

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

PRINTED: 12/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/15/2020
NAME OF PROVIDER OR SUPPLIER SHERWOOD PARK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 126 ROBINHOOD LANE ABERDEEN, NC 28315		
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W 000	INITIAL COMMENTS A recertification and complaint survey was completed on 12/15/2020. The allegations for Intake #NC00170520 were not substantiated. Deficiencies were cited as a result of the recertification survey.	W 000			
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) 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 record review and interviews, the facility failed to ensure client #13 had legal guardianship as documented. This affected 1 of 9 audit clients. The finding is: Review on 12/14/20 of client #13's record revealed client #13 had co-guardians. Further review of client #13's record revealed only one guardian had signed consents for medical treatment and consent for client #13's behavior support plan (BSP) and rights restrictions. Review on 12/14/20 of client #13's individual program plan (IPP) dated 7/28/20 revealed one signature for the legal co-guardianship. Interview on 12/15/20 with the facility quality improvement professional revealed the client #13 did have co-guardians in the past. Further interview with the quality improvement personnel revealed that prior to the development of the IPP dated 7/28/20, one of the guardians was	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 deceased. The quality improvement professional confirmed that the facility has not petitioned the court to amend the guardianship for client #13.	W 125			
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: The team failed to: ensure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196, W249), ensure the individual program plan stated the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment (W227), Ensure that data was collected with the frequency as prescribed by clients written formal programs (W252).	W 195			
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health	W 196			

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W 196	<p>Continued From page 2</p> <p>services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure for 6 of 9 audit clients (#1, #5, #8, #9, #12, #13) received continuous services in the area of program implementation, leisure, dining, positioning guidelines and behavioral intervention. The findings include:</p> <p>A. Cross reference W227. The facility failed to ensure the individual program plan (IPP) included guidelines to address identified needs relative to behavior management for 1 of 9 audit clients (#9).</p> <p>B. Cross reference W249. The facility failed to ensure 5 of 9 audit clients (#1, #5, #8, #12 and #13) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of offering leisure choices, program implementation, following positioning and dining guidelines.</p> <p>C. Cross reference W252. The facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 4 of 9 audit clients (#5, #8, #12, #13).</p>	W 196			

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W 227 W 227	Continued From page 3 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure the individual program plan (IPP) included guidelines to address identified needs relative to behavior management for 1 of 9 audit clients (#9). The finding is: During observations in the home on 12/14/20 from 3:30pm to 7:00pm, client #9 was observed sitting at a table in the den of the home. Throughout the observations, client #9 was observed to spit on the table and in the air above the table. During this time, one staff was observed to state to client #9, "no spitting, no spitting." Additional observations in the home on 12/14/20 at 7:07pm revealed client #9 sitting at the dining room table preparing to eat. Client #9 spit on the table and in the air above the table on two occasions. On one occasion, staff asked client #9 "Are you good?" Review on 12/15/20 of client #9's IPP dated 3/18/20 revealed "[client #9 will spit at times, staff should follow behavior plan as written." Continued review of client #9's IPP revealed no training objective relative to behavior	W 227 W 227			

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W 227	Continued From page 4 management. Review of client #9's record revealed no behavior support plan was in place to address client #9's behavior needs. Interview on 12/15/20 with the facility's quality improvement professional and the facility nurse revealed the team was currently seeking to get behavior guidelines in place for client #9 when she is in the community, particularly for medical appointments, as client #9 will often spit at doctors and medical professionals. The facility quality improvement staff and facility nurse confirmed the facility has not addressed the need for managing client #9's spitting behavior in the home.	W 227			
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 plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 5 of 9 audit clients (#1, #5, #8, #12 and #13) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of program implementation, feeding guidelines and positioning. The findings include:	W 249			

