

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

PRINTED: 03/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 159	<p>QIDP CFR(s): 483.430(a)</p> <p>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 observations, record reviews and interviews, the facility failed to assure a qualified intellectual disabilities professional (QIDP) coordinated services in regards to 1 of 3 audit client (#5). The finding is:</p> <p>The QIDP did not coordinate with the hospital to determine if aspiration had occurred and if a pureed diet was appropriate for client #5.</p> <p>During observations on 3/2/2020 and 3/3/2020, client #5 ate food that was blended to a watery consistency or a chunky consistency which was not smooth. He was not allowed bread at any meal despite his asking for it. He reached for and expressed desire for a regular textured diet at all meals observed.</p> <p>Review on 3/3/2020 of client #5's individual program plan (IPP) dated 7/6/2019 revealed he was hospitalized on 12/10/2019 for pneumonia and again 1/21/2020 for pneumonia. He was downgraded to a pureed diet on 1/25/2020 "because he does not chew" well. The IPP and record did not include any information about his chewing or swallowing abilities. There was no previous training to chew or eat slower. There was no justification for the downgrade in diet texture except for not chewing well. There was no indication if the pneumonia was aspiration pneumonia.</p> <p>Further review on 3/3/2020 revealed the most</p>	W 159		
-------	--	-------	--	--

LABORATORY DIRECTOR'S OR PROVIDER'S/CLIA REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **3/20/20**

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.

W159	<p>This standard will be and has been met as follows:</p> <p>The QIDP will</p> <ol style="list-style-type: none"> 1. Coordinate with applicable core team members concerning client's care, whether it is external entity and/or personnel, i.e., hospital/MD office, or internal team members, i.e. RN, to gain clarity of clients' outcomes from appointments. 2. Document the meetings with core team members in client's record so that all applicable team members can be current and informed. <p>Responsible Person(s): QP</p> <p>Monitored by: Director</p> <p>How/When: Continuously for compliance</p>	5-1-2020, ongoing
W192	<p>This standard will be and has been met as follows:</p> <p>Staff Training</p> <ol style="list-style-type: none"> 1. All staff will be trained in client diets as prescribed by a physician or recommended by a dietician or nutritionist. 2. Staff will receive annual and prn training in clients' diets and signify understanding and receipt of training by signature on in-service form. <p>Responsible Person(s): RN</p> <p>Monitored by: Director/QP</p> <p>How/When: Prior to the start of a new diet when prescribed or recommended for a client.</p>	5-1-2020, ongoing

W217	<p>This standard will be and has been met as follows:</p> <p>Individual Program Plan (as known as Habilitation Plan)</p> <ol style="list-style-type: none"> 1. Agency clients will have updated comprehensive functional assessments (CFA) and there will be adjusted as needs change to show all clients current functioning levels. 2. The information will be part of the Habilitation (Hab Plan) as an assessment. <p>Responsible Person(s): QP</p> <p>Monitored by: Director</p> <p>How/When: By QP and Home Manager with the next 60 days.</p>	5-1-2020, ongoing
W218	<p>This standard will be and has been met as follows:</p> <p>Individual Program Plan</p> <p>Sensorimotor Development This information will be gathered by the team from parent or guardian and included in Hab Plans.</p> <p>Auxiliary Services</p> <ol style="list-style-type: none"> 1. Appointments for auxiliary services such as Occupational Therapy (OT), Speech Language Pathology and Physical Therapy (PT) evaluations will be scheduled for clients as needed and results will be implemented per recommendations. 2. Staff will receive annual and prn training and signify understanding and receipt of 	5-1-2020, ongoing

