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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/19
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NAME OF PROVIDER OR SUPPLIER SANDRIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539
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(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 259	<p>Continued From page 1 audit clients (#6) comprehensive functional assessment (CFA) was updated after a significant change in diet. The finding is:</p> <p>Client #6's diet was downgraded from ground to pureed due to aspiration risks.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	W 259	<p>For Client #6, the QDDP will complete addendum to IPP regarding changes in food texture by 11/15/19.</p>	12/23/2019

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W 382	<p>Continued From page 3</p> <p>When MT walked into the hallway at 5:07 pm, the opened cabinet was no longer in his line of sight and the surveyor remained inside of the medication room. MT walked back into the room afterwards and brought client #3 into the room and administered his medications via the G-tube.</p> <p>During an interview with nurse A on 10/23/19 at 7:50 am, revealed that when giving narcotics, the cabinet should be locked after dispensing and/or whenever it's out of sight, especially if someone else is in the room.</p> <p>During an interview with the director of nursing (DON) on 10/23/19 at 8:44 am, he shared that narcotics should be kept double locked unless under supervision. When the MT had to leave the med room, the expectation is for the MT to lock the cabinet and ask the surveyor to step out of the room.</p>	W 382	<p>Director of Nursing will conduct an in-service on the proper storage of medications and the polices regarding security of medications and the medication room. All medication technicians will be in-serviced on 11/20/2019.</p> <p>Nursing staff will audit multiple medication passes twice monthly in the Sandridge 3 Home for a period of 90 days to assure that Medication Technicians are adhering to the policies as clarified. Audits should be rotated to observe different Medication Technicians.</p> <p>All Carobell homes will receive a minimum of a quarterly audit of medication passes to assure the standards are being adhered to. Audits will be completed by the assigned home nurse for each area and/or the LPN Nurse-In-Charge. The Medication Pass audits will be scheduled so that each Medication Technician is audited for a medication pass at least annually to address the security of medications.</p>	12/23/2019
W 454	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure that staff did not cross contaminate foods and medications when providing care to 3 of 6 audit clients (#2, #5 and #6). The findings are:</p> <p>Staff did not exercise universal precautions after their hands came into contact with contaminated surfaces</p>	W 454	<p>The Director of Nursing will provide and in-service 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.</p> <p>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.</p>	

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

Event ID: 57XV11

Facility ID: 952537

If continuation sheet Page 4 of 6

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W 454	<p>Continued From page 4</p> <p>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.</p> <p>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.</p> <p>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</p>	W 454	<p>The Director of Nursing will provide and in-service 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.</p> <p>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.</p>	12/23/2019

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W 454	<p>Continued From page 5</p> <p>operate the keypad to reheat the scrambled eggs and pancakes for two plates. Afterwards, Staff C placed a bowl of eggs into the blender and touched the lid and handle of the blender with her bare hands. Staff C was not observed washing her hands in advance of peeling bananas for the client and removing the banana from the peel, with unclean hands.</p> <p>Review of the facility's undated handwashing policy outlining infection control @ work recommended that staff should perform clean activities before dirty activities and wash hands before and after eating and using the bathroom.</p> <p>Interview with qualified independent disabilities professional (QIDP) on 10/23/19 at 7:30 am, revealed that she expected staff to wash their hands in between tasks and when soiled.</p> <p>During an interview with nurse A on 10/23/19 at 7:45 am, revealed that any time a pill falls outside of, it should be disposed of, then replaced.</p> <p>During an interview with the director of nursing (DON) on 10/23/19 at 8:44 am, he shared that any time a pill lands outside of a cup, it has become contaminated and must be sequestered to the side, then disposed. A fresh pill is then taken from the pack to replace it. He also commented that staff should never touch a pill with their bare hand; staff must wear gloves to touch a pill.</p>	W 454	<p>The Director of Nursing will provide and in-service 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.</p> <p>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.</p>	12/30/2019

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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 14 2019

Lic. & Cert. Section