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W 249	<p>Continued From page 5</p> <p>A. During observations in the facility on 12/14/20 from 3:30pm-7:00pm (210 minutes) client #5 remained in bedroom #5 lying in her bed. The television was on but was not visible for client #5 as she was lying on her side or on her back during these observations. No formal training or integrative activities were observed while client #5 was in her bedroom.</p> <p>Interview on 12/14/20 with the residential manager (RM) confirmed direct care staff go into client #5's bedroom every 15-30 minutes to check on her and then every 2 hours she is turned in bed according to, "a time clock that shows how to adjust her positioning in bed" that was posted on her bedroom wall by nursing.</p> <p>During observations on 12/14/20 at 6:50pm staff I was observed taking client #5's supper plate covered in a napkin to bedroom #5. Immediate interview with staff I confirmed she was taking client #5's supper to her in her bedroom.</p> <p>During observations in the facility on 12/15/20 from 6:00am-8:24am (144 minutes), client #5 remained in her bedroom. At 8:24am she came out of her bedroom dressed in her wheelchair being pushed by staff into the hallway to the dining room for breakfast.</p> <p>Observations on 12/15/20 at 8:00am revealed a side layer cushion in the activity room. Interview with staff G revealed at one time, staff could offer the side layer in the activity room as alternate positioning for client #5, however the straps that secured her to the side layer were broken and that was not a positioning option for her at the current time.</p>	W 249			

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W 249	Continued From page 6 Interview on 12/15/20 with staff G on 12/15/20 confirmed client #5 had been in her bedroom all night on 12/15/20. Interview on 12/15/20 with the QIDP combining these time periods resulted in client #5 spending 17 out of 24 hours in her bedroom between 12/14/20 and 12/15/20 without any meaningful activities or leisure choices. Review on 12/15/20 of client #5's IPP dated 8/18/20 revealed she has profound intellectual disabilities, Cerebral Palsy, Spastic Athetoid Quadriplegia and Osteoporosis. Client #5 has several formal goals which include: Tolerate toothbrushing, identifying comb and choosing an outing that she would like to go on. Further review of the IPP revealed she has a long history of stage 4 pressure ulcers and past hip surgeries. Review on 12/15/20 of client #5's physical therapy evaluation dated 11/12/20 revealed "Has had multiple surgical procedures in the past. [client #5] is s/p bilateral hip ostetomies, total hip replacement by girdlestone procedure at [name of children's hospital]. She has been on positioning program (OSG#2) to assist with weight shifting/pressure relief and range of motion to reduce onset of contracture formation." Review on 12/15/20 of client #5's nursing notes revealed client #5 was seen at a large regional hospital on 10/20/20 in their physical therapy department to be measured for a customized wheelchair that would allow for a variety of positioning. Interview on 12/15/20 with the facility nurse	W 249			

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W 249	<p>Continued From page 7</p> <p>revealed client #5 has a long history of skin breakdown due to her need for specialized seating that accommodates her spine and trunk. Additional interview revealed her current wheelchair does not provide optimal seating so another wheelchair has been custom fitted, ordered and should be received in the next several months. She stated she has instructed staff not to let her sit in her wheelchair more than an hour per shift without pressure relief.</p> <p>Interview on 12/15/20 with the QIDP revealed there is not alternate positioning available to client #5 other than her current wheelchair or her bed until the new customized wheelchair arrives. Additional interview revealed direct care staff could have offered to bring client #5 to the dining room to eat supper and then offer her pressure relief after supper in her bedroom rather than feeding her supper in her bedroom. Continued interview revealed for the periods of time client #5 spends in her bedroom that she should be engaged in formal programs and offered leisure choices throughout the day.</p> <p>B. During observations on 12/14/20 in the facility between 3:30pm until 7:00pm (210 minutes) client #1 was sitting in a Geri Chair and was observed to be leaning to the left with a pillow under her left shoulder. At one point during the observations, her head was just above the left arm rest and her glasses began to slip down the bridge of her nose. She was given a piece of paper and markers at a table in the activity room.</p> <p>During observations on 12/14/20 in the facility of supper observations at 7:02pm client #1 was leaning in her Geri Chair to the left just above her left armrest. Client #1 had a plate with stuffed bell</p>	W 249			

