STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G019	A. BUILDING _____ B. WING _____	09/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MICHIGAN STREET HOME	1006 MICHIGAN STREET KANNAPOLIS, NC 28081

(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	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: Based on observations, record review, and interviews, the facility failed to assist 2 of 3 sampled clients (#4 and #5) to use and make informed choices relative to using adaptive equipment. The findings are: A. The facility failed provide teaching to client #4 relative to the use of wrist splints. Afternoon observations throughout the group home on 9/22/20 from 2:00 PM to 2:45 PM revealed client #4 to participate in various activities including coloring and music activities with staff assistance. Subsequent observations on 9/22/20 from 4:15 PM to 6:30 PM revealed client #4 to participate in various activities such as a coloring activity, preparing his meal for dinner, and participating in the dinner meal with hand over hand staff assistance. At no point during the observation period was client #4 observed to wear wrist splints. Morning observations throughout the group home on 9/23/20 from 7:00 AM to 8:15 AM revealed client #4 to participate in various activities with staff assistance such as grooming, prepping for the breakfast meal, and participating in a music	W 436		

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

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W 436	Continued From page 1	W 436		

activity. Continued observation at 8:15 AM revealed the Home Manager (HM) loading client #4 into the van to be transported to a doctor's appointment. At no point during the observation period was client #4 observed to wear wrist splints.

Review of the record for client #4 revealed a plan of care (POC) dated 5/15/20. Further review of the record revealed an Occupational Therapy (OT) assessment dated 6/22/20 which stated client #4 has the following adaptive equipment: wheelchair, long handled spoon, hand splints, shirt protector, and knee immobilizers. Further review of the 6/22/20 OT assessment revealed that client #4 should wear bilateral Comfy splints for two 2-hour sessions: once in the afternoon, alternating hands and once in the evening and into the night, alternating hands. Further review of the record revealed a daily OT data sheet which indicated that client #4 should wear splints for two 2-hour sessions during 1st and 2nd shifts and alternating hands at each session.

Interview with the HM on 9/23/20 verified that client #4's guidelines for wearing hands splints had recently changed. Further interview with the HM verified that client #4 should wear his hand splints on both hands for two hours twice a day and not when he is being transported. Further interview with the HM confirmed that client #4 did not wear hand splints throughout the survey period. Continued interview with the HM confirmed that client #4 should wear hand splints as prescribed. Interview with the Qualified Intellectual Disabilities Professional (QIDP) verified that client #4's goals and objectives were current. Further interview with the QIDP confirmed that client #4 should wear his wrist

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W 436	Continued From page 2	W 436		

splints as prescribed.

B. The facility failed to provide teaching to client #5 relative to the use of a shoulder harness.

Afternoon observations throughout the group home on 9/22/20 revealed client #5 to participate in various activities including a music activity, assisting with meal preparation, and participating in the dinner meal. At no point during the observation period was client #5 observed wearing a shoulder harness.

Morning observations on 9/23/20 revealed client #5 to participate in various activities such as grooming, assisting with meal preparation, participating in the breakfast meal, and medication administration. At no point during the observation period was client #5 observed wearing a shoulder harness.

Review of the record for client #5 on 9/23/20 revealed a plan of care (POC) dated 3/20/20. Further review of the record revealed a physical therapy (PT) evaluation dated 12/23/19 which stated that client #5 has the following adaptive equipment: wheelchair, foot flip back arm supports, removable head support, H-harness shoulder strap, seat belt, contoured seat, and bilateral foot plates with shoe straps. Review of the POC for client #5 did not include guidelines relative to wearing an H-Harness shoulder strap.

Interview with the Home Manager (HM) on 9/23/20 verified that client #5 did not wear her H-Harness shoulder strap throughout the survey observation period on 9/22/20-9/23/20. Interview with the HM confirmed that client #5 could benefit from guidelines relative to wearing an H-Harness

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W 436	Continued From page 3 shoulder strap. Interview with the Qualified Intellectual Disabilities Professional (QIDP) verified that client #5 has guidelines for wearing an H-Harness shoulder strap that could not be located at the time of the survey. Further interview with the QIDP confirmed that client #5 should have worn an H-Harness shoulder strap throughout the survey observation period.	W 436		