DEPARTMENT OF HEALTH AND HUMAN SERVICES
PRINTED: 11/14/2019 FORM APPROVED
FORM CMS-2567(02- 99) Previous Versions Obsolete Event ID:4RCC11 Facility ID: 94533 9 If continuation sheet
Page 1 of
CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0 938-03 91

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G283	A. BUILDING B. WING	11/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROTTERS BLUFF	912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27 540

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W 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure outside services met the needs of 1 of 3 audit clients (#6). The finding is: A copy of client #6's current Individual Program Plan (IPP) and Behavior Support Plan (BSP) was not available at the day program work site. Review on 11/12/1 9 of documents at the day program revealed an IPP for client #6 dated 3/15/17 and a BSP dated July 2018. Additional review on 11/12/1 9 of client #6's record revealed an IPP dated 10/31/1 9 and a BSP dated 9/26/1 9. Interview on 11/12/1 9 with the day program supervisor revealed client #6's current IPP/BSP had not been provided by the facility. Interview on 11/13/1 9 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the day program should have current copies of each client's IPP/BSP.	W 120	The facility will ensure that updated information is provided to the day program work site. For Client #6, the QP will provide a copy of the IPP dated 10/31/19 and the BSP dated 9/26/19. The QP will verify with the Outside day program Supervisor the status of IPP and BSP documents for all applicable clients from the facility. As necessary, the QP will provide updated documents to the outside day program for all clients. QP and/or Director will verify quarterly through contact with the outside service the status of current IPP and BSP documents. DHSR-Mental Health DEC 0 2 2019 Lic. & Cert. Section	12/13/19 12/13/19
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) 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.	W 125		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonya Buckle QP 11·26·19
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 including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #1 had the right to a legally sanctioned decision maker. This affected 1 of 3 audit clients. The finding is: Client #1 was not afforded the right to legal guardianship. Review on 11/12/1 9 of client #1's record revealed he was his own guardian. Additional review of the client's record identified a Behavior Support Plan (BSP) dated 9/1/1 9. The BSP identified an obJective to exhibit 1 or fewer challenging behaviors per month for 11 consecutive months and included the use of Geodon. Additional review of client #1's Psychological Evaluation dated 7/20/1 9 revealed, "[Client #1's] responses to the WAIS-IV suggested he was functioning toward the upper boundary of the Moderate Intellectual Developmental Disability range of intelligence. He earned the following scores: Verbal Comprehension = 56 (Percentile = .2), Perceptual Reasoning = 56 (Percentile =.2), Working Memory = 50 (Percentile = < .1), Processing Speed = 53 (Percentile = .1), and Full Scale IQ = 48 (Percentile = < .1). Test Scores were consistent with interview impressions." Additional review of the evaluation noted, "It is this Psychologist's opinion that [Client #1] would benefit from I.C.F./I.D.D. level of care. [Client #1] appears to have deficits in the following areas: self care, learning, self direction, and the capacity for independent living." Further review of the Individual Program Plan	W 125	The facility will ensure that each client has legal representation as determined by their capacity or lack thereof to exercise their rights. For Client #1, the QP will coordinate with the mother to petition the clerk of court to request a hearing for adjudication of incompetence and guardianship appointment. A copy of the petition and notice of hearing will be maintained in the client's record. The QP will document the status of the guardianship on a monthly basis. The QP will ensure that legal representation is secured for all clients if needed -upon admission.	1/13/19 1/13/19 1/13/19

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W 125	Continued From page 2 (IPP) dated 9/16/1 9 noted, "Legal status: Incompetent adult" and included a diagnosis of Autism Disorder and Moderate Intellectual Disability. The IPP revealed needs to improve privacy skills, toileting skills, grooming skills, dressing skills, eating skills, clothing care skills, meal prep skills and housekeeping skills. The plan also indicated needs to increase his awareness of safety concerns and to learn to express his rights independently. Review of the record indicated client #1 had signed consent forms for Release of Information, anti-psychotic medication (Geodon), PPD test, Flu shot, Notification of Rights, Acknowledgement of Voluntary Agreement for Service, Delivery and Notification of Human Rights and Acknowledgement and Consent for Specialized Activities. Interview on 11/12/1 9 with client #1 revealed he could not express what his rights were. When asked what medicines he takes, he replied, "Geodon." When asked why he takes the medication Geodon, the client replied, "Sleep" and pointed to his bed. Interview on 11/13/1 9 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #1 is smart; however, the team agrees that he needs a legal guardian and his mother is in the process of completing the paper work to become his guardian.	W 125		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable	W 252		

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W 252	Continued From page 3 terms. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all data relative to objective criteria specified in the Individual Program Plan (IPP) was documented in measurable terms. This affected 1 of 3 audit clients (#6). The finding is: Client #6's obJective data was not collected as indicated for 3 of 6 obJectives. Review on 11/12/1 9 of client #6's obJective training book revealed obJectives to purchase items for $5 or less from the store with 100% verbal prompts or less for 10 consecutive review periods (implemented 11/1/1 9), to follow the laundry routine with 100% independent responses or 10 consecutive review periods (implemented 11/1/1 9) and to walk 30 minutes daily inside or outside with 100% correct responses for 8 consecutive review periods (implemented 11/1/1 9). Additional review of obJective data for the obJectives indicated no data collection for 11/1/1 9 -11/12/1 9. Further review of the obJectives noted the following regarding data collection/documentation: Purchase items "Data will be collected once a week during 2nd shift or weekend routine during community outings."	W 252	The facility will ensure that staff complete documentation relative to objectives in accordance with each client's IPP. For Client #6, the program manager will in-service all staff on data collection relative to all his training objectives. The program manager will monitor in the home weekly to review status of all clients' training objectives to ensure continued compliance. The QP will monitor in the home weekly as well to ensure documentation of all training objectives per each client's IPP.	1/13/19 1/13/19 1/13/19

