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W 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure outside services met the needs of 1 of 3 audit clients (#1). The finding is: A copy of client #1's current Individual Program Plan (IPP) and Behavior Support Guidelines was not available at the day program work site. Review on 2/18/20 of documents at the day program revealed an IPP for client #1 dated 1/25/19 and no behavior guidelines. Additional review on 2/18/20 of client #1's record revealed an IPP dated 1/9/20 and behavior guidelines dated 12/16/19. Interview on 2/18/20 with the day program supervisor revealed client #1's current IPP/BSP had been requested through an email sent on 12/19/19; however, no documents had been provided by the facility as of today. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the day program should have current copies of each client's IPP/BSP.	W 120		
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage	W 125		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 125	Continued From page 1 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#1) had the right to be treated with dignity regarding her urinary incontinence. The findings is: Client #1 was not afforded the right to dignity. During observations in the home on 2/18/20 at 8:50am, client #1 was seated in her wheelchair. At this time, the seat of the wheelchair had a large incontinence pad positioned over it. The pad was visible to anyone in the area as the edges of the padding extended from the back of the chair and off the sides. The incontinence pad remained on the seat of the client's wheelchair throughout the morning, at the day program, during evening observations in the home and at a local restaurant for dinner. During observations in the home on 2/19/20 at 6:48am, client #1 was again seated in her wheelchair with a large incontinence pad positioned across the seat of her chair. At 9:08am, client #1 left the home for transport to the day program while the pad remained in place. Interview on 2/18/20 with Staff B revealed the incontinence pad was positioned over the wheelchair seat just in case client #1 "urinates" while seated in her wheelchair. Additional interview indicated the pad would keep her wheelchair seat from getting wet.	W 125		

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W 125	Continued From page 2 Review on 2/19/20 of client #1's Community/Home Life Assessment dated 1/18/19 revealed she is "dependent" on staff for her toileting needs. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff have been asked not to place incontinence pads on the seats of client's wheelchairs. The QIDP acknowledged this is a dignity issue which should not occur.	W 125		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) 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. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to perform their duties effectively. The finding is: The Medication Technician (MT) was not sufficiently trained regarding hand washing and proper glove use. During evening observations in the home on 2/18/20 from 4:15pm - 4:30pm, the MT completed medication administration tasks for two clients. During this time, the MT did not wash her hands or utilize gloves. The staff was observed to place pills in her bare hands after punching them and then place them in a cup. During morning observations in the home on	W 189		

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W 189	Continued From page 3 2/19/20 at 7:40am, the MT wore latex gloves while completing various tasks during medication administration. During this time, the MT touched various objects in the area including a chair, a table, a keyboard, door knobs, and keys. The gloves were not changed between these tasks. Interview on 2/18/20 with the MT (Staff B) revealed she usually wears gloves during medication administration; however, she had forgotten to pick up some. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the MT's have been trained to wear gloves as needed; however, proper hand washing should take place during medication administration.	W 189		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 3 audit clients (#1, #3, #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of	W 249		

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W 249	Continued From page 4 meal preparation, family style dining, self-help skills, medication administration, mealtime guidelines and adaptive equipment use. The findings are: A. Clients were not encouraged to participate with meal preparation tasks. During morning observations in the home on 2/18/20 at 8:33am, Staff B cooked the breakfast meal including pancakes, sausage and fruit without the participation of clients. During this time, clients either sat waiting at the table or sat in the living area. Interview on 2/18/20 with Staff B revealed clients did not participate with cooking tasks. Review on 2/19/20 of client #4's Community/Home Life Assessment (CHLA) dated 5/23/19 revealed needs in the meal preparation. Review on 2/19/20 of client #3's CHLA dated 1/22/19 revealed he can assist with using measuring, mixing spoons, a toaster, microwave, stove/oven, and a coffee maker with physical assistance. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should be involved with meal preparation tasks. B. Clients were not prompted to participate with family style dining. During observations in the home on 2/18/20 at 8:40am, Staff B prepared plates of food in the kitchen and brought the plates to each client at the table for the breakfast meal. Client's drinks	W 249		