	<p>training by signature on in-service form.</p> <p>Responsible Person(s): QP/RN</p> <p>Monitored by: Director</p> <p>How/When: As soon as possible for scheduling appointments, within the week after agency receipt of recommendation(s) for implementation of formal or informal programs.</p>	
W247	<p>This standard will be and has been met as follows:</p> <p>Individual Program Plan</p> <ol style="list-style-type: none"> 1. The opportunities for choice will be included in all client Hab Plans and Behavior Plans/Guidelines. 2. Staff will receive annual and prn training and signify understanding and receipt of training by signature on in-service form. <p>Responsible Person(s): QP</p> <p>Monitored by: Director</p> <p>How/When: Inclusion in all Hab Plans by core team meeting(s) within 60 days</p>	5-1-2020, ongoing
W288	<p>This STANDARD will be and has been met as follows:</p> <p>Mgmt of Inappropriate Client Behavior</p> <ol style="list-style-type: none"> 1. Techniques and medications for inappropriate client behavior will be incorporated into Behavior Plans/Guidelines. 2. Active treatment will continue along while working with 	5-1-2020, ongoing

	<p>clients for inappropriate behaviors based on their plans and medications</p> <p>3. Staff will receive annual and prn training and signify understanding and receipt of training by signature on in-service form.</p> <p>Responsible Person(s): QP/RN</p> <p>Monitored by: Director</p> <p>How/When: Continuously for compliance</p>	
W356	<p>This standard will be and has been met as follows:</p> <p>Comprehensive Dental Treatment</p> <ol style="list-style-type: none"> 1. Appointments (regular and follow ups) for dental services will be scheduled for clients as needed and results will be implemented per recommendations. 2. Staff will receive annual and prn training and signify understanding and receipt of training by signature on in-service form. <p>Responsible Person(s): QP/RN</p> <p>Monitored by: Director</p> <p>How/When: Continuously for compliance</p>	5-1-2020, ongoing
W368	<p>This standard will be and has been met as follows:</p> <p>Drug Administration</p> <ol style="list-style-type: none"> 1. The new system of obtaining physician orders will be: <ol style="list-style-type: none"> a. Due to physicians' electronic records, the 	5-1-2020. ongoing

W369	<p>orders go straight to the pharmacy.</p> <ol style="list-style-type: none"> b. The pharmacy (small business that knows agency) will then fax or email any orders as they come thru directly to RN/agency. c. RN/Home Manager (HM) will verify getting the order <ol style="list-style-type: none"> 2. Information will be placed on client's individual MAR. 3. Staff will receive annual and prn training and signify understanding and receipt of training by signature on in-service form. <p>Responsible Person(s): RN/HM</p> <p>Monitored by: RN/QP</p> <p>How/When: Continuously for compliance</p> <p>This standard will be and has been met as follows:</p> <p>Drug Administration</p> <ol style="list-style-type: none"> 1. Follow guidelines as listed in standard W368 for initial documentation on MARs. 2. All clients MARs will be reviewed for accuracy based on current physician orders. 3. Staff will receive annual and prn training on Medication Administration and signify understanding and receipt of training by signature on in-service form. <p>Responsible Person(s): RN</p> <p>Monitored by: Director</p> <p>How/When: Continuously for compliance</p>	5-1-2020. ongoing
------	---	-------------------

<p>W371</p>	<p>This standard will be and has been met as follows:</p> <p>Drug Administration</p> <ol style="list-style-type: none"> 1. Self-medication Assessment will be conducted with all clients. 2. Based on results, a training program will be started for applicable clients. 3. When applicable, a client's physician or therapist will indicate via documentation if client is able to self-medicate 4. When training program is initiated, staff will signify understanding and receipt of training by signature on in-service form. <p>Responsible Person(s): QP/Applicable Team Member</p> <p>Monitored by: Director</p> <p>How/When: Annually for habilitation planning and within 60 days for compliance</p>	<p>5-1-2020. ongoing</p>
<p>W436</p>	<p>This standard will be and has been met as follows:</p> <p>Space and Equipment</p> <ol style="list-style-type: none"> 1. Appointments for auxiliary services such as Occupational Therapy (OT), Speech Language Pathology and Physical Therapy (PT) evaluations will be scheduled for clients as needed and results will be implemented per recommendations. 2. Staff will receive annual and prn training and signify understanding and receipt of 	<p>5-1-2020, ongoing</p>