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W 252		W 252		
	Continued From page 4 Laundry routine "Staff will document the appropriate client response for each step and the complete training session." Walking "Data will be collected 5 times a week (M - F) during 2nd shift before or after the dinner meal."			
W 263	Interview on 11/13/1 9 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed data for each obJective should be collected as indicated in the program. PROGRAM MONITORING & CHANGE 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 3 of 3 audit clients (#1 #4 #6). The findings are: The restrictive BSP for 3 of 3 clients did not include a current written informed consent. a. Review on 11/12/1 9 of client #1's record revealed a BSP dated 9/1/1 9. The BSP addressed inappropriate sexual behavior and	W 263	The facility will ensure that written informed consent is secured for all clients with behavior support plans incorporating the use of psychoactive medications and/or other restrictions. For Clients #1, #4 and #6 the QP will secure written informed consent from the guardian on the behavior support plans (BSP) noted. The QP will review all clients' BSPs as applicable to ensure written informed consent to the behavior support plan to include use of psychoactive medications. QP and/or ICF Director will monitor monthly to ensure compliance.	1/13/19 1/13/19 1/13/19

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W 263	Continued From page 5 making false allegations/false statements. Additional review of the plan identified the use of Geodon. Further review of the record did not include a written informed consent for the BSP. a. Review on 11/12/1 9 of client #4's record revealed a BSP dated 9/23/1 9. The BSP addressed aggression, property destruction, self-inJurious behavior, severe disruption and refusing to exit the van. Additional review of the BSP identified the use of Abilify, Amantadine, Risperdal, Valium, Geodon, Latuda, Clonidine and Clonazepam. Further review of the record revealed the guardian had signed a consent for the BSP dated 10/27/17. The record did not include a current written informed consent signed by the guardian. b. Review on 11/12/1 9 of client #6's record revealed a BSP dated 9/26/1 9. The BSP addressed aggression, property destruction, inappropriate verbalizations and taking food/beverages. Additional review of the BSP identified the use of Abilify and Kapvay. Further review of the record revealed the guardian had signed a consent for the BSP dated 6/26/18. The consent also indicated an expiration date of 6/26/1 9 and noted, "I understand that this consent is valid for a period not to exceed 12 months..." The record did not include a current written informed consent signed by the guardian. Interview on 11/13/1 9 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current written informed consent had been obtained for clients #1, #4 and #6.	W 263		
W 36 9	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)	W 369		

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W 36 9	Continued From page 6 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 2 clients (#4) observed receiving medications. The finding is: Client #4 did not receive all medications as ordered. During observations of medication administration in the home on 11/13/1 9 at 7:4 9am, client #4 ingested Clonidine, Folic Acid, Latuda, Loratidine and Losartin/HCTZ. During this time, the client was not observed to receive any other medications or treatments. Review on 11/13/1 9 of client #4's physician's orders dated 8/1 - 11/30/1 9 revealed an order for Nasonex 50mcg, 2 sprays in each nostril once daily at 8am. The orders also indicated the client should receive a blood sugar check at 8:00am. Interview on 11/13/1 9 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the orders for Nasonex spray and blood sugar checks were current and should have been completed at the 8:00am med pass. MEAL SERVICES CFR(s): 483.480(b)(2)(ii)	W 369	The facility will ensure that medications and testing are administered to all clients without error per physician's orders to include but not limited to Nasal spray and glucose testing. For Client # 4 the QP will provide in-service training to all staff on administration of medications. Staff will be instructed to administer all medications and confirm through a crosswalk of the MAR during each medication pass. Program Manager and /or QP will monitor the medication pass weekly in the home to ensure continued compliance.	1/13/19 1/13/19 1/13/19
W 473	Food must be served at appropriate temperature.	W 473		

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W 473	Continued From page 7 This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure food was served at an appropriate temperature. This affected all clients residing in the home. The finding is: Food was not served within 15 minutes of removal from it's heating source. During morning observations in the home on 11/13/1 9 at 6:2 9am, scrambled eggs were removed from the frying pan, placed in a bowl and covered with Syran wrap. Staff G then placed the eggs in the microwave. At 6:50am, waffles were removed from the oven, placed on a plate and covered with Syran wrap. Staff G then placed the waffles in the microwave. At 7:33am, clients began serving themselves and eating the eggs and waffles. The food items were not reheated and the temperature was not taken. Interview on 11/13/1 9 with Staff G revealed they have been told to serve food within 15 minutes after removal from the stove or refrigerator. When asked at what temperature the food should be served, the staff indicated they did not know. Review on 11/13/1 9 of the menu book located in the kitchen of the home revealed, "All hot food and beverages must be held at 140 or higher. All cold food and liquids must be held at 40 or lower. Once items taken from heat keeping and/or cold keeping devices they must be served within 15 minutes or reheated to 165, then served." Interview on 11/13/1 9 with the Qualified	W 473	The facility will ensure that all food is maintained at appropriate temperatures and served within 15 minutes or less to individuals. The Program Manager and QP will provide in-service training to all staff on the appropriate temperatures for hot and cold food items. The staff will be instructed to maintain food and liquids at appropriate temperatures and present the food or liquids to the individuals for consumption with 15 minutes or less. The Program Manager and QP will monitor breakfast and dinner meals in the home weekly to ensure continued compliance.	1/13/19 1/13/19 1/13/19

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W 473	Continued From page 8 Intellectual Disabilities Professional (QIDP) confirmed the breakfast food items should have been reheated before being served.	W 473		