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W 249	<p>Continued From page 8</p> <p>peppers, cabbage and a container of cheesecake pudding with water, koolaid for beverages. Client #1 coughed 11 times during the meal. There was no intervention by the direct care staff in the dining room.</p> <p>During observations on 12/15/20 at 8:05am client #1 was in a Geri Chair in the dining area with her head leaning on her left arm which was propped on the left armrest. She scooped her food with her right hand. She coughed several times during her meal. She was gesturing towards staff however they did not see attempts to communicate as they were assisting other clients. The surveyor walked over to a direct care staff and asked for their assistance. Staff #D helped to adjust her position so that she was seated more upright during her meal.</p> <p>Review on 12/15/20 of client #1's IPP dated 7/4/20 revealed she has a health service goal (HSG) #2: Monitor for choking due to a history of dysphagia. Monitor during mealtimes. Follow dietary guidelines when preparing meals. Ensure she is sitting upright during mealtimes. Further review of the IPP revealed she has a wheelchair for mobility which has a belt with lateral pads and shoulder harness.</p> <p>Interview on 12/15/20 with the QIDP and with the facility nurse revealed a customized wheelchair has been ordered for client #1 that will offer more postural control and more ideal seating. However additional interview revealed during the present time, the Geri Chair and her bed are the only seating options for her. Additional interview confirmed client #1's HSG to monitor for choking during meals is current and should be followed consistently.</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>C. During observations in the facility on 12/14/20 of lunch at noon revealed client #4 sitting at the table in her Rifton activity chair in the dining room with staff. She had a plate with a chopped bologna and cheese sandwich, applesauce, crackers, apple juice and water. Client #4 used her fingers to pick up pieces of the sandwich and crackers. Staff assisted her to scoop and she helped bring her spoon to her mouth when eating some of the applesauce. Client #4 with hand over assistance picked up her cup and consumed her beverages.</p> <p>Observations in the facility on 12/14/20 of supper at 7:02pm client #4 was seated in her Rifton activity chair at the dining room table wearing a clothing protector over her clothing. Staff brought a plate with stuffed bell peppers, cabbage and a container of cheesecake pudding. Staff picked up client #4's spoon and fed her entire meal to her and picked up her cup and brought it to her mouth for her to drink.</p> <p>Immediate interview on 12/14/20 with staff K revealed client #4 cannot use utensils for hot foods or assist in feeding herself so she "just feeds her." When asked if she could pick up her cup, staff K stated, "Sometimes she will pick up her cup but she does not get it to her mouth consistently."</p> <p>Review on 12/14/20 of client #4's IPP dated 11/13/20 revealed, "Eats with left hand, sometimes hesitant to let staff use hand over hand. Will allow staff to use graduated guidance to bring spoon to mouth."</p> <p>Interview on 12/15/20 with the QIDP revealed</p>	W 249			

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W 249	<p>Continued From page 10</p> <p>client #4 should be prompted to use graduated guidance to assist in feeding herself to whatever extent possible.</p> <p>D. During observations in the home on 12/14/20 from 3:30pm to 7:00pm (210 minutes), client #12 was observed to sit and listen to Christmas music or play cards with staff. During the observations, client #12 was not observed to participate in formal training or integrative activities that supported the IPP.</p> <p>Review on 12/15/20 of client #12's IPP dated 7/10/20 revealed that client #12's active treatment programs consisted of the following:</p> <ul style="list-style-type: none"> - cleaning the toilet - brushing his teeth using an electric toothbrush - applying deodorant after bathing <p>Interview on 12/15/20 with the qualified intellectual disabilities professional (QIDP) confirmed that formal training or integrative activities that supported client #12's active treatment program should have been carried out and documented as written in the IPP.</p> <p>E. During observations in the home on 12/14/20 from 3:30pm to 7:00pm (210 minutes), client #13 was observed to sit in the foyer of the home, sit in the living area of the home and talk with staff or walk up and down the hallways. During the observations, client #13 was not observed to participate in formal training or other integrative activities or services to support the IPP.</p> <p>Review on 12/14/20 of client #13's IPP dated 7/28/20 revealed client #13's objective training consisted of: the following programs:</p>	W 249			

