

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

PRINTED: 02/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy during medication administration for 2 of 5 audit clients (#1 and #3). The findings are:</p> <p>A. During afternoon medication administration in the home on 2/1/21, client #1 was receiving his medications while the medication room was open. Further observations revealed there was also another client sitting in the medication room while client #1 was receiving his medication.</p> <p>During an interview on 2/1/21, Staff B revealed client #1 should have been giving privacy while he was receiving his medication. Staff B also stated he had been trained to ensure privacy for the clients during medication administration.</p> <p>Review on 2/2/21 of the inservice/training form dated 12/4/20 revealed Staff B was in attendance when they discussed privacy of clients.</p> <p>Review on 2/2/21, of client #1's client rights (no date) revealed, "...right to privacy."</p> <p>B. During morning medication administration in the home on 2/2/21, client #3 was having a cream put on his back by Staff A. Further observations revealed client #3's back was facing a long vertical window which does not have any covering.</p>	W 130			

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 130	Continued From page 1	W 130			
W 189	<p>During an interview on 2/2/21, Staff A revealed client #3 had always received the cream for his back in the medication room where the window has no covering. Further interview Staff A stated client #3 could have got his cream for his back in the bathroom.</p> <p>Review on 2/2/21, of client #3's client rights (no date) revealed, "...right to privacy."</p> <p>During an interview on 2/2/21, the facility's nurse stated all the clients in the home should be given privacy during their medication administration.</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to document in the medication administration record (MAR). The finding is:</p> <p>During morning medication administration observations in the home on 2/2/21, beginning at 8:21am and ending at 8:58am Staff B signed the MAR prior to all six client consuming their medications.</p> <p>During an interview on 2/2/21, Staff A stated she has always signed the MAR prior to the clients consuming or receiving their topical medications.</p>	W 189			

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W 189	Continued From page 2	W 189			
W 247	<p>Review on 2/2/21 of the facility's employee medication administration guide (no date) stated, "Enter initials on the MAR...in prescribed space after administration (not after preparing it for administration)."</p> <p>During an interview on 2/2/21, the facility's nurse confirmed staff have been trained not to sign the MAR prior to the clients consuming their medications.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 5 audit clients (#1) was provided the opportunity of choice. The finding is:</p> <p>During morning observations in the home on 2/2/21 at approximately 6:45am, client #1 stood up from the couch and staff told him, "Have a seat [Client #1's name]; not yet." Further observations revealed at 6:49am, client #1 was seen looking into the kitchen from the den area. Additional observations revealed staff using their body, with their arm out physically blocking client #1 from entering the kitchen area. At 7:12am, client #1 looking into the kitchen area; staff took their hand a lead him the kitchen area down the stairs into the den and had him sit on the couch. Client #1 then stood up from the couch at 7:15am and staff told him to sit back down.</p>	W 247			

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W 247	Continued From page 3 Review on 2/2/21 of client #1's clients' rights (no date) stated, "Have access to all living areas...."	W 247			
W 249	During an interview on 2/2/21, management staff stated client #1 does have the right to free movement within his living environment. 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 3 of 5 audit clients (#1, #3 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plans (IPP) in the areas of self help and adaptive equipment. The findings are: A. During afternoon medication administration in the home on 2/1/21 at 4:04pm, Staff B fed client #1 his medication. At no time was client #1 prompted to feed himself. Additional medication administration on 2/2/21 at 8:58am, Staff A feed client #1 his medication. At no time was client #1 prompted to feed himself.	W 249			

