

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

PRINTED: 10/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2020
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		
(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 000	INITIAL COMMENTS	W 000			
W 125	<p>A complaint survey was conducted on 9/29/2020 for intake #NC00161384. Deficiencies were cited.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage 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 and interviews the facility failed to ensure 2 of 4 audit clients (#1, #2) had the right to free movement in their home. The findings are:</p> <p>1. Client #1 was not afforded the right to move freely in his home.</p> <p>During observations in the home on 9/29/2020 from 10:30am to 12:08pm, client #1 was observed to repeatedly attempt to walk around his home. Throughout the observations, staff would repeatedly tell client #1 to sit down or "have a seat."</p> <p>Interview on 9/29/2020 with the qualified intellectual disabilities professional (QIDP) confirmed that client #1 should have access to free movement in his home and walk around the home if he chooses to.</p> <p>2. Client #2 was not afforded the right to move freely in his home.</p>	W 125			

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.

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W 125	Continued From page 1 During observations in the home on 9/29/2020 from 10:30am to 12:08pm, client #2 was observed to repeatedly attempt to walk around his home and made several attempts to stand at the window to look outside. Throughout the observations, staff would repeatedly tell client #2 to sit down or "have a seat." Interview on 9/29/2020 with the QIDP confirmed that client #2 should have access to free movement in his home. The QIDP confirmed that client #2 likes to stand and look out the windows and should be provided the choice to do so.	W 125			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients were provided opportunities for choice and self management relative to leisure activities. This potentially affected all clients in the home. The findings are: Clients were not afforded the opportunity for choice and self management during leisure time. During observations in the home on 9/29/2020 at 10:30am to 12:08pm, 5 of the 6 clients that live in the home were sitting in the living area. The television was turned on to channel BET. At 11:05am, Staff C picked up the remote control and flipped through several channels before stopping on the news channel. Staff C did not give the clients a choice of what to watch on television.	W 247			

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W 247	Continued From page 2 Interview on 9/29/2020 with Staff C revealed that 5 of the 6 clients that live in the home are nonverbal. Staff C stated that staff in the home try to choose something to watch on TV based on what the verbal client likes. Staff C revealed that most of the time, staff choose what the clients will watch on TV or what activity the clients will participate in. Interview on 9/29/2020 with Staff B revealed that staff are the ones that will turn on the TV. Staff B revealed that only one of the clients is verbal and can tell them what she wants to watch on TV. Staff B revealed "it's up to staff to make the choice." Interview on 9/29/2020 with the qualified intellectual disabilities professional (QIDP) revealed that clients should be given the opportunity to make choices and improvement for self management in daily activities. The QIDP revealed that the nonverbal clients have the right to make choices through pointing, gestures, etc. The QIDP confirmed that staff should not be making the choice for what the clients will do during leisure time, including what to watch on TV.	W 247			
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	W 249			

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W 249	<p>Continued From page 3 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 4 audit clients (#2, #4) received continuous active treatment consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of program implementation. The findings are:</p> <p>1. Client #2's behavior support plan (BSP) was not implemented.</p> <p>During observations in the home on 9/29/2020 from 10:30am to 12:08pm, client #2 was observed to cry out loudly and try to leave the room. Each time this happened, staff would tell him "get your glove" or "where's your glove" and redirect him to sit down.</p> <p>Review on 9/29/2020 of client #2's BSP dated 3/6/2017 revealed he has an identified target behavior of aggression which consists of "loud vocalizations." The BSP states that client #2 should be provided with and encouraged to participate in a variety of structured leisure and recreational activities. In addition, staff are supposed to state client #2's name in a firm voice, and tell him this is an inappropriate behavior. Staff are then supposed to redirect him and if he does not comply with the redirection, escort him to a quiet area for 5 minutes and then return.</p> <p>Interview on 9/29/2020 with the qualified intellectual disabilities professional (QIDP)</p>	W 249			

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W 249	Continued From page 4 confirmed that staff should be following the guidelines in client #2's BSP. 2. Client #4's BSP was not implemented. During observations in the home on 9/29/2020, client #4 was observed to repeatedly cough. At 10:54am, Staff B stated "Let me get her a cough drop. She likes cough drops." Review on 9/29/2020 of client #4's BSP dated 3/4/2017 revealed client #4 has an identified target behavior of attention seeking behavior which consists of "constantly coughing." Further review of client #4's BSP revealed that she will constantly ask for cough drops or cough medicine. She will continue to cough to the point she makes herself sick. Additional review of the BSP revealed that staff are to provide client #4 with a variety of leisure and recreational activities while at the residence and to be very consistent and follow through with whatever you tell her if it is a promised activity/reward or if limit setting. Interview on 9/29/2020 with the QIDP confirmed that staff should have followed the guidelines in client #4's BSP.	W 249			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by:	W 455			

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W 455	<p>Continued From page 5</p> <p>Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected all clients residing in the home. The finding is:</p> <p>Universal precautions were not taken to promote client health and prevent possible cross-contamination.</p> <p>During observations in the home on 9/29/2020 at 11:19am, the clients were sitting at a table doing an activity of putting small blocks and manipulative's in and out of single buckets. At 11:24am, client #3 was observed to put her hands down the back of her pants and then she continued to play with her blocks/manipulative's.</p> <p>During observations 11:29am, client #1 was observed to put his blocks in his mouth.</p> <p>During observations at 11:34am, client #3 assisted staff with putting the blocks and manipulates that all clients used into one single container. The blocks and manipulative's were not cleaned.</p> <p>During observations at 11:41am revealed client #3 assisting staff with putting plates and bowls of food on the table. At 11:44am, client #3 was observed to put her hands down the back of her pants. Client #3 was then observed to set the table with napkins and forks.</p> <p>During observations at 12:00pm, Staff A and Staff C were observed to pass a plate of turkey and cheese sandwiches and a bowl of apple slices back and forth to each other and use their hands</p>	W 455			

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W 455	Continued From page 6 to pick up the sandwiches and apple slices to put on the clients plates. Staff C was wearing gloves and Staff A was using her bare hands. Interview on 9/29/2020 with the qualified intellectual disabilities professional (QIDP) confirmed that the blocks and manipulative's should have been disinfected after they were used. The QIDP also confirmed the staff should have utilized a fork or pair of tongs to put the food on the plates.	W 455			