W460	<p>training by signature on in-service form.</p> <ol style="list-style-type: none"> 3. Training programs will be initiated according to client's individual needs for devices. 4. Staff will signify understanding and receipt of training by signature on in-service form. <p>Responsible Person(s): QP/RN</p> <p>Monitored by: Director</p> <p>How/When: Within 30 days for continuous compliance for current devices and within a week for future devices</p> <p>This standard will be and has been met as follows:</p> <p>Food and Nutrition Services</p> <ol style="list-style-type: none"> 1. All staff will be trained in client diets as prescribed by a physician or recommended by a dietician or nutritionist. 2. Training will include food presentation and client's ability to assist staff in making the meal along with applicable client's choice. 3. Staff will receive annual and prn training in clients' diets and signify understanding and receipt of training by signature on in-service form. <p>Responsible Person(s): QP/RN</p> <p>Monitored by: Director</p> <p>How/When: Annually and prn for continuous compliance</p>	5-1-2020, ongoing
------	--	-------------------

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 159	<p>QIDP CFR(s): 483.430(a)</p> <p>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 observations, record reviews and interviews, the facility failed to assure a qualified intellectual disabilities professional (QIDP) coordinated services in regards to 1 of 3 audit client (#5). The finding is:</p> <p>The QIDP did not coordinate with the hospital to determine if aspiration had occurred and if a pureed diet was appropriate for client #5.</p> <p>During observations on 3/2/2020 and 3/3/2020, client #5 ate food that was blended to a watery consistency or a chunky consistency which was not smooth. He was not allowed bread at any meal despite his asking for it. He reached for and expressed desire for a regular textured diet at all meals observed.</p> <p>Review on 3/3/2020 of client #5's individual program plan (IPP) dated 7/6/2019 revealed he was hospitalized on 12/10/2019 for pneumonia and again 1/21/2020 for pneumonia. He was downgraded to a pureed diet on 1/25/2020 "because he does not chew" well. The IPP and record did not include any information about his chewing or swallowing abilities. There was no previous training to chew or eat slower. There was no justification for the downgrade in diet texture except for not chewing well. There was no indication if the pneumonia was aspiration pneumonia.</p> <p>Further review on 3/3/2020 revealed the most</p>	W 159		
-------	--	-------	--	--

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.

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 159	<p>Continued From page 1</p> <p>current nutritional assessment dated 7/6/2019 which indicated, "no chewing /swallowing problems."</p> <p>Additionally, a pureed diet description sheet found in the record specified that he could have foods that he didn't need to chew such as mashed potatoes and pudding. It indicated "Pureed diet - all consistencies are pureed so that they are thick and smooth....cereals with dried fruits, seeds and coconuts are NOT to be used...he can have fruit cobbler, pie with one crust, soft cookies dunked in milk or moist cakes with icing....can have soups with soft consistent size pieces (vegetable soup) casseroles without rice but can have noodles, tuna and eggs salad without onions or celery pieces....Avoid Nuts, seeds, skins, hulls, chewy, sticky, tough and dry foods." It also noted he can have puddings, plain yogurts."</p> <p>There was no core team meeting documentation discussing why there was a downgrade or any note stating if client #5 aspirated on food.</p> <p>Interview on 3/2 and 3/3/2020 with the QIDP revealed client #5 did in fact have aspiration pneumonia but she was not sure if a modified barium swallow study was done to ascertain if he is aspirating and on what type of food or liquid. Later the QIDP indicated a study of some sort was done by the hospital but there was no copy of it and she was not sure what it showed but stated she thinks the diet was based upon this. The QIDP indicated client #5 needed a pureed diet. She was not sure why he was allowed some things like cookies dunked in milk but other items must be smoothly pureed. She could not state rather client #5 aspirates silently or on what items</p>	W 159			

