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

PRINTED: 03/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G116	A. BUILDING _____ B. WING _____	03/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST MAIN STREET FACILITY-CARRBORO	1003 W MAIN STREET CARRBORO, NC 27510

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure privacy for 1 of 4 audit clients (#5) residing in the home. The finding is: During observations on 3/9/21 in the home at 7:10am, client #5 was sitting in the bathroom on the floor wearing pants and a bra. She was not wearing a shirt. She asked for assistance from staff C three times and staff C did not respond. The fourth time client #5 asked for assistance with her glasses at 7:20am, staff C told her to come to the kitchen. Client #5 told staff C she was not completely dressed. Client #5 walked into the kitchen wearing a bra, pants, carrying her glasses. Staff C assisted her with her glasses in the kitchen and then told her to go back to her room to get dressed. Client #5 walked out of the kitchen back to the bathroom. At 7:27am, client #5 was observed sitting on the bathroom floor with the door open. There were no prompts for her to close the bathroom door . Interview on 3/9/21 with staff C regarding client #5's need for assistance revealed client #5 needs frequent reminders to close the bathroom and bedroom doors for privacy. She stated, "That is why I told her to go back to her room." Review on 3/9/21 of her individual program plan (IPP) dated 8/29/19 did not reveal any specific	W 130	W130 An objective will be developed focusing on privacy. The Director of ICF/IID Services will ensure all employees are trained. The Senior DSC will be responsible for ongoing training with new employees and completing observations at least weekly to monitor to ensure residents' privacy.	4/23/21

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

Dianne Keen Director of ICF/IID Services 3/25/21

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 information regarding her ability to recognize privacy. Interview on 3/9/21 with the Director of ICF/IID Services confirmed client #5 should be assisted with protecting her privacy and should be not be in common areas of the home when she is not completely dressed.	W 130		
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196 and W249), ensure the Individual program plan stated the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment (W227), to develop training to address basic needs (W242), to provide opportunities for choice and self- management (W247), to review individual programs to determine if clients were making progress (W267) and failed to ensure individual program plans (IPP's) were updated as required at least yearly (W260). The cumulative effect of these systemic practices	W 195	W195 The Director of ICF/IID Services will be responsible for ensuring the following: Comprehensive Assessments are completed for all residents and IPPs are updated. New objectives will be in-serviced with employees and implemented. All programs continuing will be revised as needed and in-serviced with employees. The Senior DSC and DSCs will be trained/retrained on monthly progress notes and expectations for monitoring programs will be in-serviced with appropriate employees. After all is completed, in-serviced, and implemented, the Senior DSC will be responsible for monitoring completion of programs at least weekly, monitoring program reviews are completed monthly, revising programs as needed monthly. The Director of ICF/IID Services will ensure all monitoring is complete and IPP meetings are updated at least annually.	4/23/21

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W 195	Continued From page 2 resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.	W 195		
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interviews with staff, the facility failed to provide an aggressive implementation of specialized treatment to 4 of 4 audit clients (#1, #2, #4, #5) in the area of dining, communication, leisure and choice making. The findings include: A. Cross reference W227. The interdisciplinary team failed to ensure the individual program plan (IPP) for 1 of 4 sampled clients (#1) included objective training to address needs relative to communication. B. Cross reference W242. the facility failed to develop training to address basic needs such as dining and medication administration for 2 of 4 audit clients (#1, #2).	W 196	W196 A – Training on client #1's new communication system will be completed and communication strategies will be implemented. The Director of ICF/IID will be responsible for ensuring training is completed. The SDSC will be responsible for ensuring system is implemented and monitor completion through observations at least weekly. B - All medication and meal guidelines for the residents will be in-serviced with employees. Programs will be developed, in-serviced, and implemented as appropriate. The Director of ICF/IID will be responsible for ensuring training is completed. The SDSC will be responsible for ensuring guidelines are implemented and monitor completion through observations at least weekly. C, D – Training on resident rights, choices, and communication systems will be completed by the Director of ICF/IID Services. Observations will be completed at least weekly by the Senior DSC to ensure completion and monitored by the Director of ICF/IID Services at least monthly. E – Training on expectations for Direct Support Notes completion and review will be completed with the DSCs and SDSC. Training on program revisions and expectations on completion will be completed with the SDSC. Training will be completed by the Director of ICF/IID Services. Monthly program review will be monitored by the Senior DSC. The Director of ICF/IID Services will monitor completion at least quarterly. F – All resident IPPs will be updated. The Director of ICF/IID Services will be responsible for ensuring the IPP Schedule is followed with completing IPP at least annually.	4/23/21