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W 249	<p>Continued From page 11</p> <ul style="list-style-type: none"> - brushing gums and teeth - identifying coin combinations - cleaning the windows <p>Interview on 12/15/20 with the QIDP confirmed that training or other integrative activities should have been carried out and documented as written in the IPP.</p> <p>F.</p> <p>1) During observations in the home on 12/14/20 from 3:30pm to 7:00pm (210 minutes), client #8 was observed to sit and listen to Christmas music or paint her fingernails with staff. During the observations, client #8 was not observed to participate in formal training or other integrative activities or services to support the IPP.</p> <p>Review on 12/14/20 of client #8's IPP dated 4/18/20 revealed that client #8 is on objective training to:</p> <ul style="list-style-type: none"> - tolerate her hands being washed - tolerate her face being washed - put on lipstick <p>Interview on 12/15/20 with the QIDP confirmed that objective training or other integrative activities that support client #8's active treatment program should have been carried out and documented as written in the IPP.</p> <p>2) During observations in the home for lunch and dinner on 12/14/20 and breakfast on 12/15/20, client #8 was observed to eat her meals in a Geri Chair. Client #8 was observed to slouch down in the Geri Chair, leaning over to her right side with her head almost touching the arm rest of the</p>	W 249			

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W 249	<p>Continued From page 12 chair.</p> <p>Review on 12/14/20 of client #8's IPP dated 4/18/20 revealed dining guidelines which state that client #8 is to "sit erect in the dining room chair, buttocks to the back of the chair, chest 1-3 inches from the table and her plate placed on the edge of the table. Dining room chair gives her good support."</p> <p>Interview on 12/14/20 with Staff C revealed that since being admitted to the home in 3/20, client #8 has never sat in a dining room chair and has always sat in the Geri Chair.</p> <p>Interview on 12/15/20 with Staff B revealed that client #8 never uses a dining chair while eating and always sits in the Geri Chair. Staff B revealed she has no knowledge of dining guidelines for client #8.</p> <p>Interview on 12/15/20 with the QIDP confirmed that staff should be following the dining guidelines as stated in client #8's IPP.</p> <p>3). During observations in the home on 12/14/20 through 12/15/20, client #8 was observed sitting in a Geri Chair for the duration of the survey. Client #8 was observed to slouch down in the chair, leaning to her right side. On 12/14/20 at 4:26pm, Staff F was observed to put a pillow between client #8's right side and the inside of the Geri Chair.</p> <p>Review on 12/14/20 of client #8's IPP dated 4/18/20 revealed that client #8 is semi-ambulatory, uses a wheelchair and walker, and can stand-pivot from her bed to the wheelchair.</p>	W 249			

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W 249	Continued From page 13 Interview on 12/14/20 with Staff F revealed that she puts a pillow between the side of the chair and client #8's side because she feels that it makes her sit up better in the chair as she always looks uncomfortable leaning so far to the right. Staff F revealed this is not something she has been directed to do, but does it to make client #8 more comfortable. Staff F revealed she has never known client #8 to use a walker or wheelchair. Interview on 12/14/20 with Staff D revealed that client #8 has never used a wheelchair or walker, but has always been in the Geri Chair and staff use the Geri Chair to move client #8 around the home. Staff D revealed that she thinks client #8 has a walker, but stated client #8 does not have a wheelchair. Staff D stated that client #8 should be sitting in a chair that is more comfortable for her. Interview on 12/15/20 with the facility quality improvement professional revealed that client #8 has been fitted for a wheelchair, and they are currently waiting for her to receive it. Interview on 12/15/20 with the QIDP confirmed that client #8 should be positioned in a way that is more comfortable for her, not slouching down in the Geri Chair and leaning so far to her right side.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252			