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 159	Continued From page 2	W 159		
W 192	<p>he aspirates.</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to assure all staff were trained to provide the diet for client #5. The finding is:</p> <p>Staff were not trained to provide client #5 with a diet and food consistency as per his individual program plan (IPP).</p> <p>During lunch, at 12:10pm, on 3/2/2020, client #5 had a pureed diet of roast beef with gravy and mashed potatoes. He ate slurping up his food with each bite. His gravy was watery and he received seconds of gravy. He then scooped mayo on his plate and ate it. At the end of the meal, he drank the gravy from the plate by tilting the plate up to his mouth. He guzzled a cup of water then burped at the end of the meal. He had a yogurt with fruit pieces in it. At dinner on 3/2/2020, client #5 received Salisbury steak pureed to a watery consistency and poured over mashed potatoes. He also received applesauce and pureed broccoli. Client #5 kept gesturing toward whole meat on the platter and his plate's empty place beside the mashed potatoes with what appeared to be gravy. When he was taken into the kitchen and assisted in blending another piece of meat, he then sat down, said his grace</p>	W 192		

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 192	<p>Continued From page 3</p> <p>and began to eat. Client #5 asked for bread and he was told he could not have any bread on his diet. At breakfast, on 3/3/2020, client #5 received cream of wheat to which cold milk was added and it was thinner than grits. He also received yogurt with banana and strawberry pieces in it and a thin liquid juice. He asked for bread pointing to bagels which were on the menu but was told he could not have it because they could not puree bread. During this time he was heard to say, "God I hate this."</p> <p>Review on 3/3/2020 of client #5's individual program plan (IPP) dated 7/6/2019 revealed he was hospitalized on 12/10/2019 and again 1/21/20. He was downgraded to a pureed diet on 1/25/2020 "because he does not chew" well.</p> <p>Further review on 3/3/2020 revealed the most current nutritional assessment dated 7/6/2019 which indicated no chewing /swallowing problems.</p> <p>Additionally, a pureed diet description sheet specified that he could have foods that he didn't need to chew such as mashed potatoes and pudding. It indicated "Pureed diet - all consistencies are pureed so that they are thick and smooth....cereals with dried fruits, seeds and coconuts are NOT to be used...he can have fruit cobbler, pie with one crust, soft cookies dunked in milk or moist cakes with icing....can have soups with soft consistent size pieces (vegetable soup) casseroles without rice but can have noodles, tuna and eggs salad without onions or celery pieces....Avoid Nuts, seeds, skins, hulls, chewy, sticky, tough and dry foods." It also noted he can have puddings, plain yogurts."</p>	W 192		
-------	--	-------	--	--

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 192	Continued From page 4 There were no core teams discussing why there was a downgrade or any note stating if client #5 aspirated on food. Interview on 3/2 and 3/3/2020 with staff C, E and F revealed that they were not sure why he was downgraded in diet consistency but it had not been long. They all indicated he hated the pureed diet but all his food had to be pureed. One staff F stated it should be blended to a "watery" consistency. All staff indicated all food must be pureed to be smooth and no chunks. They all also indicated that he is not allowed to have bread. Interview with the QIDP on 3/3/2020 revealed client #5 did in fact have aspiration pneumonia but she was not sure if a modified barium swallow study was done to ascertain if he is aspirating and on what type of food or liquid. Later the QIDP indicated a study of some sort was done by the hospital but there was no copy of it and she was not sure what it showed but stated the diet was based upon this. The QIDP indicated client #5 needed a pureed diet. She was not sure why it noted that he was allowed some things like cookies dunked in milk but other items must be smoothly pureed. She was not certain if the staff could pureed bread but confirmed that it was not written in his diet. She confirmed they all needed more training on the diet.	W 192			
W 217	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include nutritional status.	W 217			

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 217	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 1 of 3 audit clients (#5) had a current assessment in regards to his swallowing abilities. The finding is:</p> <p>There was no evidence that client #5's swallowing/chewing had been assessed.</p> <p>During observations on 3/2/2020 and 3/3/2020, client #5 ate a diet that was blended to either a water substance or a chunky substance not blending (yogurt with fruit pieces in it.) He was not allowed bread at any meal despite his asking for it. He reached for and expressed desire for a regular textured diet at all meals observed. He coughed some but overall did fine eating.</p> <p>Review on 3/3/2020 of client #5's individual program plan (IPP) dated 7/6/2019 revealed he was hospitalized on 12/10/2019 and again 1/21/2020. He was downgraded to a pureed diet on 1/25/2020 "because he does not chew" well. The IPP and record did not include any additional information about his chewing or swallowing abilities. There was no previous training to chew or eat slower. There was no justification for the downgrade in diet texture except for not chewing well. There was no indication if the pneumonia was aspiration pneumonia.</p> <p>Further review on 3/3/2020 revealed the most current nutritional assessment dated 7/6/2019 which indicated no chewing /swallowing problems.</p> <p>Additionally, a pureed diet description sheet specified that he could have foods that he didn't</p>	W 217		
-------	---	-------	--	--