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W 196	Continued From page 3 C. Cross reference W247. the facility failed to ensure 2 of 4 audit clients (#2 and #4) had the opportunity to choose their personal preference regarding the manner in which they consumed their food. D. Cross reference W249. The facility failed to ensure 2 of 3 audit clients (#1 #4 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of communication, dining and leisure leisure choices. E. Cross reference W257. The QIDP failed to review 4 of 4 audit client's (#1, #2, #4 and #5) formal objectives to determine if they were making significant progress over several months. F. Cross reference W260. The QIDP failed to ensure 3 of 4 audit client's (#1, #2 and #5) Individual Program Plan (IPP) were revised at least annually.	W 196		
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 observations, record review and interview, the team failed to ensure the individual program plan (IPP) for 2 of 4 sampled clients (#1 and #2) included objective training to address	W 227		

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W 227	Continued From page 4 needs relative to communication and medication administration. The findings include:: A. During observations in the facility on 3/8/21 from 10:25am-1:00pm and 3:13pm-6:38pm staff did not utilize any adaptive communication boards or devices with client #1. Staff B walked over to client #1 took him by the hand and led him to whatever activity they needed him to participate in such as mealtime and medication administration. Observations in the home on 3/9/21 from 6:30am-8:48am revealed staff did not utilize any adaptive communication boards or devices with client #1. Staff C walked over to client #1 took him by the hand and led him to whatever activity staff needed him to participate in such as mealtime and medication administration. During observations of the medication administration pass on 3/9/21 at 7:45am, staff C led client #1 to the office, sat him in a chair and got the medication bin down. Staff C punched out all of client #1's medications, poured his medications in applesauce and spoon fed the medications to him. Review on 3/9/21 of client #1's functional skills assessment dated 4/9/19 revealed he can pay attention to someone speaking when given full assistance. Review of client #1's individual program plan (IPP) dated 4/9/19 revealed he is non verbal. Client #1 has objectives to invite a friend to an activity utilize sign language to communicate and utilize a choice board to indicate the following: home, help, work, stop and finish. Further review of the IPP revealed, "Will learn to communicate	W 227	W 227 A – Resident's communication systems will be re-evaluated, trainings will be completed as necessary, and systems will be implemented appropriately. The Director of ICF/IID Services will be responsible for ensuring completion of the above. The Senior DSC will be responsible for ongoing monitoring through observations at least weekly.	4/23/21

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W 227	Continued From page 5 wants and desires by bringing objects to staff members (a second set of objects identical to the ones kept in his schedule bin should be kept in a location freely accessible to him)." Interview with staff A and staff B however revealed there are no current objectives identified to assist client #1 in the area of communication. Interview on 3/9/21 with the Director of ICF./IID Services revealed a communication object system was discussed at client #1's IPP on 4/9/19, however communication training was not developed for client #1. B. During observations in the home on 3/9/21 staff A prepared all of client #2's medications in the staff office, staff poured water in a cup and took client #2's medications in a pill cup and a cup of water on a tray with a paper towel to her bedroom at 8:36am. Client #2 took all of her medications and disposed of the trash in a trash can in her room. Interview on 3/9/21 with staff A revealed since the COVID-19 pandemic for over 3 months, client #2 has been receiving medications in her bedroom to minimize exposure to the other clients and staff in the home. Review on 3/9/21 of client #2's individual program plan (IPP) dated 3/3/20 revealed she has medication administration guidelines however those guidelines were not available. Interview on 3/9/21 with client #2 revealed she can recognize her medications and that she knows some of the purposes and side effects of her medications. When asked if she would	W 227	B. Medication administration guidelines will be reviewed, updated as needed, and in-serviced with all employees for the all residents. The Director of ICF/IID Services will be responsible for ensuring completion. The SDSC will be responsible for ongoing training and monitoring to ensure medication administration guidelines are implemented as written through medication observations at least every twice monthly.	4/23/21

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W 227	Continued From page 6 benefit from medication administration training, she stated she would like to learn to administer her medications more independently. Interview on 3/9/21 with the Director of ICF/IID Services confirmed client #2 would benefit from training in the area of medication administration. Further interview confirmed no training had been identified in this area.	W 227		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interview, the facility failed to develop training to address basic needs such as dining for 1 of 4 audit clients (#1). The findings are: A. During observations in the home on 3/8/21 at 12:38pm client #1 was seated at the dining room table wearing a clothing protector. He had a high sided angled bowl and spoon. Staff B brought client #1's plate to the dining room already prepared with leftover cut up beef and gravy, mashed potatoes and peas and carrots. Staff B fed client #1 using a spoon. His food was covered	W 242	W 242 Resident's meal guidelines will be reviewed and updated as needed. All staff will be trained and/or retrained on the meal guidelines and use of plate cover. The Director of ICF/IID will be responsible for ensuring training is completed. The SDSC will be responsible for ensuring guidelines are followed and monitor completion through observations at least weekly.	4/23/21

