

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

PRINTED: 10/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2020
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NAME OF PROVIDER OR SUPPLIER SCI-COASTAL HOUSE I AND II	STREET ADDRESS, CITY, STATE, ZIP CODE 1972 & 1974 WEST LAKE SHORE DRIVE WILMINGTON, NC 28401
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(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
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W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure 1 of 3 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the area of medication administration. The findings are:</p> <p>The facility nurse failed to integrate audit client #2's identified skills into her medication administration pass.</p> <p>During observations of the medication pass for client #2 on 10/6/20 at 8:10am, revealed the facility nurse punched the following pills into a pill cup: Loratadine 10 mg. (1), Senna lax(1), Vitamin D3 (1), Omeprazole 20mg. (1), Docusate Sodium 100 mg. (1), Miralax powder 8.5 grams (poured into cup and stirred in water by the Nurse). Client #2 also received 1 puff from her Ventolin/Albuterol inhaler. Client #2 took the pills individually in her hand. Client #2 was not asked the names or purposes of her medications such as: Loratadine for allergies.</p>	W 249	<p>All staff will receive training in ICF/IID level of care basics:</p> <ol style="list-style-type: none"> 1- Active Treatment 2- Encouraging Independence 3- Teaching Cues 4- Providing the least amount of assistance necessary 5- Client #2 and All Client's Medication Administration Guidelines <p>The Director will monitor programs once weekly. The RQP will monitor programs twice monthly. The RN will monitor programs twice monthly. All monitoring will be documented any any concerns will be followed up on.</p> <p style="color: blue;">DHSR-Mental Health</p> <p style="color: red;">OCT 22 2020</p> <p style="color: blue;">Lic. & Cert. Section</p>	12-5-2020
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Sesue Rayton* TITLE *Chief Operations Officer - Eastern Region* (X6) DATE *10/13/20*

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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W 249	Continued From page 1 Review on 10/6/20 of her medication administration record (MAR) revealed the following: "Will come to medication room independently, Will sanitize hands, will learn the name of medications by repeating name and purpose such as: Loratadine for allergies, pours medications into mouth, pours and mixes water and Miralax independently and takes cup and spoon to kitchen independently."	W 249		
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, interviews and record reviews, the facility failed to ensure 2 of 3 audit clients (#1 and #3) received their specially-prescribed diets as indicated. The findings are: A. Client #3's food consistency was not provided as prescribed. During observations in House I on 10/5/20 at 6:27pm, client #3 was observed eating dinner. On his plate was loin of pork, cabbage and potato tots. The cabbage and potato tots were pureed, but the loin of pork was modified to a consistency of ground or minced with small pieces of meat	W 460	All staff will receive training in: 1- Client #1, #3 and all clients food consistency and diet orders. 2- Diet modifications and specially prescribed diets assuring clients receive the correct diet modification. 3- Menus and procedures for food substitutions to assure each client receives a nourishing and well balanced diet. The Director will monitor mealtimes twice weekly. The RQP will monitor mealtimes twice monthly. The Executive Director (Corporate Office) will monitor mealtimes once monthly. All monitoring will be documented. Any concerns will be followed up on as needed.	12-5-2020

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W 460	<p>Continued From page 2</p> <p>visible. At 6:38pm, Staff A gave client #3 a whole cupcake. Client #3 ate the cupcake in two bites.</p> <p>Review 10/5/20 of client #3's individual program plan (IPP) dated 7/28/2020 revealed that client #3 is on a pureed diet.</p> <p>Review on 10/5/20 of the diet chart posted in the kitchen of the home revealed that client #3 is on a pureed diet.</p> <p>Review on 10/5/20 of the facilities Dietary Policy Manual dated 4/3/13 revealed that clients will receive the diet consistency that has been prescribed and sanctioned by the team. Further review of the policy revealed that "pureed foods are mechanically modified and should be smooth in appearance. There should be no pieces or strings."</p> <p>Interview on 10/5/20 with Staff A revealed that not all of client #3's foods are pureed. Staff A revealed that only his main course foods have to be pureed, not including deserts.</p> <p>Interview on 10/5/20 with the facility director revealed that all of client #3's foods should be a pureed consistency. The facility director confirmed that the loin of pork and the cupcake should have been modified to a pureed consistency.</p> <p>B. Direct care staff failed to provide client #1's diet consistency as prescribed in House 2 for three observed meals.</p> <p>During observations of lunch on 10/5/20 at 12:35pm, client #1 was served 2 bologna and cheese sandwiches with 2 containers of soup</p>	W 460			

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W 460	<p>Continued From page 3</p> <p>with koolaid and water. The bologna in her sandwich was not modified.</p> <p>Interview on 10/5/20 with direct care staff B revealed client #1's diet is regular with cut meats. When asked if the meat in her sandwiches is modified, she said, " No, we cut the sandwiches in half."</p> <p>During observations of supper on 10/5/20 client #1 was served 2 large pieces of pork roast in excess of 1 inch in size with hashbrown potatoes, cabbage with cheesecake for dessert. She had water for her beverage. She did not have strawberry flavored milk at her placesetting. The qualified intellectual disabilities professional (QIDP) assisted her with her meal, cutting up the roast into 1/2 inch pieces. Client #1 became upset and said she did not want her roast on her plate when she had difficulty piercing it with her fork and seemed to have difficulty chewing it. The QIDP assisted her with removing it from her plate. She was not offered a meat substitution.</p> <p>Interview on 10/5/20 with the QIDP revealed client #1 receives a 1800 calorie diet with cut meats. When asked what size the cut meats should be, she stated," Should not be bigger than about 1/2- 1/4 inch in size" which she described as bite sized.</p> <p>During observations of breakfast on 10/6/20 at 8:23am, client #1 was served 2 pieces of toast, mixed fruit in small pieces, oatmeal and sausage cut into very small pieces. client #1 had water and strawberry flavored milk for her beverages. There was not prune juice at her placesetting.</p> <p>Review on 10/6/20 of client #1's physician orders</p>	W 460		

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W 460	Continued From page 4 dated 9/1/20 revealed, 1800 calorie double portions with cut meats, strawberry flavored milk, oatmeal with raisins and 4 ounces of prune juice for breakfast. Interview on 10/6/20 with the program director revealed client #1's diet is current and should be followed.	W 460		
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"Creating Life Skills For Those We Serve"



Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

October 13, 2020

RE: Recertification Completed October 6, 2020
SCI-Coastal House I and II, 1972 & 1974 West Lake Shore Drive, Wilmington,
NC 28401
Provider Number 34G173
MHL# 065-028

Please find enclosed the plan of correction for deficiencies received on 10-8-2020 for the annual recertification survey conducted on 10-6-2020 at SCI-Coastal Houses I and II. Please contact me should you have any questions or need additional information. Thank you,

Seslie Roughton
Chief Operations Officer –Eastern Region
Skill Creations, Inc.
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252-908-1151