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	
(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 217	Continued From page 6 need to chew such as mashed potatoes and pudding. It indicated "Pureed diet - all consistencies are pureed so that they are thick and smooth....cereals with dried fruits, seeds and coconuts are NOT to be used...he can have fruit cobbler, pie with one crust, soft cookies dunked in milk or moist cakes with icing....can have soups with soft consistent size pieces (vegetable soup) casseroles without rice but can have noodles, tuna and eggs salad without onions or celery pieces....Avoid Nuts, seeds, skins, hulls, chewy, sticky, tough and dry foods." It also noted he can have puddings, plain yogurts. There were no core teams discussing why there was a downgrade or any note stating if client #5 aspirated on food. Interview on 3/2 and 3/3/2020 with the QIDP revealed client #5 did in fact have aspiration pneumonia but she was not sure if a modified barium swallow study was done to ascertain if he is aspirating and on what type of food or liquid. Later the QIDP indicated a study of some sort was done by the hospital but there was no copy of it and she was not sure what it showed but stated she thinks the diet was based upon this. The QIDP indicated client #5 needed a pureed diet. She was not sure why he was allowed some things like cookies dunked in milk but other items must be smoothly pureed. She could not state rather client #5 aspirates silently or on what items he aspirates. She could not provide a copy of any assessment of swallowing skills.	W 217		
W 218	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must	W 218		

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 218	Continued From page 7 include sensorimotor development. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure a current assessment of 1 of 3 audit clients (#1) upper range of motion was conducted. The finding is: Client #1 did not have a current occupational therapy assessment. Throughout observations on 3/2/2020 and 3/3/2020, client #1 was periodically on bedrest and in his wheelchair when not on bedrest. His hands and arms appeared contracted. During no observations did he wear arm splints. Review on 3/3/2020 of client #1's individual program plan (IPP) dated 8/1/2019 revealed he has a left hand splint. Further review revealed the last occupational therapy evaluation was done on 6/15/2011. This evaluation noted that staff should do passive range of motion to improve client #1's range and that he should wear a left hand splint (on two hours and off two hours.) No other evaluation has occurred to measure his range or determine regression or improvement since 2011. Interview on 3/3/2020 with the qualified intellectual disabilities professional (QIDP) revealed there was no other evaluation of client #1's upper extremity range of motion.	W 218			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and	W 247			

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 247	<p>Continued From page 8 self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observations record reviews and interviews, the facility failed to assure the individual program plan (IPP) included opportunities for choice for 1 of 3 audit clients (#5). The finding is:</p> <p>Client #5 was not provided with choices specifically at meals.</p> <p>During lunch, at 12:10pm, on 3/2/2020, client #5 had a pureed diet of roast beef with gravy and mashed potatoes. He ate slurping up his food with each bite. He then scooped mayo on his plate and ate it. He asked for bread and was denied it. At dinner on 3/2/2020, client #5 received Salisbury steak pureed to a watery consistency and poured over mashed potatoes. He was not asked before pouring the meat over his potatoes. He also received applesauce and pureed broccoli. Client #5 did not think he had meat and kept pointing to the meat in the serving dish. When he was taken in and assisted in blending another piece of meat up he then sat down, said his grace and began to eat. Client #5 asked for bread and he was told he could not have any bread on his diet. At breakfast, on 3/3/2020, client #5 received cream of wheat to which cold milk was added and it was thinner than grits. He asked for bread (pointing to bagels that was on the menu) but was told he could not have it because they could not puree bread. During this time he was heard to say, "God I hate this."</p> <p>Review on 3/3/2020 of client #5's IPP dated 7/6/2019 revealed he has a diagnosis of moderate mental retardation and down's</p>	W 247			