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W 249	Continued From page 5 were poured for them as well. Clients were not prompted or assisted to participate with serving themselves or pouring their own drinks. Review on 2/19/20 of client #3's CHLA dated 1/22/19 revealed he eats family style with a verbal cue. Review on 2/19/20 of client #4's CHLA dated 5/23/19 indicated he eats family style with physical assistance. Interview on 2/19/20 with the QIDP confirmed all clients should prompted and assisted to participate with family style dining tasks. C. Clients (#1, #4) were not prompted to participate with the administration of their medications as indicated. During observations of medication administration in the home on 2/18/20 at 4:15pm, client #4 entered the medication area for his afternoon medications. During this time, the Medication Technician (MT) completed all tasks including obtaining medications, punching pills, pouring water, feeding medications to the client and throwing away trash. Client #4 participated by coming into the medication area and swallowing his medications. During observations of medication administration in the home on 2/18/20 at 4:25pm, client #1 was assisted to the medication area for her afternoon medications. During this time, the MT completed all tasks including obtaining medications, punching pills, pouring water, feeding medications to the client and throwing away trash. Client #1 participated with the medication pass by	W 249		

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W 249	Continued From page 6 swallowing her pills. Interview on 2/18/20 with the MT (Staff B) revealed clients do not have training objectives for medication administration. The MT indicated client #4 needs to be fed his medication to make sure he swallows his pills. Additional interview indicated client #1 frequently has behaviors during the administration of her medications. Review on 2/18/20 of client #4's record revealed an objective to administer his medications according to task analysis with 35% assistance for 6 consecutive months. Additional review of the objective identified steps to pour his liquids, take his medications and throw away his trash. Review on 2/18/20 of client #1's IPP dated 1/9/20 revealed an objective to take her medication with assistance according to task analysis with 30% accuracy for 6 consecutive months. The objective indicated steps to take her medication and throw away trash. Interview on 2/19/20 with the QIDP confirmed client #4 can participate with the administration of his medication as indicated and does not need to be fed his pills. Additional interview indicated staff should not assume client #1 will have a behavior and should assist her to participate as well. D. Client #4's mealtime guidelines were not followed. During breakfast observations in the home on 2/18/20 at 8:45am, Staff A sat next to client #4 at the meal. As the client began eating, the staff prompted him to "slow down." Client #4 ignored	W 249		

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W 249	Continued From page 7 the prompt and continued to eat quickly. The staff then pulled his arm away from his plate causing his spoon to be removed from his food. He was again prompted to "slow down." Throughout the remainder of the meal, Staff B consistently pulled the client's arm from his plate. Client #4 did not drink his full glass of liquids until after he finished eating. During breakfast observations in the home on 2/19/20 at 8:30am, Staff A sat next to client #4 at the meal. As the client consumed his food quickly putting large spoonfuls into his mouth, the staff reached over and pressed against the spoon with their index finger preventing the spoon from moving. The staff repeated this procedure consistently throughout the meal. Interview on 2/19/20 with Staff A revealed when client #4 eats too fast they prompt him to slow down and guide his hand downward. Review on 2/19/20 of client #4's IPP dated 5/23/19 revealed Mealtime Guidelines dated May 2019. The guidelines noted, "...Remind [Client #4] not to over fill his mouth. Use cues and gentle reminders. Encourage [Client #4] to put his utensil down in between bites. Encourage liquid intake between bites of food (alternate food and drink). Only fill [Client #4's] cup half full. Encourage him to use utensils instead of his hands. Hand over hand assistance may be provided..." Interview on 2/19/20 with the QIDP confirmed client #4's mealtime guidelines were current and should continue to be followed at meals.	W 249		
W 252	PROGRAM DOCUMENTATION	W 252		

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W 252	Continued From page 8 CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all data relative to the accomplishment of objectives was documented as indicated. This affected 2 of 3 audit clients (#1, #4). The findings are: A. Client #1's Physical Therapy (PT) exercises and pressure relief/positioning program were not documented as recommended. Review on 2/19/20 of client #1's record revealed a PT annual review dated 6/6/18. The PT review included the following recommendations: "1. Continue exercise program. Staff should continue use of monthly exercise log to monitor[Client #1's] participation and response. 2. Continue positioning and pressure relief program. Staff should continue of use of monthly positioning/repositioning log to monitor schedule..." Review of client #1's objective training book did not include any documentation of PT exercises and a pressure relief/positioning program as recommended. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client	W 252		

