

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

PRINTED: 02/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/05/2021
NAME OF PROVIDER OR SUPPLIER CAROLINA FARMS GROUP HOME #3			STREET ADDRESS, CITY, STATE, ZIP CODE 31713 HERB FARM CIRCLE ALBEMARLE, NC 28001		
(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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure environmental cleanliness. The finding is:</p> <p>Observations in the group home on 2/4/21 revealed dining chairs at the dining table to have dried food debris on the frames of all chairs before and after the dinner meal. Continued observation on 2/4/21 revealed the lid of the kitchen trashcan to hang on a wall outside the kitchen throughout the evening observation period and to have food debris and dried meal spillage visible on the lid. Subsequent observation revealed the kitchen trashcan to have dried spillage. Observation of the wall behind the kitchen trashcan revealed a plexiglass covering that also had food debris and dried spillage.</p> <p>Observation in the group home on 2/5/21 from 7:15 AM until 8:30 AM revealed observations consistent with observations on 2/4/21 relative to the condition of dining chairs, the lid to the kitchen trashcan hanging on the wall and the condition of the kitchen trashcan and wall behind the trashcan. Additional observation on 2/5/21 revealed a plexiglass cover on the wall under the bar of the kitchen that was covered in debris and various marks of dirt.</p>	W 104			

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 104	Continued From page 1 Interview with the home manager (HM) on 2/5/21 revealed the kitchen trashcan lid was hung on the wall to prevent residents of the home from touching the lid as trash was placed in the trash can. Continued interview with the HM verified, with observation, the lid of the trashcan was not clean and the kitchen trashcan also was not clean. Interview with the facility qualified intellectual disabilities professional (QIDP) verified the dining chairs of the facility should be cleaned after each meal and dining chairs were not clean with dried debris and spillage. Continued interview with the QIDP verified the plexiglass wall covering under the kitchen bar and behind the kitchen trashcan was not clean and needed to be wiped down by staff.	W 104			
W 227	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 observation, review of records and interview the individual support plan (ISP) failed to have sufficient training objectives or interventions relative to dining behavior for 1 of 3 sampled clients (#5). The finding is: Observation in the group home on 2/4/21 at 5:43 PM revealed client #5 to sit in a dining chair and participate in the dinner meal. Continued	W 227			

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W 227	Continued From page 2 observation revealed client #5 to utilize his hands to touch items on his dinner plate and to finger foods then place various bites of food in his mouth using his fingers. Subsequent observation of client #5 during the dinner meal revealed client #5 to spit multiple bites of food out onto the floor after placing food in his mouth. Additional observation revealed staff to visually monitor client #5 throughout the dinner meal with no verbal redirection regarding the use of fingers to eat or spitting food into the floor. Observation in the group home on 2/5/21 at 8:05 AM revealed client #5 to participate in the breakfast meal. Continued observation revealed client #5 to utilize his hands at various times to touch items on his breakfast plate and to place food in his mouth that he intermittently spit in the floor. Additional observation revealed staff to monitor client #5 during the breakfast meal with no redirection or prompting relative to spitting food in the floor. Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #5 at times spits food in the floor and has no programming or training objective to address the behavior. Continued interview with the QIDP revealed it is not known why client #5 spits food in the floor during meals and indicated the action might be due to a possible sensory reaction of client #5 to various foods. Further interview with the QIDP verified client #5 could benefit from a program to address spitting food into the floor during meals.	W 227			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249			

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W 249	<p>Continued From page 3</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 review and interviews, the facility failed to ensure 1 of 3 sampled clients (#5) received a continuous active treatment program consisting of needed interventions as identified in the individual support plan (ISP) relative to dining. The findings are:</p> <p>A. The team failed to ensure a program objective relative to utensil use at meals was implemented in sufficient frequency to support the need of client #5. The finding is:</p> <p>Observation in the group home on 2/4/21 at 5:43 PM revealed client #5 to sit in a dining chair and participate in the dinner meal. Continued observation revealed client #5 to utilize his hands at various times to touch items on his dinner plate and to finger foods then place various bites of food in his mouth using his fingers. Additional observation revealed staff to visually monitor client #5 throughout the dinner meal with no verbal redirection regarding the use of fingers to eat.</p> <p>Observation in the group home on 2/5/21 at 8:05 AM revealed client #5 to participate in the breakfast meal. Continued observation revealed</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>client #5 to utilize his hands at various times to touch items on his breakfast plate and to place food in his mouth. Additional observation revealed staff to monitor client #5 during the breakfast meal with no redirection or prompting relative to the use of utensils.</p> <p>Review of records for client #5 on 2/5/21 revealed a individual support plan (ISP) dated 10/10/20. Review of the 10/2020 ISP revealed a training objective implemented 4/30/20 that client #5 will use his utensils while eating with 4 or less prompts for 6 consecutive months. A review of the training method relative to the training objective to address utensil use at meals revealed staff will prompt client #5 as required to use his utensils while eating.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) verified client #5's program objective for utensil use at meals is a current training objective. Continued interview with the QIDP verified client #5's program for utensil use should have been implemented as written with verbal redirection from staff when the client used his hands to eat.</p> <p>B. The team failed to ensure a program objective relative to participation in family style dining at meals was implemented in sufficient frequency to support the need of client #5. The finding is:</p> <p>Observation in the group home on 2/5/21 at 8:05 AM revealed client #5 to participate in the breakfast meal. Continued observation during the meal revealed client #5 to get out of his dining chair, to sit on the floor near staff and drink a cup of juice. Further observation revealed staff to ask client #5 "Would you like to go back to the table</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>with your juice?" to which the client refused. Subsequent observation revealed client #5 to remain in the floor and to ambulate near his dining room chair with no further redirection from staff to return to his dining chair. Additional observation revealed client #5 to return to his room and leave his breakfast dishes on the table that staff took to the kitchen.</p> <p>Review of records for client #5 on 2/5/21 revealed a individual support plan (ISP) dated 10/10/20. Review of the 10/2020 ISP revealed a training objective implemented 4/30/20 that client #5 will participate in family style dining with assistance from staff as needed with 5 or less prompts for 6 consecutive months. A review of the training method relative to the family style meal participation objective revealed when prompted client #5 will sit at the table. Continued review of the training method for client #5's family style meal participation objective revealed the client will remain in his chair while eating; if client #5 gets up to leave the table before he is finished eating staff will prompt the client to return to the table to finish.</p> <p>Interview with the QIDP verified client #5's program objective for participation in family style dining is a current training objective. Continued interview with the QIDP verified client #5's program for family style meal participation should have been implemented as written with verbal redirection from staff, in the frequency indicated in the objective to address client #5 with returning to the table to finish his meal.</p>	W 249			