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	34G054	A. BUILDING _____ B. WING _____	01/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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
W 000	INITIAL COMMENTS A complaint investigation for intake #NC00168399 was conducted during the recertification survey. There were no deficiencies cited as a result of the complaint investigation.	W 000		
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 4 of 5 audit clients (#2, #3, #4 and #10) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure, dining, behavior intervention, and self-help/domestic tasks. The findings are: A. During leisure time observations throughout the survey in the home on 1/19 - 1/20/21, client #2 frequently sat on a couch unengaged while tossing a sock back and forth or manipulating a drawstring on his pants. During this time, various staff offered other clients activities individually or as a group. Client #2 was not observed to be prompted or encouraged to participate with any leisure activities.	W 249		

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

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W 249	Continued From page 1 Interview on 1/20/21 with Staff J revealed client #2 "likes a string" or something he can move in his hands. When asked if the client likes any other leisure activities, the staff indicated he does not like any leisure activities in the home. Review on 1/20/21 of client #2's IPP dated 5/14/20 revealed he "enjoys playing with string or soft objects...takes pleasure in swinging on the back porch." The plan noted, "His attention span is very short. Staff must continually encourage him to rejoin his group activities, as he is known to demonstrate non-compliance when asked to participate in most activities...Although he will opt not to participate in group activities staff will make the task available to [Client #2] even if he prefers to sit away from others through service goal 62-S [Client #2's] Programming Guidelines for Activities Bin, which team members agree continues to be beneficial towards increasing his sensory stimulation." Further review of service goal 62-S (dated 10/15/12) noted, "Programming guidelines to assist with activities bin during sensory stimulation or leisure time...[Client #2's] activity bin should be used during sensory stimulation or leisure time, [Client #2's] bin contains items of different sizes and texture." Interview on 1/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should attempt to engage client #2 in various leisure activities throughout his day. B. During leisure time observations throughout the survey in the home on 1/19 - 1/20/21, client #4 frequently sat on in a chair unengaged while tossing a clothes hanger back and forth. During this time, various staff offered other clients	W 249		

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W 249	Continued From page 2	W 249		

activities individually or as a group. On one occasion, the client was presented with an peg board game which he manipulated briefly. Client #4 was not observed to be prompted or encouraged to participate with any other leisure activities.

Interview on 1/20/21 with Staff J revealed client #4 only "likes his hanger...it's a behavior." Additional interview indicated if an activity is put near him he will put it together quickly and put it away but he does not like any other leisure activities in the home.

Review on 1/20/21 of client #4's IPP dated 11/12/20 revealed he likes "to carry his preferred item (hanger) with him around the house and sit in his favorite chairs." The plan indicated, "[Client #4] also takes pleasure in having alone time in his bedroom while listening to his small collection of Elvis cds." Additional review of the plan noted, "[Client #4] participates in organized activities with the help of staff...Recreation and leisure activities are also a part of his daily schedule." Further review of the IPP revealed a service goal (32-S) for a Leisure Activity Program in which client #4 has time in his room with staff checking on him every 30 minutes. The service goal noted, "A box containing leisure time activities is available to him to choose items for entertainment."

Interview on 1/20/21 with the QIDP confirmed staff should continue to make attempts to engage client #4 with various leisure activities throughout his day.

C. During evening observations in the home on 1/19/21 at 5:06pm, client #3 suddenly got up from her chair and began using her walker to walk

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toward the front door stating she needed to go on an appointment. While standing in the foyer of the home and several staff prompting her to return to the activity room, client #3 began screaming becoming more insistent on leaving. Within a few seconds, Staff G came into the area and convinced client #3 to come back to the activity room. As the client returned to her seat, Staff G went into the staff lounge, retrieved a small packet of candy and gave it to the client. Client #3 immediately calmed down and began consuming the candy.

Interview on 1/20/21 with Staff G revealed they had given client #3 the candy to "help calm her down". The staff stated, "Sometimes she acts up when she wants to do something." Additional interview indicated this was a way of giving her "some attention".

Review on 1/20/21 of client #3's Behavior Support Plan (BSP) dated 1/14/21 revealed an objective to display 5 or less episodes of noncompliant behaviors per month for 10 out of 12 months. Additional review of the plan did not indicate client #3 should be given candy as an intervention procedure to address noncompliant behavior.

Interview on 1/20/21 with the Program Director confirmed client #3's BSP had not been implemented as written.

D. During observations in the home on 1/19/21 between 11:03am - 12:55pm and on 1/20/21 from 8:00am - 8:55am, client #2 was prompted from the couch to other areas of the room on several occasions. As the client walked from one area to another, he frequently dropped to the floor intentionally. Prior to moving from the couch,

