

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

PRINTED: 01/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/24/2020
NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF			STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		
(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 000	INITIAL COMMENTS	W 000			
{W 120}	<p>A revisit was conducted on 1/24/20 for all previous deficiencies cited on 11/13/19. Two of the deficiencies were recited and no new area of noncompliance was found. The facility remains out of compliance.</p> <p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>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 2 of 3 audit clients (#1, #6). The finding is:</p> <p>A copy of each client's (#1, #6) current Individual Program Plan (IPP) was not available at the day program work site.</p> <p>Review on 1/24/20 of documents at the day program revealed an IPP for client #6 dated 3/15/17 and an IPP for client #1 dated 6/22/17.</p> <p>Review on 1/24/20 of client #1's record revealed an IPP dated 6/22/19 and client #6's record revealed an IPP dated 10/31/19.</p> <p>Interview on 1/24/20 with the day program supervisor revealed a copy of client #1's and client #6's most current IPP had not been provided by the facility.</p> <p>Interview on 1/24/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the</p>	{W 120}			

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 120}	Continued From page 1	{W 120}			
{W 263}	<p>day program should have current copies of each client's IPP.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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.</p> <p>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, #3, #6). The findings are:</p> <p>The restrictive BSP for 3 of 3 clients did not include a current written informed consent.</p> <p>a. Review on 1/24/20 of client #1's record revealed a BSP dated 8/21/19. The BSP addressed aggression, property destruction, self-injurious behavior, severe disruption, inappropriate sexual behavior and threats to harm himself. Additional review of the plan included the use of Latuda and Neurontin. Further review of the record did not include a current written informed consent for the BSP.</p> <p>b. Review on 1/24/20 of client #3's record revealed a BSP dated 9/1/19. The BSP addressed inappropriate sexual behavior and making false allegations/false statements. Additional review of the plan identified the use of Geodon. Further review of the record did not</p>	{W 263}			

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{W 263}	Continued From page 2 include a written informed consent for the BSP. c. Review on 1/24/20 of client #6's record revealed a BSP dated 9/26/19. The BSP addressed aggression, property destruction, inappropriate verbalizations and taking food/beverages. Additional review of the BSP identified the use of Abilify and Kapvay. The record did not include a current written informed consent signed by the guardian. Interview on 1/24/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current written informed consent had been obtained for clients #1, #3 and #6.	{W 263}			