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

PRINTED: 10/31/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
		34G172	D. WING		1	0/23/19
SANDRI	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 199 CINNAMON DRIVE HUBERT, NC 28539		0/20/13
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE
W 154	violations are thorough This STANDARD is in Based on record reviet failed to investigate received (eating inedibles). The audit clients (#3). The Review on 10/23/19 of swallow function study "Caregivers who are with sevaluation noted by mouth) during this review of the record reabout PICA. Interview on 10/23/19 intellectual disability poshe was unaware of the stated she went straige.	e evidence that all alleged ally investigated. oot met as evidenced by: ew and interview the facility exported incidents of PICA is potentially affected 1 of 6 inding is: of a videofluoroscopic y dated 1/8/19 revealed, with him today report he ne of which is not edible." that he was "npo" (nothing time of 2019. Further evealed no information with the qualified rofessional (QIDP) revealed he report of PICA. She ht to the findings of the econfirmed this incident of	W 154	The facility will ensure that viola investigated to include but not listinations or circumstances of clauch as alleged PICA. QDDP will provide follow-up does the specific incident in question. The QP will convene a team me #3, to discuss potential unsafe to QP will document details of team and actions to address unsafe be Client #3 to include implementat supervision and safeguards as a QA will monitor incident reporting occurrences or reports of unsafe behaviors to ensure continued continue	mited to lient self-harm cumentation for by 11/15/19. eting for Client behaviors. The assessment ehaviors for ion of appropriate.	12/23/2019
W 259	assessment of each cl the interdisciplinary tea updated as needed. This STANDARD is no Based on observations	comprehensive functional ient must be reviewed by am for relevancy and	W 259	DHSR - Ment N0V 1 4 Lic. & Cert.	2019	
LABORATO	DRY DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	QDDP will complete addendum to regarding changes in food texture	by 11/15/19.	(X6) DATE

FORM CMS-2567 (02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID: 57XV11

Facility ID: 952537

If continuation sheet Page 1 of 6 PRINTED: 10/31/2019

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED B. WING 34G172 10/23/19 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE SANDRIDGE HUBERT, NC 28539 (X4) ID PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 12/23/2019 W 259 Continued From page 1 W 259 audit clients (#6) comprehensive functional For Client #6, the QDDP will complete assessment (CFA) was updated after a significant addendum to IPP regarding changes in food change in diet. The finding is: texture by 11/15/19. Client #6's diet was downgraded from ground to pureed due to aspiration risks. During lunch observations at the day program on 10/22/19 at 11:55 am client #6 was fed ravioli, three bean salad and cookies in a pureed texture by Staff B. During a review of client 6's individual personal plan (IPP) on 10/23/19, dated on 3/8/19, revealed that he was on a regular pureed diet and nectar thickened liquids. Client #6 was noted to independently eat finger foods. Comments from the occupational therapist suggested that client #6 was eating finger foods and would have a future swallow study. An additional review on 10/22/19 found a Nutritional Evaluation dated 7/16/19 that reflected that client #6 was on a regular pureed diet due to a history of aspirated pneumonia. An interview with the resident manager (RM) B on 10/23/19 at 7:45 am, revealed that client #6 was hospitalized during February 2019 and had a swallow study conducted. The recommendation of the study led to client #6's diet changing from ground to pureed texture. During an interview with the qualified independent disabilities professional (QIDP) B and nurse B on 10/23/19 at 9:27 am revealed that client #6 was last hospitalized in July 2019 for aspirated pneumonia, Sepsis, fever, a gastrointestinal bleed, vomiting and an urinary tract infection. The team had a CORE meeting on 7/23/19 and it was LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

FORM CMS-2567 (02-99) Previous Versions Obsolete

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FORM APPROVED 38-0391

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	FORM APPROMB NO. 093		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURV

