STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G187	A. BUILDING _____ B. WING _____	02/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-NASH HOUSE II	3505 HAWTHORNE RD ROCKY MOUNT, NC 27803

(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 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 4 audit clients (#1, #4 and #6) received a continuous active treatment program consisting of needed interventions and services to support the objectives identified in the Individual Program Plan (IPP) in the areas of meal preparation skills. The findings are: During 3 of 3 meal preparation observations in the home throughout the survey on 2/22 - 2/23/21, various staff cooked all meals without any client participation. No clients were prompted or encouraged to assist with any cooking tasks. Additional morning observations on 2/23/21 revealed staff setting each client's place at the table without prompting or encouraging their participation. Further observations of a Chore Chart posted on a refrigerator in the kitchen indicated, "ALWAYS HAVE ONE OF THE CLIENTS THAT CAN ASSIST DO SO WITH EVERY TASK LISTED. Please include any and all clients in the mealtime	W 249		

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 249	Continued From page 1 process as much as possible...Each client needs to set their own place at the table." A chore on the list also included meal preparation for client #1, client #4 and client #6. During an interview on 2/23/21, when asked if any clients assist with cooking tasks, Staff D stated they used to but currently they no longer help in the kitchen "because of COVID". Additional interview indicated clients in the home have not been allowed to assist in the kitchen since the COVID -19 pandemic began in March 2020. Review on 2/23/21 of client #1's IPP dated 9/29/20 revealed, "[Client #1] eagerly assists with meal preparation, especially if items being prepared are her favorite...[Client #1's] strength in terms of mealtime skills includes her willingness to initiate to assist with meal preparation. She occasionally requires reminders to allow others to assist as scheduled, she continues to require supervision for safety and is aware of the purpose of kitchen appliances." The plan noted, "She sets the table with assistance to retrieve items from the cart..." Review on 2/23/21 of client #4's IPP dated 3/10/20 revealed, "[Client #4] prepares some food with assistance, staff cueing and staff monitoring for safety around, stove, toaster an sharp items." The plan identified a desired outcome to increase his self-help and homeliving skills. Review on 2/23/21 of client #6's IPP dated 4/28/20 revealed, "...He also helps to prepare meals with occasional encouragement to increase his participation." Additional review of the plan noted he assists with setting and clearing the table.	W 249		

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W 249	Continued From page 2 Interview on 2/23/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients were not participating with kitchen tasks because of "germs" and the COVID-19 pandemic. The QIDP; however, acknowledged there are tasks clients could assist with in the kitchen while no confirmed COVID-19 cases or quarentines were present in the home. Additional interview confirmed each client should also be assisting with setting up their place setting at the table before meals.	W 249		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #4's inappropriate behavior was included in an active treatment plan. This affected 1 of 4 audit clients. The finding is: During morning observations in the home on 2/23/21 at 6:40am, Staff H retrieved an adapter cord from a locked office in the home and took it into client #4's bedroom. After a few minutes, the staff exited the bedroom with the the cord and returned it to the locked office. Immediate interview with Staff H revealed the adapter cord was for client #4's electric razor. Additional interview indicated the cord is not kept	W 288		

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W 288	Continued From page 3 in the client's bedroom because he will use it to operate his shaver and try to shave his eyebrows and other areas of his face. Review on 2/23/21 of client #4's Individual Program Plan (IPP) dated revealed, "[Client #4] is able to shave himself independently with staff supervision to ensure accuracy and safety." Additional review of client #4's Behavior Support Plan (BSP) dated 10/1/20 revealed an objective to reduce his frequency of defined agitation behavior episodes to 8 or fewer a month for 7 out of 12 calendar months. Further review of the BSP did not identify inappropriate use of his shaver as a behavior or a need to lock away his adapter cord to address the behavior. Interview on 2/23/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's adapter was kept locked in the office because he will attempt to shave areas on his face without supervision. The QIDP acknowledged the technique removing the cord from his bedroom to address the behavior was not included in a formal active treatment plan.	W 288		