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W 252	Continued From page 14 This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 4 of 9 audit clients (#5, #8, #12, #13). The findings include: A. Review on 12/15/20 of client #5's December 2020 data on her formal programs revealed: 1)Will identify grooming items : Data 3 times weekly (Monday, Wednesday and Friday) trained once. 2)Will tolerate toothbrushing: data daily: trained 4 times. 3) Choose preferred activities in community: data once weekly, Trained once Interview on 12/15/20 with the facility qualified intellectual disabilities professional (QIDP) revealed data should be collected as prescribed in client #5's written training programs. B. Review on 12/15/20 of client #8's objective training data collection for December 2020 revealed the following: 1) Tolerate her hands being washed, data to be collected on Mondays, Wednesdays and Fridays. Data was collected on two days in December. 2) Tolerate her face being washed, data to be collected on Mondays, Wednesdays and Fridays. Data was collected on two days in December. 3) Put on lipstick, data to be collected on Mondays, Wednesdays and Fridays. Data was	W 252			

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W 252	<p>Continued From page 15 collected on one day in December.</p> <p>Interview on 12/15/20 with the facility QIDP revealed data should be collected as prescribed in client #8's written training programs.</p> <p>C. Review on 12/15/20 of client #12's objective training data collection for December 2020 revealed the following:</p> <p>1) Brush his teeth using an electric tooth brush, data to be collected daily on 1st and 2nd shift. Data was missing for five dates in November and 8 dates in December. In addition, no data was collected on 2nd shift for the month of December.</p> <p>2) Clean the toilet, data to be collected on Tuesdays and Thursdays. Data was missing for the month of December.</p> <p>3) Apply deodorant after bathing, no data collection found.</p> <p>Interview on 12/15/20 with the facility QIDP revealed data should be collected as prescribed in client #12's written training programs.</p> <p>D. Review on 12/15/20 of client #13's objective training data collection for December 2020 revealed the following:</p> <p>1) Brush his teeth and gums, data collected daily on 1st and 2nd shifts. Data was collected on two days in December on 1st shift and no data was collected on 2nd shift for the month of December.</p> <p>2) Identify coin combinations, data collected on 1st shift on Tuesdays and Thursday, data collected one day in December.</p> <p>3) Clean the windows, data to be collected 1st shift on Tuesdays and Thursday, data collected one day in December.</p>	W 252			

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W 252	Continued From page 16	W 252			
W 369	<p>Interview on 12/15/20 with the facility QIDP revealed data should be collected as prescribed in client #13's written training programs.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure 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 review and interview, the facility failed to administer all medications prescribed by the physician without error. This affected 2 of 9 audit clients (#2 and #13) observed receiving medications. The findings include:</p> <p>A. During observations of medication administration on 12/15/20 at 6:14am, Staff I was observed to administer 1/2 Methimazole 5mg tablet, one Oyster Calcium 500mg/Vitamin D 500mg/2000iu tablet and one Vitamin D tablet to client #13.</p> <p>Review on 12/15/20 of client #13's physician's orders dated 9/17/20 revealed an order for Vitamin D, "take one tablet by mouth daily at 8am."</p> <p>Interview on 12/15/20 with the facility nurse confirmed that the Vitamin D tablet should have been given to client #13 at 8:00am, or an hour before or hour after, as written on the physician's orders.</p>	W 369			

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W 369	Continued From page 17 B. During observations of medication administration on 12/15/20 at 7:10am, Staff I was observed to administer one Amitzia 24mcg tablet, one Buspirone 30mg tablet, one Calcium/D3 600mg tablet, one Cranberry 450mg tablet, one Vitamin B-12 250mcg tablet, and one Vitamin D 50mcg tablet to client #2. Staff I crushed the tablets and mixed them in apple sauce, and client #2 ingested them. Review on 12/15/20 of client #2's physician's orders dated 9/17/20 revealed an order for Vitamin B-12 250mcg, "Take one tablet sublingually daily." Interview on 12/15/20 with the facility nurse confirmed that the Vitamin B-12 250mcg tablet should have been given to client #2 sublingually, not crushed in apple sauce, as written on the physician's orders.	W 369			
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 interview, the facility failed to ensure a client was taught to use assistive devices appropriately and make informed choices about their use. This affected 1 of 9 audit clients (#13). The finding is:	W 436			