ΈY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDI	A. BUILDING B. WING		COMPLETED	
	34G172		D. WING		10	0/23/19	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 259	Continued From page recommended that his pureed. On 7/29/19, I ground to pureed diet that the 7/16/19 nutrit that the diet had char prior to 7/29/19 but she the original order. QID she did not complete reflect the change in the DRUG STORAGE AND CFR(s): 483.460(I)(2). The facility must keep locked except when be administration. This STANDARD is no Based on observation facility failed to ensure remained locked, except administered, for 1 of in Sandridge 3. The fill Surveyor permitted to with unlocked cabinet while medication technology administerin During observation of at Sandridge 3 on 10/2 unlocked and opened where the narcotics we to crush pills, then pour cup. MT wheeled client a small medication tab was located, so that clients.	s diet be changed to nis orders changed from L QIDP also acknowledged ional evaluation, suggested aged to pureed for client #6 ne did not know the date of DP further confirmed that an addendum to the CFA to the diet. ID RECORDKEEPING all drugs and biologicals eing prepared for ot met as evidenced by: s and staff interviews, the e that all medications ept while being 3 audit clients (#2) residing ndings is: remain in medication room, door opened to narcotics, nician (MT) stood at g medication. medication administration 22/19 at 4:52 pm , the MT the bottom cabinet door, ere stored. MT proceeded ared the contents into a pill at #2 into the hallway, were alle, with an adaptive device ient #3 could assist in	W 259	Director of Nursing will conduct an in- on the proper storage of medication technicians will be in-serviced on 11/2 Nursing staff will audit multiple medication technicians will be in-serviced on 11/2 Nursing staff will audit multiple medication passes twice monthly in the Sandridge Home for a period of 90 days to assur Medication Technicians are adhering policies as clarified. Audits should be to observe different Medication passes to the standards are being adhered to. A be completed by the assigned home in each area and/or the LPN Nurse-In-Cl The Medication Pass audits will be sol	e in food cleints to status to diet. conduct ensure service and the ons and consument to the rotated icians. mum of a consument of a consument to the rotated icians. mum of a consument of a consument to the rotated icians.	12/23/19	
	a small medication tab	le, with an adaptive device ient #3 could assist in		each area and/or the LPN Nurse-In-Cl	narge. neduled audited		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING _ **IDENTIFICATION NUMBER:** COMPLETED B. WING 34G172 10/23/19 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE SANDRIDGE HUBERT, NC 28539 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 12/23/2019 W 382 Continued From page 3 W 382 Director of Nursing will conduct an in-service When MT walked into the hallway at 5:07 pm, the on the proper storage of medications and the opened cabinet was no longer in his line of sight polices regarding security of medications and and the surveyor remained inside of the the medication room. All medication medication room. MT walked back into the room technicians will be in-serviced on 11/20/2019. afterwards and brought client #3 into the room and administered his medications via the G-tube. Nursing staff will audit multiple medication passes twice monthly in the Sandridge 3 During an interview with nurse A on 10/23/19 at Home for a period of 90 days to assure that 7:50 am, revealed that when giving narcotics, the Medication Technicians are adhering to the cabinet should be locked after dispensing and/or policies as clarified. Audits should be rotated whenever it's out of sight, especially if someone to observe different Medication Technicians. else is in the room. All Carobell homes will receive a minimum of a During an interview with the director of nursing quarterly audit of medication passes to assure (DON) on 10/23/19 at 8:44 am, he shared that the standards are being adhered to. Audits will narcotics should be kept double locked unless be completed by the assigned home nurse for under supervision. When the MT had to leave the each area and/or the LPN Nurse-In-Charge. med room, the expectation is for the MT to lock The Medication Pass audits will be scheduled the cabinet and ask the surveyor to step out of so that each Medication Technician is audited the room. for a medication pass at least annually to address the security of medications. W 454 INFECTION CONTROL W 454 CFR(s): 483.470(l)(1) The Director of Nursing will provide and inservice on Infection Control to Sandridge 3 The facility must provide a sanitary environment Direct Services Staff on: Hand washing and/or to avoid sources and transmission of infections. sanitizing hands. (To include the appropriate technique, times, and frequency.) Glove usage This STANDARD is not met as evidenced by: and bare hand contact with medication(s) Based on observations, record review and staff and/or foods policies. For a total period of 90 interviews, the facility failed to ensure that staff days after the date of the in-service. The did not cross contaminate foods and medications Sandridge 3 Home Manager or designee will when providing care to 3 of 6 audit clients (#2, #5 conduct observations/audits daily for 30 days. and #6). The findings are: then weekly for 30 days, then bi-monthly for 30 days to promote that proper sanitation Staff did not exercise universal precautions after

their hands came into contact with contaminated

surfaces

home.