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W 249	<p>Continued From page 4</p> <p>Review on 2/2/21 of client #1's medication self administration assessment dated 7/1/20 revealed client #1 can independently scoop his medication from the medication cup and then place the spoon in his mouth once the medication is on the spoon.</p> <p>During an interview on 2/1/21, Staff B revealed he has always fed client #1 his medications because he will make a mess.</p> <p>During an interview on 2/2/21, Staff A revealed she has always fed client #1 his medications because he will "waste" it on himself.</p> <p>During an interview on 2/2/21, management staff revealed client #1 should have been given the opportunity to feed himself his medication.</p> <p>B. During medication administration in the home on 2/2/21 clients #1, #3 and #6 were not prompted to wash their hands prior to the medication administration. Further observations revealed there were 2 bottles of hand sanitizer on the table where the clients were sitting. At no time where they prompted to use the hand sanitizer.</p> <p>Review on 2/2/21 of client #1's adaptive behavior scale (ABS) dated 4/23/20 revealed he needs total assistance with washing his hands.</p> <p>Review on 2/2/21 of client #3's ABS (no date) revealed he needs total assistance with washing his hands.</p> <p>Review on 2/2/21 of client #6's ABS dated 11/12/18 revealed she can wash her hands with assistance.</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>Review on 2/2/21 of a inservice/training form dated 12/4/20 revealed Staff B was in attendance when they discussed hand washing.</p> <p>During an interview on 2/2/21, the facility's nurse confirmed all clients should wash their hands prior to their medication administration.</p> <p>C. During breakfast observations in the home on 2/2/21 clients #1, #3 and #6 were not prompted to pour their own liquids. At no time were clients #1, #3 and #6 given the opportunity to pour their own liquids.</p> <p>During an interview on 2/2/21, Staff A revealed she was pouring the liquids for clients #1, #3 and #6 because she was "helping them."</p> <p>During an interview on 2/2/21, the management staff confirmed clients #1, #3 and #6 should have been given the opportunity to pour their own liquids.</p> <p>D. During morning observations in the home on 2/2/21 from 6:39am until 8:21am, client #6 was observed not wearing her hearing aids in both her ears. At no time was client #6 prompted to put her hearing aids in.</p> <p>Review on 2/2/21 of client #6's hearing assessment dated 8/27/20 revealed "Hearing Aids."</p> <p>During an interview on 2/2/21, the facility's nurse stated client #6 should have both hearing aids in once she has showered and gets dressed in the morning. Further interview revealed staff have been trained to ensure client #6 has her hearing</p>	W 249			

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W 249	Continued From page 6 aids in. Additional interview revealed client #6's hearing aids are kept in her bedroom in her nightstand.	W 249			
W 374	DRUG ADMINISTRATION CFR(s): 483.460(k)(7) The system for drug administration must assure that drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to administer the medication and instructions as to how often to administer the medication for 1 of 5 audit clients (#4). The finding is: During morning medication administration observations in the home on 2/2/21 at 8:21am, client #4's foot cream was not labeled. During an interview on 2/2/21, Staff A confirmed client #4's foot cream was not labeled. Further interview revealed the box for client #4's foot cream was probably thrown away. During an interview on 2/2/21, the facility's nurse confirmed client #4's foot cream was not labeled. Further interview revealed "staff probably threw the box away."	W 374			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the	W 455			

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W 455	<p>Continued From page 7</p> <p>prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infections and prevent possible cross-contamination. This potentially affected all the clients residing in the home. The finding is:</p> <p>A. During afternoon observations in the home on 2/1/21 at 12:43pm, revealed one client playing the game Connect Four with a staff person. At 12:47pm, another client began touching the pieces of the Connect Four game. Additional observations at 12:55pm, revealed one client touching a alphabet puzzle board and putting his fingers in his mouth. At 1:00pm, another client began touching the same alphabet board. At no time were the Connect Four game or the alphabet puzzle board disinfected prior to the other clients touching them.</p> <p>B. During breakfast observations in the home on 2/2/21 at 7:00am, client #5 reached into a serving bowl with her hand and touched four pieces of bacon. Further observations revealed Staff A physically prompted client #5 to put all four pieces of the bacon back into the serving bowl and then taking out two with the tongs and giving them to client #5. At 7:05am, another client used the tongs to serves himself three pieces of bacon and then consuming it at 7:03am.</p> <p>During an immediate interview, Staff A revealed the bacon which client #5 touched with her hands should not have been put back into the serving</p>	W 455			