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 247	Continued From page 9 syndrome. It noted he is responsive and likes music and dancing and will speak sometimes. Review of his diet did not reveal anything stating that bread should not be eaten.	W 247		
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications used to address behaviors were incorporated into an active treatment plan. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>Client #5 received medications for behavior control and they were not incorporated into an active treatment plan.</p> <p>During observations on 3/2/2020, client #5 received Thorazine 100 mg, Zyprexa 15mg and Depakote 500mg.</p> <p>Review on 3/3/2020 revealed a behavior support plan dated 5/16/18. The plan indicated client #5 has behaviors of aggression. It also indicated he received Lorazepam but no other medications</p>	W 288		

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 288	Continued From page 10 were not incorporated into the plan for his behavior control.	W 288		
W 356	<p>Interview on 3/3/2020, with the qualified intellectual disability professional (QIDP), confirmed that the medications were being used for client #5's behavior control but were not incorporated into an active treatment plan.</p> <p>COMPREHENSIVE DENTAL TREATMENT CFR(s): 483.460(g)(2)</p> <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that follow-up dental exams were performed for 2 of 3 audit clients (#1 and #2). The finding is:</p> <p>A. Facility failed to schedule a 6 month check up for client #2.</p> <p>During observations in the facility from 3/2-3/3/2020, client #2 repeatedly reported to group home manager (GHM) that she had a toothache. Client #2 indicated that the tooth ache started on 3/1/2020 while pointing to her right upper teeth. GHM then responded to client #2 that she would call the dentist when the office opened on 3/3/2020 at 8:00 am.</p> <p>Record review on 3/3/2020 revealed that client #2 had her last dental exam on 7/10/2019 and was</p>	W 356		

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 356	<p>Continued From page 11 found with no cavities or tooth decay. The provider recommended that client #2 return in 6 months for an exam.</p> <p>An additional review on 3/3/2020, noted a team meeting held on 1/31/2020 for client #2. The team members discussed client #2 frequently complained of physical ailments that were unfounded when checked.</p> <p>Interview on 3/3/2020 with client #2 identified that her tooth pain started yesterday and that she was having trouble chewing her food.</p> <p>Interview on 3/3/2020 with qualified intellectual disabilities professional (QIDP) revealed that she was unable to find evidence of a follow up dental exam.</p> <p>B. The facility failed to schedule a 6 month check-up for client #1.</p> <p>Record review on 3/3/2020 revealed that client #1 had his last dental exam on 7/8/2019 and was found to have moderate inflammation and gingivitis. The note recommended that client #1 return in 6 months for an exam. No other exams were found in the record.</p> <p>Interview on 3/3/2020, with QIDP, revealed that she was unable to find evidence of a follow-up dental exam.</p>	W 356		
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p>	W 368		

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 368	Continued From page 12 This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure all drugs were administered in accordance with physician's orders. This affected 1 of 3 of audit clients (#5). The finding is: Client #5's Omeprazole was not given as per physician's order. During medication administration on 3/3/2020 at 6:25 am, the group home manager gave client #5 Omeprazole 40 mg with applesauce. Review on 3/3/2020 of the quarterly physician's orders dated 12/17/2019 revealed that there were no current orders for Omeprazole 40mg. There were current orders for Omeprazole 20 mg. Review of the blister pack of Omeprazole 40 mg revealed that the medication had been filled on 12/3/2019. Interview on 3/3/2020 with qualified intellectual disabilities professional (QIDP) revealed that she was not aware that client #5 had received medication for three months without a doctor's order. She also relayed that when new orders are faxed in, the nurse received the prescription and it was shared with the pharmacist. Either the nurse or the group home manager had the responsibility of getting the order on the medication administration record (MAR).	W 368			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure	W 369			