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W 436	Continued From page 18 During observations in the home on 12/14/20 through 12/15/20, client #13 was observed to not have his hearing aids in his ears. Throughout the observations, staff in the home were observed to ask client #13 questions or talk with client #13, and he would respond by saying "uh?" Review on 12/14/20 of client #13's individual program plan (IPP) dated 7/28/20 revealed client #13 wears hearing aids. Further review of client #13's IPP revealed that at times, client #13 does not like to wear his hearing aids and staff should encourage him to wear them. Interview on 12/15/20 with Staff G revealed that client #13 does have hearing aids, but he does not like to wear them. Staff G revealed that client #13 will hide his hearing aids, or will intentionally lose them and say he needs a new pair. Staff G revealed that staff are to encourage him to put them in his ears, but this will cause client #13 to become verbally aggressive with staff. Interview on 12/15/20 with the qualified intellectual disabilities professional (QIDP) confirmed that client #13 should wear his hearing aids and if he refuses, staff should encourage him to wear them. Interview on 12/15/20 with the facility quality improvement professional revealed client #13 may have previous objective training in tolerating his hearing aids, however there was not documentation in his record to support that previous training had been provided.	W 436			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1)	W 454			

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W 454	<p>Continued From page 19</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home. The findings include:</p> <p>A. During observations in the home on 12/14/20 through 12/15/20, staff in the home were observed to wear face masks, face shields and gowns. Throughout the observations, staff were observed to wear their face masks below their nose or chin.</p> <p>Review of signs posted in the home, dated 11/21/20, revealed "Effective immediately, all staff must wear full personal protective equipment (PPE), surgical masks, face shield, gown and gloves at all times."</p> <p>Interview on 12/15/20 with Staff D revealed that staff in the home have been trained by the facility nurse on what PPE staff should wear and how the PPE should be worn. Staff D revealed that staff are to wear masks, ensuring the mask is covering the nose and below the chin. Staff D revealed that staff do not have to wear gloves.</p> <p>Interview on 12/15/20 with Staff B revealed that she has not been trained on PPE, and does not know that staff are suppose to wear gloves. Staff B revealed she has been working at the facility "for a few months, and does what the other staff do."</p>	W 454			

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W 454	<p>Continued From page 20</p> <p>Interview on 12/15/20 with the facility nurse revealed that staff are supposed to full PPE, including gloves, at all times. The facility nurse confirmed that staff are supposed to wear their face masks to ensure their nose and mouth are covered at all times.</p> <p>B. During observations in the home on 12/14/20 from 3:30pm to 7:00pm, client #9 was observed sitting at a table in the den of the home. She was sitting with several of her peers and staff. On the table was a plastic container of crayons and markers, coloring books and coloring pages. Throughout the observations, client #9 was observed to spit on the table and in the air above the table. The coloring pages and books were passed back and forth amongst staff, and the box of crayons and markers were passed between staff and clients to use. At no time during the observations was the table or activity materials sanitized.</p> <p>Additional observations in the home on 12/14/20 at 7:07pm revealed client #9 sitting at the dining room table preparing to eat. There were dishes, utensils and bowls of food on the table. Client #9 spit on the table and in the air above the table on two occasions. Two other clients were escorted into the dining room and seated at the table with client #9. The table, utensils and bowls of food were not sanitized prior to the clients beginning to eat.</p> <p>Interview on 12/15/20 with the qualified intellectual disabilities professional (QIDP) confirmed that the areas that client #9 were spitting in should have been sanitized.</p>	W 454			