

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

PRINTED: 01/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2020
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NAME OF PROVIDER OR SUPPLIER CREEKSIDE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 723 HILLS FARM STREET LENOIR, NC 28645
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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 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 of 3 sampled clients (#2) relative to staff training in the use of adaptive equipment. The finding is:</p> <p>Observations at the day program on 1/13/20 from 12:30 to 12:45 PM revealed client #2 wearing a gait belt and staff I to provide standby assistance as the client ambulated between activity rooms. Further observations at the group home on 1/13/19 from 4:00 PM to 5:30 PM revealed client #2 was not wearing a gait belt. The client was observed at 4:20 PM ambulating without standby assistance from the living area to the bedroom. At 5:10 PM, client #2 was observed ambulating to the bedroom from the kitchen area without staff providing standby assistance. Continued observations on 1/14/20 from 6:25 AM to 8:30 AM revealed client #2 wearing a gait belt, and staff members providing standby assistance as the client ambulated around the home for morning activities.</p> <p>Review of the record for client #2 on 1/14/20 revealed an individual service plan (ISP) dated 4/5/19. Documentation within the ISP indicated that guidelines for staff supervision and gait belt use had been implemented to enhance gait safety. Further review of the ISP revealed a physical therapy evaluation update dated 4/3/19, which included a recommendation to continue</p>	W 331		
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DHSR - Mental Health
FEB 05 2020
Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kersti Berry AP</i>	TITLE <i>2020</i>	(X6) DATE
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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 331	Continued From page 1 gait safety guidelines. Continued review of the ISP revealed Gait Safety Guidelines which indicated the guidelines had been implemented to improve safety and prevent falls. The guidelines included client #2 wearing a gait belt when up and walking and staff providing standby assistance when the client is walking so the gait belt could be used if the client appears unsteady. Interview with the facility nurse on 1/14/20 confirmed the gait safety guidelines for client #2 were current. Continued interview with the facility nurse confirmed staff members should have assured that client #2 was wearing the gait belt at all times, and should have been providing standby assistance in case the client became unsteady.	W 331			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure all drugs and biologicals were kept locked except when being prepared for administration. The finding is: Observations in the group home on 1/14/20 at 6:41 AM revealed staff F to go from the medication administration room to the kitchen and then back to the medication administration room. The door to the medication room was left open for a total of 10 to 15 seconds during this period of time. A caddy containing multiple	W 382			

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W 382	Continued From page 2 medication bubble packs was clearly visible from the doorway. Client #5 was observed to be alone in the living area adjacent to the medication room at that time. Further observations at 7:10 AM again revealed staff F to go from the medication administration room to the kitchen and back to the medication administration room for a total of 10 to 15 seconds. A caddy containing multiple medication bubble packs was clearly visible from the doorway.	W 382			
W 460	Interview with the facility nurse on 1/14/20 confirmed that medications should never be left unlocked without staff being present during preparation for medication administration. FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a specifically prescribed diet for 1 of 3 sampled clients (#1). The finding is: Observations in the group home on 1/13/20 at 5:40 PM revealed client #1 to be seated at the dining table and to be assisted by staff C and staff D with plating food items. The food items included a uncut piece of cornbread, bite size sausage pieces, bite sized oven fried potatoes and greens. Further observations revealed client #1 to eat the uncut piece of cornbread in two bites, and swallow all of it within 30 to 45	W 460			

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W 460	<p>Continued From page 3</p> <p>seconds. Staff C and staff D did not see the client eat the cornbread as they were assisting other clients at the time.</p> <p>Review of the record for client #1 on 1/14/20 revealed an individual service plan (ISP) dated 2/6/19. The ISP included a physician order dated 12/11/19 for a regular, chopped, double servings diet. Interview with the nurse and the qualified intellectual disabilities professional on 1/14/20 confirmed the regular, chopped diet was current, and client #1 should not have been served a whole piece of cornbread.</p>	W 460		
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W 331

3-14-2020

Staff will be inserviced on all recommendations and guidelines for Physical Therapy at Creekside, including Physical therapy guidelines for client #2. The training will occur at the next scheduled house meeting and will be monitored by the QP, Habilitation Aide and or designee through direct observations at least weekly.

W382

3-14-2020

The Interdisciplinary team will inservice staff on the policy for Medication Administration Requirements P-010 and will ensure staff are trained on medication administration for all individuals residing at Creekside. Training will include locking all medications except when medication is being prepared for administration. This will be monitored by the QP and/or designee at least weekly through direct observation and medication monitorings.

W460

The Interdisciplinary Team will ensure staff are trained on all diets including consistency of the diet for all individuals residing at Creekside, including individual #1. This training will take place at the next scheduled house meeting. Diet Consistency will be monitored during observation at least weekly by the QP and/or designee.

Kristi Berry
1-28-2020