

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

PRINTED: 10/11/2019
FORM APPROVED
OMB NO. 0938-0391


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2019
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NAME OF PROVIDER OR SUPPLIER YADKIN II & III	STREET ADDRESS, CITY, STATE, ZIP CODE 3220 & 3224 US HWY 21 HAMPTONVILLE, NC 27020
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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
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W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure staff were trained to perform their duties effectively related to assuring client privacy during medication administration for two non-sampled clients (#3 and #5). The findings are:</p> <p>Observations in the group home on 10/9/19 at 6:40 AM revealed staff A prompting client #3 to the medication room located next to the dining area for a blood sugar test. Staff A gave the client a choice to leave the medication room door open or closed, and the client chose to leave the door open. Continued observations during the blood sugar test revealed client #1 sitting directly outside the medication room and looking into the medication room. Client #2 was observed to walk past the medication room, stop, and look into the medication room. Staff A could be overheard telling client #3 the result of his blood sugar test.</p> <p>Further observations on 10/9/19 at 7:41 AM revealed staff B prompting client #3 to the medication room to receive his morning medications. Staff B gave the client a choice to leave the medication room door open or closed, and the client chose to leave the door open. Continued observations during the medication administration revealed staff B could be overheard asking client #3 if he had a bowel</p>	W 189	<p>W 189: QP will in-service Staff in the homes regarding appropriate measures for privacy during medication administration. QP will ensure Staff understand that "Right to Privacy" does not include giving a choice to have the door to the medication closet remain open or be closed. Medications must be administered behind closed doors for privacy (unless it is explicitly discussed in the individual's PCP).</p> <p>The Clinical Team will complete 2 medication administration assessments per week, ensuring Staff adhere to this measure. If, after time, any individual in the home exhibits non-compliance with having the door closed, QP will work with the Habilitation Specialist to implement a formal program to train that individual. If unsuccessful in training, and the individual is persistent in having the door open during medication administration, his/her plan will be written to include this information. The QP will ensure this.</p> <p>This will be completed by 12/7/2019.</p> <p>Going forward, Staff will be trained on this measure during medication administration training to ensure proper procedures for maintaining the privacy of all individuals receiving services are followed.</p>	12/7/2019
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Black Mountain / WRO	(X6) DATE 10/25/19
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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 189	<p>Continued From page 1</p> <p>movement earlier, and describing the medications being administered. Client #5 was observed to be at the dining table eating breakfast during client #3's medication administration, and client #1 was observed walking past the door and looking into the medication room.</p> <p>Further observations at 8:00 AM, revealed staff B prompting client #5 to the medication room to receive his morning medications. Staff B gave the client a choice to leave the medication room door open or closed, and the client chose to leave the door open. Continued observations during the medication administration revealed staff B could be overheard describing medications to client #5. Client #1 was observed sweeping the dining area floor directly outside the medication room and was observed looking into the medication room.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) and the facility nurse on 10/9/19 confirmed that staff do offer all clients in the home the choice of leaving the medication room door open. Continued interview with the QIDP and the nurse did not reveal evidence that either client #3 or client #5 had any safety or behavioral reasons for leaving the medication door open during medication administration, treatments or obtaining vital signs. The facility nurse confirmed client's #3 and #5 should be provided privacy during medication administration, treatments and while obtaining vital signs.</p>	W 189		
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