

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

PRINTED: 02/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2020
NAME OF PROVIDER OR SUPPLIER SHERWOOD PARK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 126 ROBINHOOD LANE ABERDEEN, NC 28315		
(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 125	<p>A revisit was conducted on 1/24/2020 for deficiencies cited on 11/18 - 11/19. All deficiencies have not been corrected. The facility is not in compliance with all regulations surveyed. A complaint survey was also completed for intake NC00159990. Deficiencies were cited.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>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, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure that client #12 had a legal guardian. This affected 1 of 11 clients. The finding is:</p> <p>Client #12 had no documentation of legal guardianship.</p> <p>Review of client #12's chart on 1/24/2020 revealed guardianship has not been established. Further review revealed client #12 has a behavior support plan (BSP) and his behavior medications include: Ativan, Thorazine, Divalproex, Risperdal and Zoloft.</p> <p>During an interview on 1/24/2020, the qualified intellectual disabilities professional (QIDP) stated client #12's sister had expressed an interest in becoming the guardian. Further interview revealed the guardianship paperwork was filled out, but client #12's sister did not show up at the</p>	W 125			

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 125	Continued From page 1 court house for the hearing. The QIDP revealed she did make an attempt to contact client #12's sister, but was not successful.	W 125			
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 11 audit clients (#7) transfer in-service guidelines was conducted by a qualified intellectual disabilities professional (QIDP). The finding is: Client #7's transfer in-service guidelines was not conducted by the QIDP. Review on 1/24/2020 of investigation summary dated 12/17/19 stated, "All staff at the Sherwood Park home receive in-service on use of Hoyer lift and which slings are best to meet [Client #7's] needs and the others in the home."	W 159			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	W 436			

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W 436	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #9's wheelchair was repaired and client #7 received a recommended wheelchair, this affected 2 of 11 audit clients. The findings are:</p> <p>A. Client #9's wheelchair is in need of repair.</p> <p>During observations on the follow up survey on 1/24/2020 client # 9's right foot rest on his wheelchair was torn. Further observations revealed the cushion inside of the foot rest was visible and hanging out.</p> <p>During an interview on 1/24/2020, the qualified intellectual disabilities professional (QIDP) revealed the physical therapist (PT) came out to see client #9's wheelchair and to see what repairs need to be done. Further interview revealed there was no note written by either PT or the QIDP describing what repairs need to be done.</p> <p>B. Client #7's wheelchair has not been replaced.</p> <p>During observations in the home during the follow up survey on 1/24/20 at 8:45 am, client #7's wheelchair was in the hallway, outside of his room and had noticeable wear and tear on the upper cushion.</p> <p>Review on 1/24/20 of the Notice of Decisions of Initial Request for Medical Services letter, 12/31/19 indicated that an adult size manual wheelchair with positioning accessories had been denied. The reason for the denial was due to the address used on the application implied that</p>	W 436			

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W 436	Continued From page 3 client #7 resided in a skilled nursing setting and not in the community. The facility had the option to file an appeal within 30 days of the denial but had not filed an appeal. During an interview on 1/24/20 with Staff H, she indicated that client #7 had used the same chair for the last two months and was not aware of any new equipment. During an interview on 1/24/20 with the QIDP, she indicated that the occupational therapist had submitted the application for new durable medical equipment. They have not filed an appeal because they still needed to get the code changed for the level of care with the department of social services (DSS). They have contacted the DSS worker already.	W 436			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to prevent cross contamination. The findings are: The facility's corridors, in the residential area, had streaks of brown liquid matter on the floors. During observations on 1/24/20 on the follow up survey in the home, from 8:45 am until 12:00 pm, the three hallways in the residential area, were soiled. There were a pattern of linear tracks from the bathrooms to the main hallway and to the	W 454			

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W 454	<p>Continued From page 4</p> <p>activity room entrance hall, with wet brown liquids drops. All staff were observed to use the hallways to conduct various tasks. On the main hall, sat two small portable clothes hampers. The floor remained soiled until the qualified intellectual disabilities professional (QIDP) was shown the area by the surveyor.</p> <p>Review on 1/24/20 of the facility's in-service training on transporting soiled linens to the laundry room dated 11/21/19 mentioned that soiled linens should be transported from the rooms using covered containers. In addition, a review on 1/24/20 of an in-service on 11/21/19 for cleaning soiled surfaces, instructed staff to clean and disinfect all soiled areas with a diluted solution of bleach.</p> <p>During an interview on 1/24/20 with the QIDP revealed that she had not noticed the brown streaks on the floors in the hallways. When asked what she thought the source of the stains were, she suggested maybe a nutritional drink had spilled in the plastic bags, used to stored soiled linen. As the QIDP inspected the floors, the resident manager (RM) walked by and commented that it "looks like poop."</p> <p>During an interview on 1/24/20 with the RM she stated that normally she has not encountered a problem with the staff dragging bags of soiled linen to the laundry room. When she noticed the stains this morning, when the QIDP inspected the floor, she went to get a mop to clean the soiled areas.</p>	W 454			