

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

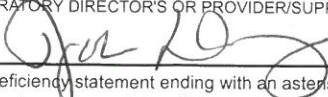
PRINTED: 02/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2021
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NAME OF PROVIDER OR SUPPLIER PARK DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1305 PARK DRIVE MOUNT AIRY, NC 27030
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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
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W 189	<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 observation, record review and interviews, the facility failed to ensure staff were sufficiently trained relative to adaptive equipment specific to shirt protectors for 2 of 4 sampled clients (#2 and #3) and 1 non-sampled client (#1). The finding is:</p> <p>Observation in the group home on 2/16/21 at 5:30 PM revealed clients #1, #2, #3, #4 and #6 to participate in the dinner meal. Continued observation of the dinner meal revealed client's #1, #2, #3 and #6 to wear shirt protectors during the meal. Further observation of shirt protector use during the dinner meal revealed staff to lay the end of the shirt protector under the plate of clients #1, #2 and #3 after the protector was fastened around each client's neck. Observation of client #6 during the dinner meal revealed the client's shirt protector to hang down from the clients neck into her lap covering her clothing.</p> <p>Observation in the group home on 2/17/21 at 8:30 AM revealed all clients to participate in the breakfast meal. Continued observation of the breakfast meal revealed observations consistent with the dinner meal on 2/16/21 with the use of shirt protectors for client's #1, #2, #3 and #6.</p> <p>Interview with the facility administrator and facility nurse on 2/17/21 verified shirt protectors should</p>	W 189	<p>Staff will be retrained on proper clothing protector use.</p> <p>QIDP will create guideline for client who uses a tray at meal times.</p> <p>DHSR - Mental Health</p> <p>MAR 05 2021</p> <p>Lic. & Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director/QIDP	(X6) DATE 3/1/21
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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 189	Continued From page 1 be used to protect client clothing and should be fastened properly around a clients neck and hang down into the clients lap. Continued interview with the facility administrator and facility nurse verified staff should not use a clients shirt protector to lay under a clients plate while the client is eating. Further interview with the facility administrator revealed he had never noticed staff to utilize shirt protectors as a placemat while also fastened around the clients neck. The facility administrator further verified, based on survey observations, that staff needed additional training on the proper wear and use of a clothing protector to ensure client safety and dignity during meals.	W 189		
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 review and interviews, the facility failed to ensure 1 of 4 sampled clients (#4) received a continuous active treatment program consisting of needed interventions as identified in the individual support plan (ISP) relative to behavior management. The finding is:	W 249		

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W 249	<p>Continued From page 2</p> <p>Observation in the group home on 2/16/21 at 5:20 PM revealed client #4 to ambulate from the dining room to the staff office of the group home with no supervision. Continued observation revealed client #4 to open the door and enter the staff office, accessing a large cup of coffee sitting on a desk. Further observation revealed client #4 to stand in the staff office and drink the large cup of coffee with no supervision. Client #4 was observed to consume multiple drinks from the coffee cup until this surveyor notified the home manager at which time client #4 had the coffee taken by the home manager and the client was re-directed out of the staff office.</p> <p>Interview with the home manager on 2/16/21 revealed the staff office of the group home was to be kept locked due to drinks that staff bring into work. Continued interview with the home manager revealed staff were to never leave the keys to the office door in the door handle allowing the door to be opened by a client and staff were supposed to hang the keys on a hanger outside the office door to ensure the door was kept locked. Further interview with the group home manager verified client #4 had not been supervised appropriately to ensure the client was not able to access staff's coffee.</p> <p>Review of records on 2/17/21 for client #4 revealed an ISP dated 2/26/20. Review of the 2/2020 ISP revealed a behavior support plan dated 2/1/21 for target behaviors of noncompliance, verbal aggression, physical aggression, AWOL/wandering, taking others belongings and taking food, drinks and other items from other clients and staff. A review of the prevention strategies of client #4's BSP relative to the environment revealed: Prevention is the key</p>	W 249	<p>Staff will be retrained on Client Supervision, and behavior support plan. Staff will also be retrained on polydipsia diagnosis. Group Home Manager will monitor every two weeks, for client supervision.</p>	
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W 249	Continued From page 3 to drink stealing. Staff should be aware client #4 carries a diagnosis of polydipsia and drinks should not be sitting around and readily available to the client. Monitor her closely to ensure that she does not have access to drinks and that staff must interrupt attempts to drink liquids not approved on the clients diet. Interview with the facility nurse on 2/17/21 verified she was notified on 2/16/21 regarding client #4's consumption of a staff beverage. Interview with the facility administrator on 2/17/21 verified client #4's BSP was not followed relative to supervision on 2/16/21 which allowed client #4 to enter the office of the group home and consume staff's coffee.	W 249			