</p> <p>Interview on 1/14/20 with the qualified intellectual disabilities professional (QIDP) revealed client #9 is supported during meals with feeding guidelines. Staff should be providing client #9 with verbal cues and should never push his hand down or away. Client #9 should be fed from midline and staff should be offering him opportunities to feed himself. The QIDP revealed that the feeding guidelines are provided at each meal for client #9 and staff should be following the guidelines.</p> <p>b. During observations in the home on 1/13/20 from 11:49am to 12:27pm, client #18 was observed to be eating lunch. The facility speech therapist was assisting him. Throughout the meal, the speech therapist was observed to scoop food onto the spoon, place the spoon into midline view of client #18, then allow client #18 to grab the spoon, put it in his mouth, and providing verbal prompts for client #18 to release the spoon.</p> <p>Additional observations in the home on 1/13/20 from 4:30pm to 4:55pm, client #18 was at the table with Staff C eating his dinner. Throughout the observation, Staff C was observed to feed client #18. At 4:35pm, Staff C put a spoonful of food into client #18's mouth. Client #18 grabbed</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>the spoon and Staff C was observed to pull his hand away and pull the spoon out of his mouth. From 4:47pm to 4:49pm, client #18 grabbed for the spoon when Staff C put it in his mouth but both times Staff C pulled his hand away. At no time throughout the observation was client #18 allowed to use his spoon to assist with feeding himself.</p> <p>During observations in the home on 1/14/20 from 8:20am to 8:43am, client #18 was sitting at the table with Staff D. Staff D was feeding client #18 and did not offer the spoon to him. At 8:22am, client #18 reached for his spoon but Staff D fed him. At 8:32am, client #18 reached for his spoon again but Staff D was observed to pull the spoon away from him. At 8:33am, client #18 reached for his spoon again, Staff D pushed his hand down and said "No, no, you might get your hand dirty." At no time throughout the observation was client #18 allowed to use his spoon to assist with feeding himself.</p> <p>Review on 1/13/20 of client #18's IPP dated 6/19/19 revealed client #18 is supported with a training objective that states "[Client #18] will independently hand spoon back to caregiver after he removes the spoon from his mouth."</p> <p>Review of client #18's record revealed client #18 is supported with feeding guidelines. These guidelines state:</p> <ol style="list-style-type: none"> 1. Client #18 should be allowed to reach for his spoon and bring it to his mouth and remove it independently. 2. Hand-over-hand assistance may be required. 3. Staff should not hold his hand but allow client #18 to hold staff hands if he chooses. 	W 249			

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W 249	<p>Continued From page 5</p> <p>Interview on 1/14/20 with the facility OT revealed that when eating, staff should allow client #18 to grab his spoon and hand it back to them and he currently has a training goal to work on this. The OT revealed that client #18 is supported with feeding guidelines. These guidelines are sent with each of client #18's meals and staff should be reviewing these guidelines before assisting client #18 at each meal.</p> <p>Interview on 1/14/20 with the QIDP revealed that client #18 does have feeding guidelines in place that should be followed at each meal. The QIDP confirmed the guidelines come with each meal and that client #18 should have been offered the spoon while eating.</p>	W 249			