

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

FEB 06 2020

Lic. & Cert. Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2020
NAME OF PROVIDER OR SUPPLIER ROBERT W THOMPSON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1920 WOODHAVEN DR ALBEMARLE, NC 28001		
(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 136	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(11)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the facility failed to have an effective system to assure 4 of 4 sampled clients (#1, #3, #4 and #5) and 2 non-sampled clients (#2 and #6) were provided the opportunity to participate in a variety of community integration opportunities. The finding is:</p> <p>Observation in the group home on 1/23/20 at 7:30 AM revealed all clients (#1, #2, #3, #4, #5 and #6) to have completed breakfast and to transition to various activities of leisure and morning programs with household chores, games, sorting activities and shredding. Observation at 8:30 AM revealed client #3 take a shower and prepare for transport to school. Clients #1, #2, #4, #5 and #6 continued participation in various activities of leisure, walking to the mailbox and watching television.</p> <p>Review of a group home activity calendar in the group home on 1/22/20 revealed activities scheduled for 1/2020. Further review of the monthly activity calendar revealed daily park trips and church activity on Sundays. Review of the facility van logs for the month of 9/2019, 10/2019, 11/2019, 12/2019 and 1/2020 revealed over the five month period client #5 participated in van trips to various community parks, doctor appointments, van rides to take client #3 to/from school, (1) trip to the barber shop and (1) outing</p>	W 136	<p>The team will meet to assure an effective system to ensure all clients both in the sample audit (Client #1,#3,#4 and #5) and non-sampled Clients (Client #2 and #6) are provided the opportunity to participate in a variety of community integrated activities. The team will review all clients interests and preferences per ISP plans to develop a list of interested things in the community for each client. The Q and/or manager will coordinate and monitor monthly "Things Going On Calendar" to ensure each client has an opportunity to participate in meaningful outing in their community. Staff will be inserviced to complete van logs in detail to verify community outings not limited to the park and doctor offices.</p> <p>Van logs will be monitored by the Q and/or designee on a quarterly basis. The Q and/or designee will be responsible to monitor to ensure a variety of activities are occurring for all clients on a quarterly basis for 6 months or until issue is resolved. The Chief Regulatory Officer will conduct periodic checks throughout the 6 months to determine if all clients are participating in a variety of integrated activities in their community.</p>	3-23-20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Chief Regulatory Officer 2-4-20

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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OMB NO. 0938-0391

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W 136	Continued From page 1 to a fast food restaurant. Further review of the van logs from 9/2019-1/2020 revealed community integration opportunities for clients #1, #2, #3, #4 and #6 were limited to the same findings as client #5. Interview with staff A on 1/22/20 revealed clients are often taken to local parks and she was unsure clients were allowed to go anywhere else in the community. Interview with staff B on 1/22/20 revealed clients are taken to the local parks in the community on a regular basis. Further interview with staff B revealed the staff to identify she has taken clients to the grocery store when the group home has needed something although she mostly takes clients #1, #2 and #4 as client #5 is difficult to transition and is hard to take. Interview with administration verified all clients in the group home should be provided various community integration opportunities based on individual interest and preferences. Further interview with administration verified that clients #1, #2, #3, #4, #5 and #6 have not had the opportunity to participate in various community integration opportunities as reflected in the 1/2020 group home calendar and the facility van logs from 9/2019 through the current survey date of 1/23/2020.	W 136			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.	W 227			

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W 227	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure the individual support plan (ISP) for 1 of 4 sampled clients (#5) included training to address needs relative to transitions. The finding is:</p> <p>Observation in the group home on 1/22/20 at 6:35 PM revealed client #5 to sit in the floor of the kitchen and attempt to pick up food off the floor from the dinner meal. Client #5 was re-directed by staff A multiple times to which the client would stand up, walk around and drop to the floor with new direction offered by staff A. Client #5 was observed to drop to the floor of the kitchen multiple times and then to sit in the floor until he chose to stand up and engage in alternate activity.</p> <p>Review of records for client #5 on 1/23/20 revealed an ISP dated 6/27/2019 with training objectives relative to hygiene, laundry, clear place setting after meals, activity participation, medication administration and making a purchase transaction. Further review of the 6/2019 ISP revealed a behavior support plan (BSP) dated 11/2019 for target behaviors of tantrum, self injurious behavior, social aggression, rectal digging, and entering others rooms. The BSP further indicated tantrum behavior to include dropping to the floor. Review of the facility van logs for the month of 9/2019, 10/2019, 11/2019, 12/2019 and 1/2020 revealed over the five month period client #5 participated in van trips to various community parks, (2) doctor appointments, van rides to take client #3 to/from school, (1) outing to the barber shop and (1) outing to a fast food restaurant.</p>	W 227	<p>The team will meet to discuss Client #5 to address the needs for transitions. The transitions for Client #5 to include a mealtime and van. The QP and Psychologist will implement a plan for consistency with interventions on transitions for Client #5 to include dropping to the floor. The team will meet to review all BSP/programs to determine, if any, client needs an intervention to assist with transitions as part of their daily routine.</p> <p>The Q/Psychologist and/or the manager will conduct periodic assessments around mealtime and/or scheduled outings to observe implementation of transition for all clients for at least 2 months or until the issue is resolved.</p>	3-23-20

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W 227	Continued From page 3 Interview with staff B on 1/22/20 revealed the staff to identify she has taken clients to the grocery store when the group home has needed something although she mostly takes clients #1, #2 and #4 as client #5 is difficult to transition and is hard to take. Further interview with Staff B revealed client #5 will drop to the floor on outings and its hard to transition him on outings. Interview with the group home manager on 1/22 and 1/23/20 verified client #5 is difficult to transition for outings and she will often use his electronic device to play music he likes to get the client to go on doctor appointments. Interview with the qualified intellectual disabilities professional (QIDP) and administrative staff verified client #5 did not have current behavior guidelines to support transitions with loading the facility van. Further interview with administration staff verified client #5 should have guidelines to address support with transitions to ensure consistency in implementing interventions to support client #5 with transitions such as to the facility van.	W 227			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. 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 4 sampled clients (#3) relative to staff training in the use of a prescribed topical. The finding is: Observation in the group home on 1/23/20 at 7:25	W 331	W331 The team will meet to discuss use of prescribed topical for Client #3. The team will provide staff training on the use of prescribed topical medications for all clients who who have orders. Training will include when topicals are given for example, if after bath, at bedtime,etc. The Q/home manager and/or Nurse will conduct medication pass observations to ensure staff are using Topicals as prescribed by doctor for 2 months or until issue is resolved.	<i>3-23-20</i>	

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W 331	<p>Continued From page 4</p> <p>AM revealed client #3 to participate in his morning medication administration. Further observation of the medication administration for client #3 revealed staff to apply Clindamycin 1% gel to client #3's face. Additional observation at 8:30 AM revealed client #3 to enter the bathroom of the group home for a shower. Interview with the group home manager on 1/23/20 verified client #3 had a morning shower as he entered the bathroom at 8:30 AM.</p> <p>Review of client #3's current medication administration record revealed physician orders for Clindamycin 1% gel to be applied twice daily as needed for rash. Interview with the facility nurse on 1/23/20 revealed client #3 should have had the prescribed topical (Clindamycin) applied after his morning shower. Further interview with the facility nurse verified additional clarification from client #3's physician should be obtained to ensure clarity in the application of client #3's prescribed Clindamycin topical.</p>	W 331			