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W 252	Continued From page 9 #1's PT exercises should have been collected as recommended. B. Client #4's objective data was not documented as indicated. Review on 2/19/20 of client #4's objective training sheets revealed programs to bathe according to task analysis with 75% independence for 12 consecutive months and to choose an activity of choice according to task analysis with 30% accuracy for 6 consecutive months. Review of his February 2020 data sheets revealed no data collection for these objectives. Additional review of client #4's objective data sheets for administering his medications according to task analysis with 35% assistance for 6 consecutive months revealed three steps to pour his liquid, take medication and throw away medication cup. Additional review of the data sheets revealed documentation for only 1 of the 3 steps during the month of February 2020. Further review of the sheet noted, "Complete all steps." Interview on 2/19/20 with the QIDP confirmed client #4's objective data should have been collected as indicated.	W 252		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.	W 263		

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W 263	Continued From page 10 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive Behavior Support Plans for 2 of 3 audit clients (#3, #4) were only conducted with the written informed consent of the legal guardian. The findings are: A. Client #3's BSP did not include written informed consent from the guardian. Review on 2/18/20 of client #3's BSP dated 1/30/19 revealed an objective to display 0 episodes of agitation per month for 12 consecutive months. The plan identified the use of Thorazine, Olanzapine, Fluvoxamine and Phenobarbital. Further review of the record did not include a current written informed consent for the BSP from his guardian. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated a written informed consent had been sent to client #3's guardian; however, it had not been returned. B. Client #4's record did not include a written informed consent from the guardian. Review on 2/18/20 of client #4's BSP dated 5/20/19 revealed objectives to display 2 or fewer episodes of elopement, disrobing, spitting, physical aggression, and property destruction per month for 12 consecutive months. The plan noted no psychotropic medications were used to address client #4's behaviors. Further review of the client's physician's orders dated 1/8/20 noted Risperdal 2mg twice a day for mental/mood disorder and Zoloft 50mg at bedtime for mood disorder. Another physician's order dated 1/10/20 revealed Clonazepam .25 BID for agitation.	W 263		

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W 263	Continued From page 11 Continued review of the client's psychological consult reports indicated the following: 7/29/19 Increase Buspar to 10mg TID 9/19/19 Add Guanfacine 1mg QHS for mood 11/4/19 Increase Guanfacine to 3mg by taking 2mg QHS and 1mg Qam Interview on 2/19/20 with the QIDP revealed no written informed consent had been obtained from the guardian.	W 263		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a technique to manage client #4's inappropriate behaviors were included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is: Medications to address client #4's behaviors were not included in an active treatment program. Review on 2/18/20 of client #4's Behavior Support Plan (BSP) dated 5/20/19 revealed objectives to display 2 or fewer episodes of elopement, disrobing, spitting, physical aggression, and property destruction per month for 12 consecutive months. The plan noted no psychotropic medications were used to address client #4's	W 288		

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W 288	Continued From page 12 behaviors. Further review of the client's physician's orders dated 1/8/20 noted Risperdal 2mg twice a day for mental/mood disorder and Zoloft 50mg at bedtime for mood disorder. Another physician's order dated 1/10/20 revealed Clonazepam .25 BID for agitation. Continued review of the client's psychological consult reports indicated the following: 7/29/19 Increase Buspar to 10mg TID 9/19/19 Add Guanfacine 1mg QHS for mood 11/4/19 Increase Guanfacine to 3mg by taking 2mg QHS and 1mg Qam Review of client #4's record did not include an active treatment program incorporating the use of medications to address inappropriate behaviors. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 takes medications to address behaviors and these medications are currently not included in a formal plan.	W 288		
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 observations and interviews, the facility failed to ensure all drugs were kept locked except when being prepared for administration. The finding is:	W 382		