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W 242	Continued From page 7 with a plate cover. Staff opened the plate cover, fed client #1 a bite of food and then recovered his plate. Staff B also gave client #1 his cup between bites and held the cup so he could drink. Client #1 consumed 100% of his lunch. No adaptive spoon was utilized and no wrist weights were worn by client #1. Interview with staff B after lunch on 3/8/21 revealed client #1 has tremors in his arms that make it difficult for him to feed himself. During observations in the home on 3/8/21 at 6:19pm, staff D sat on his left side utilizing an adaptive spoon with a handle that fitted over his left hand and provided hand over hand assistance for him to scoop food and bring it to his mouth. He had an adaptive high sided angled bowl and a plate cover that contained cut up chicken, brown rice and green peas. Staff D provided hand over hand assistance to client #1 to pick up his cup and consume his beverages. She raised the plate cover between bites to assist him hand over hand. He was wearing bilateral wrist weights. Interview on 3/8/21 with staff D revealed she is relatively new to the facility and that she is usually paired with more tenured direct care staff and that she is getting to know the clients in the home. She stated another staff person demonstrated this technique that enables client #1 to help feed himself. Client #1 was wearing bilateral wrist bands which she stated helped to stabilize his hands because of the hand tremors. During observations in the home on 3/9/21 at breakfast at 8:15am staff B sat client #1 down at the dining room table and began to feed client #1	W 242		

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W 242	Continued From page 8 cut up raisin toast, chopped boiled eggs and chopped fruit using a spoon. She did not use a plate cover, an adaptive spoon or wrist weights. Staff B moved client #1's plate closer to her between bites and continued to feed client #1 his breakfast. She picked up his cup between bites and held it so he could drink from the cup. Review of client #1's individual program plan (IPP) dated 4/9/19 revealed he has objectives to invite a friend to an activity utilize sign language to communicate and utilize a choice board to indicate the following; home, help, work, stop and finish. There are no objectives identified to assist client #1 to learn to feed himself. Review on 3/9/21 of client #1's functional skills assessment revealed in the area of dining that he drink from a cup with assistance and that he eats from a spoon with assistance. Further review of this assessment revealed client #1 can cut with a knife with assistance and can spread with knife with assistance. Eats with a fork is left blank on the assessment. Interview on with the Director of ICF/IID Services revealed the team has not considered developing training for client #1 to teach him to feed himself.	W 242		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) 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 reviews and interviews, the facility failed to ensure 2 of 4 audit clients (#2 and #4) had the opportunity to choose	W 247		

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W 247	Continued From page 9 their personal preference regarding the manner in which they consumed their food. The findings are A. During observations in the home on 3/8/21 at 12:27pm, client #2 was in her bedroom. Staff A took her lunch on a tray, already prepared, which consisted of leftover beef with gravy, mashed potatoes and peas on a plate which was carried on a tray to her bedroom. Staff A also took her beverages of water and juice to her on a tray. Client #2 has a small table in her bedroom with a chair where she sits to eat her meals. Interview on 3/8/21 with staff A revealed it was decided by management to have clients #2, #4 and #6 eat all of their meals and receive their medications in their bedrooms to minimize congregating several clients in the dining room, kitchen and office at one time because of the COVID-19 pandemic. Further interview confirmed that all of the clients and most of the staff had been vaccinated against COVID-19. Interview with client #2 on 3/8/21 revealed she was told she would have to eat all of her meals and receive her medications in her bedroom because of the COVID-19 pandemic. When asked how she felt about not having a choice about where she ate her meals or took her medications, she said, "I don't like it but I have to follow the rules." During observations in the home on 3/8/21 at 3:48pm, client #2 came into the dining room and told staff A she was going to make a snack. Another client was sitting at the dining room table with her mask pulled down under her chin. Staff A told her she needed to go to the kitchen since the other client was sitting at the table with her mask	W 247	W 247 Current pandemic procedures will be reviewed with all employees including how residents can all eat in the common areas safely per the current guidelines, medication administration in the medication room, guidelines for resident mask use, and activities in the common area. Resident choices, rights, and responsibilities will also be revelwed again with all employees. The Director of ICF/IID will be responsible for ensuring training is completed. The SDSC will be responsible for ensuring guidelines are followed and resident rights are upheld including choices and monitor completion through observations at least weekly.	4/23/21