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	
(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 369	<p>Continued From page 13 that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given without error. This affected 2 of 3 audit clients (#2 and #5). The findings are:</p> <p>A. Client #2 received a medication for which there was no physician's order.</p> <p>During the medication administration on 3/2/2020 at 5:18pm, client #2 received Fanapt 8 mg.</p> <p>Review on 3/3/2020 revealed no order for Fanapt.</p> <p>Interview on 3/3/2020 with the qualified intellectual disability professional (QIDP) confirmed there is no physician's order for Fanapt.</p> <p>B. Client #5 received 2 medications for which there were no physician's order.</p> <p>During medication administration at 6:25 am, client #5 received Omeprazole 40 mg and Linzess 290 mcg..</p> <p>Review on 3/3/2020 revealed no orders for the higher dose of Omeprazole or Linzess.</p> <p>Interview on 3/3/2020 with the group home manager revealed that there were no orders for Omeprazole 40 mg or Linzess.</p> <p>Interview on 3/3/2020 with the qualified</p>	W 369		

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 369	Continued From page 14 intellectual disability professional (QIDP) confirmed there was no physician's orders for Omeprazole 40 mg or Linzess.	W 369			
W 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the decision of no self-medication administration was based on an accurate self-medication assessment. This affected 2 of 3 audit clients (#2 and #5). The findings are: Clients #2 and #5 did not participate in training for self-medication administration. During the observations of the afternoon medication pass on 3/2/2020 beginning at 5:10pm, client #2 and #5 were not offered the opportunity to get out their own medication bin. The clients were assisted in punching out their medications but they were not asked to identify or name the medications or the side effects. The morning observations beginning at 6:35am revealed the same thing. A. Review of client #5's individual program plan (IPP) dated 7/6/19 revealed no training in self-medication. Additionally, a review of the self	W 371			

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 436	Continued From page 17 Review on 3/2/20 of client #2's visual evaluation 3/19/19 indicated that eyeglasses were required for near vision. A further review on 3/3/20 of a progress note from 1/28/20 indicated that client #2 needed readers or bendable frames. Interview on 3/3/20 with client #2 revealed that she no longer wore eyeglasses. Interview on 3/3/20 with Staff E revealed that client #2 did wear eyeglasses when she attended the day program. Staff B went to retrieve a pair of eyeglasses from her room in good condition.	W 436		
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 observations, record reviews and interviews, the facility failed to assure the diet was appropriate for 1 of 3 audit client (#5). The finding is: Client #5's diet was not consistently modified and provided as per the IPP. During lunch at 12:10pm on 3/2/2020 client #5 had a pureed diet of roast beef with gravy and	W 460		

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 371	Continued From page 15 medication assessment dated 5/4/19 revealed that he has the ability to recognize his name and to remove medicines from package. It noted that he was not able to do any other skill. B. Review of client #2's individual program plan (IPP) dated 7/1/2019 revealed no training in self-medication. Additionally, a review of the self medication assessment dated 7/1/2019 revealed that she has the ability to recognize her name and to remove medicines from package. It noted that she was not able to do any other skill. Interview on 3/3/2020 with the group home manager revealed that client #2 and #5 did not have a training program to self administer her medications. Interview on 3/3/2020 with the qualified intellectual disability professional (QIDP) revealed all self-medication assessments needed to be re-done in her opinion. She indicated the lack of training was not based on an accurate assessment.	W 371			
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. This STANDARD is not met as evidenced by:	W 436			

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 436	<p>Continued From page 16</p> <p>Based on observations, record review and interviews, the facility failed to develop an eyeglasses training program and failed to provide a splint. This affected 2 of 3 audit clients (#1 and #2). The findings are:</p> <p>A. Client #1 was not provided with a left hand splint</p> <p>Throughout observations on 3/2/2020 and 3/3/2020, client #1 was periodically on bedrest and in his wheelchair when not on bedrest. His hands and arms appeared contracted. During no observations did he wear arm splints.</p> <p>Review on 3/3/2020 of client #1's individual program plan (IPP) dated 8/1/2019 revealed he has a left hand splint. Further review revealed the last occupational therapy evaluation was done on 6/15/2011. This evaluation noted that staff should do passive range of motion to improve client #1's range and tahat he should wear a left hand splint (on two hours and off two hours.)</p> <p>Interview on 3/3/2020 with the group home manager revealed she had never seen a hand splint and the facility did not have one to provide client #1.</p> <p>B. Client #2 did not receive training regarding how to care for and wear her eyeglasses.</p> <p>During observations at the home from 3/2/20-3/3/20, client #2 participated in table top activities without wearing eyeglasses. Randomly, she would make squinting gestures during the activities. Staff were not observed to prompt client #2 to put on her eyeglasses.</p>	W 436			