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W 455	Continued From page 8 bowl. C. During morning observations in the home on 2/2/21 at 7:55am, client #3 put his right hand down inside of his pants and began to scratch his crotch area. At 8:04am, he used his right hand to touch the right hand of a staff person. Client #3 then touched a ball which was being tossed back and forth between another client and a staff person. At no time was client #3 prompted to wash his hands. Review on 2/2/21 of a inservice/training form revealed Staff A was in attendance for the training on universal precautions. During an interview on 2/2/21, the facility's nurse confirmed all leisure items are suppose to be disinfected between clients. Further interview revealed client #3's hands should have been washed. The nurse also stated the bacon should not have been placed back into the serving bowl after client #5 touched them.	W 455			
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, record review and interviews, the facility failed to ensure client #1's diet was provided as prescribed. This affected 1 of 5 clients. The finding is: During lunch observations in the home on 2/1/21	W 460			

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NAME OF PROVIDER OR SUPPLIER

THOMAS S DECATUR HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**7559 DECATUR DRIVE
FAYETTEVILLE, NC 28303**

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W 460	<p>Continued From page 9</p> <p>at 11:50am, client #1 consumed 1/2 of a chicken salad sandwich into his mouth. Further observations revealed client #1 putting round sized carrots into his mouth as he was still chewing the chicken salad sandwich. At no time did staff prompt client #1 to cut up the sandwich.</p> <p>During an interview on 2/2/21, Staff A said there are no clients who have their food modified as needed.</p> <p>Review on 2/1/21 of client #1's individual program plan (IPP) dated 5/23/20 revealed, "Some foods should be made into bite size pieces because [Client #1's name] will shove food into his mouth."</p> <p>During an interview on 2/2/21, management staff stated client #1 needs assistance with cutting his food.</p>	W 460		

W130- - By 4/1/2021 All staff working at Thomas S. Decatur facility will be re-trained on client rights and privacy during treatment. The group home manager will be responsible for monitoring direct care staff twice a week to ensure the residents receive privacy during treatment. The agency has provided window coverings for the facility to aid in the right to privacy for all residents.

W189 - By 4/1/2021 the facility nurse will conduct a medication review that will include the process to administer medications and how to properly document on the MAR. The group home manager and/or facility nurse will monitor staff twice a week to ensure all medications are being administered as prescribed and staff are correctly completing the process of documenting on the MAR. Staff will be monitored to ensure they document on the MAR after the medication has been administered.

W247 - By 4/1/2021 all staff will review client rights, client choices, and freedom of movement. The QDDP will train staff to allow all residents to have access to all living areas. The group home manager will monitor and observe staff and resident interaction weekly. The agency will post "Staff only" signage on all areas that should not be accessible to the residents.

W249 - By 4/1/2021 the QDDP will review all habilitation plans to ensure the information is correct and it documents the client's abilities. The QDDP and the interdisciplinary team will make addendums to the habilitation plans as needed. By 4/1/2021 the QDDP will review all habilitation plans with the staff. The QDDP and/or facility nurse will also in-service staff on hand washing and the use of hand sanitizer. After staff has been trained, the group home manager will monitor staff weekly to ensure they are following the habilitation plans as written. The group home manager will also observe the staff and residents sanitizing their hands before meals, before medication passes, and as needed throughout the day.

W374 - By 3/1/2021 the group home manager will review all medications and packaging to ensure they have a label with the medication name, dosage, and how/when to administer. The group home manager will review medications weekly and contact the pharmacy immediately if the medication label is missing, damaged, or incorrect.

W455 - By 3/1/2021 the agency will provide staff with disinfectant wipes to clean all activities daily or as needed between residents. The agency nurse will re-train staff on infection control so they understand the importance of hand washing and maintaining a sanitary environment to prevent infections and cross contamination. The group home manager will observe leisure and meal times weekly to ensure staff are assisting residents with maintaining a sanitary facility.

W460 - By 4/1/2021 the QDDP will review each residents diet with staff. The QDDP will provide staff with a list of foods that will need be to be cut into bite size pieces during meal times. The

group home manager will observe meal times weekly to ensure the diets are being followed as documented.