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W 249	Continued From page 4 client #2 was not provided with an object to carry. Review on 1/20/21 of client #2's BSP dated 5/7/20 revealed an objective to reduce his inappropriate target behaviors of physical aggression, throwing objects, falling to the floor/refusal to walk, non-compliance and self-injury. The plan defined falling to the floor/refusal to walk as "intentional sitting on the floor during attempts during request to move from one area to another." Additonal review of the BSP noted, "Before moving, have [Client #2] carry something, as he tends to be preoccupied with the item and less likely to drop..." Interview on 1/20/21 with the QIDP confirmed client #2's BSP should be implemented as written. E. During dinner observations in the home on 1/19/21 at 6:29pm, client #2 consumed his food quickly. As the client was almost finished, Staff G picked up his plate and began feeding him the remaining portion of his food. The staff then cleared client #2's dishes for him. During breakfast observations in the home on 1/20/21 at 9:12am, client #2 consumed his food as Staff D held his plate in place using their hand. No dycem mat was observed underneath the client's plate. Interview on 1/2021 with Staff D revealed client #2 is capable of feeding himself. When asked if the client uses a dycem mat at meals, the staff indicated they were not sure. Review on 1/20/21 of client #2's IPP dated 5/14/20 revealed, "He continues to feed himself	W 249		

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W 249	Continued From page 5 independently" and utilizes a "dycem mat" at meals. Interview on 1/20/21 with the QIDP confirmed client #2 should not be fed at meals and he should be provided with a dycem mat at meals. F. During dinner observations in the home on 1/19/21 at 6:37pm, staff cleared client #2's dirty dishes after the meal without prompting or assisting him to complete this task. Interview on 1/20/21 with Staff D indicated the client can clear his dishes when prompted. Review on 1/20/21 of client #2's IPP dated 5/14/20 revealed he can clear his place at the table. Interview on 1/20/21 with the QIDP confirmed client #2 can clear his place at the table and usually does so without prompting.	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. This STANDARD is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure all data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 2 of 5 audit clients (#2 and #10).	W 252		

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W 252	Continued From page 6 The findings are: A. Review on 1/20/21 of client #10's Individual Program Plan (IPP) dated 1/5/21 revealed service goals for upper extremity exercises (52-S) and lower extremity exercises (80-S). Additonal review of the IPP noted, "ROM exercises for upper extremities is currently in place to provide various activities to provide ROM...He currently participates in a daily home exercise routine...to help maintain his present level of range of motion in his lower extremities..." Review of the service goals indicated, "Staff should encourage [Client #10] to perform exercises daily to achieve optimum benefit from exercises...Range of motion to be carried out once a day either on the 1st or 2nd shift...Document participation on the Monthly Exercise Program Log." Further review of client #10's training book did not include documentation of any ROM exercises for the client. Interview on 1/20/21 with Staff D revealed client #10's exercises are generally done on 1st shift. Interview on 1/20/21 with Qualified Intellectual Disabilities Professional (QIDP) confirmed client #10's ROM exercises should be implemented and documented daily. B. Review on 1/20/21 of client #10's physician's orders signed 12/29/20 revealed an order for the use of antiseptic mouthwash to be swabbed on the client's gums twice daily in the morning and evening. The order noted this would be documented on the client's treatment sheets. Additional review of client #10's "Treatment documentation forms" did not include any	W 252		

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W 252	Continued From page 7 documentation for the use of mouthwash. Interview on 1/20/21 with the facility's nurse confirmed staff should be swabbing client #10's gums as indicated and documenting on his treatment sheets. The nurse acknowledged this treatment was included on the client's physician's orders. Interview on 1/20/21 with the QIDP confirmed client #10's use of antiseptic mouthwash should be implemented and documented as indicated on his physician's orders. C. During observations in the home on 1/19/21 between 11:03am - 12:55pm and on 1/20/21 from 8:00am - 8:55pm, client #2 dropped to the floor intentionally on several occasions when prompted to move from one area of the room to another by various staff. Review on 1/20/21 of client #2's BSP dated 5/7/20 revealed an objective to reduce his inappropriate target behaviors of physical aggression, throwing objects, falling to the floor/refusal to walk, non-compliance and self-injury. The plan defined falling to the floor/refusal to walk as intentional sitting on the floor during attempts during request to move from one area to another. Additional review of client #2's behavior data sheets did not indicate his incidents of falling to the floor were documented for 1/19/21 and 1/20/21. Interview on 1/20/21 with the QIDP confirmed client #2's target behaviors should be documented.	W 252		

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W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #4's Behavior Support Plan (BSP) included written informed consent from both co-guardians. This affected 1 of 5 audit clients. The finding is: Review on 1/20/21 of client #4's current BSP to address his physically aggressive behaviors revealed the use of restrictive mittens. Additional review of the plan's written informed consent indicated only one of two guardians had provided consent on 11/24/20. Interview on 1/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed consent for the BSP should have been obtained from both guardians.	W 263		
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #12 ate in a manner which was not stigmatizing. This affected 1 of 5 audit clients. The finding is:	W 488		

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W 488	Continued From page 9 During breakfast observations in the home on 1/20/21 at 8:55am, client #12 ate with lower portion of her clothing protector spread across the table in front of her and the upper portion secured around her neck. While consuming her food, client #12's plate was positioned on top of the lower portion of her clothing protector. Throughout the meal, Staff B periodically assisted the client as she consumed her food in this manner. Interview on 1/20/21 with Staff B revealed client #12's clothing protector was positioned in this manner because she "spills a whole lot of food" and this helps to keep her from "spilling all over herself." Review on 1/20/21 of client #12's Individual Program Plan dated 5/28/20 revealed the client utilizes an "oversized napkin" at meals. Additional review of the plan did not indicate the napkin should be applied in the manner previously described. Interview on 1/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #12 should not have her clothing protector positioned with her plate on top of it.	W 488		