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

PRINTED: 02/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G255	A. BUILDING _____ B. WING _____	02/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADYLAWN	901 SHADYLAWN DR CHAPEL HILL, NC 27516

(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 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, record review and interviews the facility failed to assure 1 of 3 audit clients (#6) was provided with training in the area of privacy. The finding is: The interdisciplinary team did not consider training for client #6 in the area of privacy. During observations in the facility on 2/4/20 at 7:10am client #6 was observed in his bedroom with the door open wearing only an incontinence product. Staff A was in and out of the bedroom and the door was open. During observations in the facility on 2/4/20 at 7:16am client #6 walked into client #2's bedroom and got into his bed. Client #2 told him to get out of his bedroom. Staff A went into client #2's bedroom and verbally cued client #6 to go back to his bedroom. Interview on 2/4/20 with staff A revealed client #6 does not have a training goal to assist him in protecting his privacy and the privacy of others. Further interview revealed client #6 often has to	W 242	An objective focusing on respecting his own and others' privacy will be implemented for the specified individual. The Supervisor of Support Services will complete morning observations at least monthly to ensure support professionals are assisting residents with maintaining their privacy. Retraining will be completed with all employees in regards to assisting all individuals in the home with maintaining their own privacy and respecting others' privacy. RECEIVED FEB 18 2020 DHSR-MH Licensure Sect	3/31/2020

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

Debbie Kerr. Director of ICF/IID Services 2/17/2020

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 242	Continued From page 1 be redirected to not go into other client bedrooms. Review on 2/4/20 of client #6's Direct Care Support Evaluation dated 12/3/19 revealed client #6 needs assistance in protecting his privacy and to protect the privacy of others. Review on 2/4/20 of client #6's individual program plan (IPP) dated 6/18/19 revealed training objectives to communicate wants and needs, pick up cones on the floor /stack them, wipe down the dining room table and vacuum the floor. There was no training identified in the area of privacy. Interview on 2/4/20 with the qualified intellectual disabilities professional (QIDP) confirmed there has been no training identified for client #6 in the area of privacy.	W 242		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used for the control of inappropriate behaviors were used only as an integral part of the Behavior Support Plan (BSP) directed towards the reduction or elimination of behaviors for which the drugs were employed. This affected 1 of 3 audit clients (#6). The finding is:	W 312	The individual's Behavior Support Plan has been revised to include all medications used for the control of inappropriate behavior, specifically adding in Trazodone. It will be re-approved by Human Rights Committee and his guardian. The Supervisor of Support Services will be responsible for ensuring all medications used for the control of inappropriate behavior are added into the Behavior Support Plan as they are prescribed and the Director of ICF/IID Services will monitor completion.	3/15/2020

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W 312	Continued From page 2 1. Client #6's use of Trazodone was not included in an active treatment plan. Review on 2/4/20 of client #6's physician orders dated 10/9/19 revealed client #6 receives Trazodone 25 mg. at bedtime to address his behaviors and to assist with sleep. Review on 2/3/20 of client #6's BSP dated 2/1/20 revealed he has the target behaviors of physical aggression, property destruction and self injurious behavior. Further review of the plan revealed that the use of Melatonin for sleep and Fluoxetine are included in this program. There is no mention of Trazodone in client #6's BSP. Interview on 2/4/20 with the qualified intellectual disabilities professional (QIDP) confirmed the use Trazodone was not included in client #6's BSP.	W 312		

Residential Services, Inc
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FAX COVER SHEET

To: DHHS - Certification & Licensure Section

Fax Number: ~~(919) 97~~ (919) 715-8078

From: Debbie Klein - Shaylawn

Date: 2/18/2020

Pages (including cover sheet): 4

Message:

Plan of correction for Shady Lawn.
Original has been mailed.
Please let me know if you need anything else.

Thanks,
Debbie Klein
(919) 942-7391 ext 130
dklein@rsi-nc.org