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 460	<p>Continued From page 18</p> <p>mashed potatoes. He ate slurping up his food with each bite. His gravy was water and he received seconds of gravy. He then scooped mayo on his plate and ate it. At the end of the meal, he drank the gravy from the plate by tilting the plate up to his mouth. He guzzled a cup of water then burped at the end of the meal. He had a yogurt with fruit pieces in it. At dinner on 3/2/2020, client #5 received Salisbury steak pureed to a watery consistency and poured over mashed potatoes. He also received applesauce and pureed broccoli. Client #5 did not think he had meat and kept pointing to the meat. When he was taken in and assisted in blending another piece of meat up he then sat down, said his grace and began to eat. Client #5 asked for bread and he was told he could not have any bread on his diet. At breakfast, on 3/3/20, client #5 received cream of wheat to which cold milk was added and it was thinner than grits. He also received yogurt with banana and strawberry pieces in it and a think liquid juice. He asked for bread (bagels that was on the menu) but was told he could not have it because they could not puree bread. During this time he was heard to say, "God I hate this."</p> <p>Review on 3/3/2020 of client #5's individual program plan (IPP) dated 7/6/2019 revealed he was hospitalized on 12/10/2019 and again 1/21/20. He was downgraded to a pureed diet on 1/25/20 "because he does not chew" well. The IPP and record did not include any information about his chewing or swallowing abilities. There was no previous training to chew or eat slower. There was no justification for the downgrade in diet texture except for not chewing well. There was no indication if the pneumonia was aspiration pneumonia.</p>	W 460			

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
---	--

(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 460	<p>Continued From page 19</p> <p>Further review on 3/3/2020 revealed the most current nutritional assessment dated 7/6/2019 which indicated no chewing /swallowing problems.</p> <p>Additionally, a pureed diet description sheet specified that he could have foods that he didn't need to chew such as mashed potatoes and pudding. It indicated "Pureed diet - all consistencies are pureed so that they are thick and smooth....cereals with dried fruits, seeds and coconuts are NOT to be used...he can have fruit cobbler, pie with one crust, soft cookies dunked in milk or moist cakes with icing....can have soups with soft consistent size pieces (vegetable soup) casseroles without rice but can have noodles, tuna and eggs salad without onions or celery pieces....Avoid Nuts, seeds, skins, hulls, chewy, sticky, tough and dry foods." It also noted he can have puddings, plain yogurts."</p> <p>There were no core teams discussing why there was a downgrade or any note stating if client #5 aspirated on food.</p> <p>Interview on 3/2 and 3/3/2020 with the QIDP revealed client #5 did in fact have aspiration pneumonia but she was not sure if a modified barium swallow study was done to ascertain if he is aspirating and on what type of food or liquid. Later the QIDP indicated a study of some sort was done by the hospital but there was no copy of it and she was not sure what it showed but stated she thinks the diet was based upon this. The QIDP indicated client #5 needed a pureed diet. She was not sure why he was allowed some things like cookies dunked in milk but other items must be smoothly pureed. She could not state</p>	W 460		
-------	--	-------	--	--

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

PRINTED: 05/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2020
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(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 460	Continued From page 20 rather client #5 aspirates silently or on what items he aspirates. Interview on 3/2 and 3/3/2020 with staff C, E and F revealed that they were not sure why he was downgraded in diet consistency but it had not been long. They all indicated he hated the pureed diet but all his food had to be pureed. One staff F stated it should be blended to a "watery" consistency. All staff indicated all food must be pureed to be smooth and no chunks. They all also indicated that he is not allowed to have bread.	W 460			