Control.

standards are always followed within the

All Carobell Staff will continue to receive an Annual Infection Control in-service/review provided by the Nursing Dept. to assure they are consistently aware of the standards. Each staff working in direct care will also sign an attestation form that they have received the required training and understand the concepts of Blood Borne Pathogens and Infection

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(X5)

COMPLETION

DATE

12/23/2019

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 34G172 10/23/19

NAME OF PROVIDER OR SUPPLIER

(X4) ID

PRÉFIX

TAG

SANDRIDGE

R SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539
SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION

PREFIX

TAG

W 454

W 454 Continued From page 4

a. During lunch observations of the day program at the pre-vocational center on 10/22/19 at 11:35 am, client #5 sat at the table and reached for a plastic bag with two cookies and cubed pieces of white bread. Client #3 emptied the bread onto the table and took one cookie out and began to eat it. Staff A returned from the bathroom, after assisted Staff B with transferring client #6. Staff was not observed washing her hands after she opened the bathroom door and walked to the table. Staff A picked up the bread pieces and put them back in the plastic bag with her bare hands. Staff A next took client #6 by the hand and walked him to the microwave, in another room, to reheat his lunch. Client #6 and Staff A walked up and down the hall, holding onto client #6's hand, until he was ready to return to the table. Staff A left the room, and returned with a thermometer and checked the temperature of client #6's ravioli. Afterwards, Staff A used her bare hands, to remove a cookie from the plastic bag and placed it on client #6's plate.

(EACH DEFICIENCY MUST BE PRECEEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

- b. During medication administration observation at Sandridge 3 on 10/22/19 at 5:00 pm, medication technician (MT) was removing pills from blister packs, into a pill cup for client #2. When removing the pill Klonopin 0.5 mg, it landed on the table's surface. MT was observed to pick up the pill, with his bare hands and place in the pill cup. The pill was crushed along with the other pills and given to client #2 via G-tube.
- c. During breakfast observations at Sandridge 4 on 10/23/19 at 7:15 am, Staff C was responsible for preparing breakfast. During the course of the preparation, Staff C was observed to wash her hands after touching a trash can, but used her bare hands, to open the microwave door and

The Director of Nursing will provide and inservice on Infection Control to Sandridge 3 Direct Services Staff on: Hand washing and/or sanitizing hands. (To include the appropriate technique, times, and frequency.) Glove usage and bare hand contact with medication(s) and/or foods policies. For a total period of 90 days after the date of the in-service, The Sandridge 3 Home Manager or designee will conduct observations/audits daily for 30 days, then weekly for 30 days, then bi-monthly for 30 days to promote that proper sanitation standards are always followed within the home.

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

All Carobell Staff will continue to receive an Annual Infection Control in-service/review provided by the Nursing Dept. to assure they are consistently aware of the standards. Each staff working in direct care will also sign an attestation form that they have received the required training and understand the concepts of Blood Borne Pathogens and Infection Control.

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CAROBELL, INC. EMPOWERING INDIVIDUALS TO REACH THEIR FULLEST POTENTIAL



November 7, 2019

ICF/IDD Eastern Region Leader Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

To whom it may concern,

Thank you for your recent survey of our Sandridge facilities. Enclosed you will find our corrective action plan. We trust that it will meet with your requirements. If you need further information, please contact us at (910)326-7600.

Sincerely,

Mary Butts

Director of Programing

Carobell, Inc.

Enclosed:

Corrective Action Plan

DHSR - Mental Health

NOV 1 4 2019

Lic. & Cert. Section