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W 382	Continued From page 13 Medications were not kept locked except when being administered. During morning observations in the home on 2/18/20 from 8:10am - 9:16am, the door to the medication closet was open. Medications were accessible to anyone in the home. During evening observations in the home on 2/18/20 at 4:30pm, the Medication Technician (MT) exited the medication administration area leaving the medication closet open and a basket containing medications on the counter. During morning observations in the home on 2/19/20 at 7:40am, the MT entered the medication area with a client to prepare his medications. As the MT opened the door to the medication closet, the door was unlocked. At 7:41am, the MT exited the medication room to retrieve a pair of gloves. During this time, the door to the medication closet was left open. Interview on 2/18/20 with the MT (Staff B) revealed the medication area is usually kept locked and the key is located in a lock box by the door. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication closet should be kept locked when medications are not being dispensed for administration. The QIDP be added this was "absolutely unacceptable."	W 382		
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the	W 383		

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W 383	Continued From page 14 keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons had access to the keys to the medication storage area. The finding is: The keys to the medication area were easily accessible. During morning observations in the home on 2/19/20 from 7:03am - 7:32am, the keys to the medication storage room were on a desk in the office of the home. During this time, the Medication Technician (MT) was down the hall assisting a client in a bedroom. Interview on 2/19/20 with the MT (Staff B) revealed the keys to the medication storage area are usually secured in a box containing a combination lock. Additional interview indicated the keys should also be kept by the MT if they are not in the lock box. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the keys to the medication closet should be kept in the combination lock box when the medication closet is not in use or on the MT when they are being used for medication administration.	W 383		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel.	W 440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G351	A. BUILDING _____ B. WING _____	02/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BASS LAKE	408 BASS LAKE HOLLY SPRINGS, NC 27540

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W 440	Continued From page 15 This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire drills were completed at least quarterly for each shift. The finding is: Fire drills were not conducted at least quarterly per shift. Review of facility fire drills for February 2019 - January 2020 revealed no documented fire drills for April 2019 and June 2019. Interview on 2/16/20 with Staff B revealed no fire drill records for April 2019 and June 2019 could be located. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated he could not be sure if the fire drills had been completed.	W 440		
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 and interview, the facility failed to ensure opportunities for cross-contamination were prevented. This affected 2 of 3 audit clients (#1, #4). The finding is: The potential for cross-contamination was not prevented between two clients.	W 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G351	A. BUILDING _____ B. WING _____	02/19/2020

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W 454	Continued From page 16 During morning observations in the home on 2/19/20 at 8:52am, client #1 was seated at the table eating her breakfast. The client suddenly experienced a seizure and was removed from the table to her bedroom by two staff. Client #1's food was left on the table. At this time, client #4 began walking pass the table and the area where client #1's plate was located. Staff A observed client #4 and prompted him away from the table. After a few minutes, client #1's plate was removed to the kitchen. Client #4 continued to walk back and forth near the dining room table. After approximately 15 minutes, staff prepared to bring client #1 back to the table to finish her breakfast. Prior to her arrival into the dining area, client #1's plate of food was brought to the table and positioned at her place setting. Client #4 observed the plate of food, walked over to the table and began eating from client #1's plate. Staff A observed client #4 consuming the food and physically prompted him away from the plate, leaving the food on the table. Approximately a minute later, client #1 was brought back to her plate at the table and was assisted to began consuming her breakfast again. Although Staff A remained in the area and observed client #4 eat from the other client's plate, client #1 was still assisted to eat her breakfast even though another client had just eaten from the same plate of food. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated all staff are trained regarding potential cross-contamination and the facility has policies to address infection control. The QIDP indicated client #1 should not have been allowed to consume the food after client #4 had eaten from it.	W 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G351	A. BUILDING _____ B. WING _____	02/19/2020

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W 460	Continued From page 17	W 460		
W 460	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 ensure client #4's modified diet was followed. This affected 1 of 3 audit clients. The finding is: Client #4's altered diet was not followed at dinner. During dinner observations at a local restaurant on 2/18/20 at 5:30pm, Staff A used a spoon to break up client #4's chicken tenders. As client #4 consumed the chicken, the pieces were large, approximately the size of a silver dollar. With Staff A seated next to him, the client stuffed the large pieces of chicken into his mouth and consumed them. Review on 2/18/20 of client #4's Individual Program Plan (IPP) dated 5/23/19 revealed he consumes a regular diet with foods cut into bite size pieces. Interview on 2/19/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 consumes his food in bite size pieces. The QIDP also indicated it would be difficult to say exactly what size his food should be; however, he felt his food should resemble a nickel.	W 460		