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W 247	Continued From page 10 pulled down. Client #2 who was wearing a mask, told staff A, "This is my home and my dining room, I am at the end of the table over 6 feet away. If I want to make a snack in my home, that is my right." During observations on 3/8/21 at supper at 5:54pm staff A took client #2's supper to her bedroom on a tray with a plate which was already prepared with cut up chicken, peas, brown rice and a fruit cup. Staff A also took her beverages of juice and water to her room. Client #2 sat in a chair at a small table in her bedroom to eat her supper. During observations on 3/9/21 at 8:13am, staff C took client #2's breakfast to her on a plate which consisted of cut up toast, boiled eggs and fruit. This was carried to her on a tray by staff C to client #2's bedroom. At 6:39am, client #2 sat in her bedroom in a chair with a small table eating breakfast alone in the dark. Review on 3/9/21 of client #2's IPP dated 3/3/20 revealed she is verbal, can speak in complete sentences and make choices about activities and has participated in community events. B) During observations in the home on 3/8/21 at 12:27pm, client #4 was in her bedroom. Staff A took her lunch on a tray, already prepared, which consisted of leftover beef with gravy, mashed potatoes and peas on a plate which was carried on a tray to her bedroom. Staff A also took her beverages of water and juice to her on a tray. Client #4 has a small table in her bedroom with a chair where she sits to eat her meals in front of her television.	W 247	W 247 Current pandemic procedures will be reviewed with all employees including how residents can all eat in the common areas safely per the current guidelines, medication administration in the medication room, guidelines for resident mask use, and activities in the common area. Resident choices, rights, and responsibilities will also be reveiwed again with all employees. The Director of ICF/IID will be responsible for ensuring training is completed. The SDSC will be responsible for ensuring guidelines are followed and resident rights are upheld including choices and monitor completion through observations at least weekly. W	4/23/21

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	34G116	A. BUILDING _____ B. WING _____	03/09/2021

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W 247	Continued From page 11 Interview on 3/8/21 with client #4 revealed she has eaten all of her meals and received her medications in her bedrooms for several months because of the current COVID-19 pandemic. She also stated she prefers not to wear a mask and the house rules require that she wear a mask when she is in the common areas of the home because of the COVID-19 pandemic. During observations on 3/8/21 at supper at 5:58pm, staff A took client #4's supper to her bedroom on a tray with a plate which was already prepared with cut up chicken, peas, brown rice and a fruit cup. Staff A also took her beverages of juice and water to her room. Client #4 sat in a chair at a small table in her bedroom to eat her supper. During observations on 3/9/21 at 8:15am, staff C took client #4's breakfast to her on a plate which consisted of cut up toast, boiled eggs and fruit. This was carried to her on a tray by staff C to client #2's bedroom. At 6:39am, client #4 sat in her bedroom in a chair with a small table. Interview on 3/9/21 with the Director of ICF/IID Services revealed it was decided by management for clients #2, #4 and #6 to eat all meals and receive in their bedrooms to prevent them from congregating in the dining room, office and kitchen because of the COVID-19 pandemic. When asked if other alternatives for dining or medication administration had been considered, she stated, "No."	W 247		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has	W 249		

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W 249	Continued From page 12 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 2 of 4 audit clients (#4 and #5) received a continuous active treatment program consisting of needed interventions and services to support objectives identified in the Individual Program Plan (IPP) in the area of leisure choice, communication and dining. The findings include: A. During observations in the home on 3/8/21 from 10:25am-1:00pm and 3:13pm-6:38pm client #4 remained in her bedroom. She was served lunch in her bedroom at 12:39pm by staff A. Staff A went into her room and played cards with her at 6:00pm for about 30 minutes before she was served supper by staff A at 6:27pm. No goal training or other activities were presented to her in her bedroom during these observations. Her bedroom was cluttered with personal belongings and her bed was unmade. Her clothing was piled on a chair in her bedroom. Interview on 3/8/21 with staff A revealed client #4 does not like to come out of her bedroom because mobility has become more difficult the last several months and she requires the assistance of a walker to ambulate. In addition, client #4 does not like to wear a mask and facility	W 249	W 249 Training and/or retraining will occur with all employees including all residents' current IPPs including all programs and integrated activities, expectations for active treatment, engagement, and participation in household activities. The Director of ICF/IID will be responsible for ensuring training is completed. The SDSC will be responsible for ensuring ongoing training with new employees and ensuring active treatment, engagement, and participation in household activiies with the residents. The DSC will monitor follow through with observations at least weekly.	4/23/21

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W 249	Continued From page 13 policy requires that she wear a mask when she is in the common areas of the home such as the dining area, kitchen or living room area because of the COVID-19 pandemic. Review on 3/8/21 of client #4's IPP dated 6/9/20 revealed she has formal programs to complete educational activity, be responsible for cleaning her room and make plans with a friend. Interview on 3/9/21 with client #4 revealed she has not been able to leave the home because of the current COVID-19 pandemic so she has not been able to implement the goal to make plans with a friend. When asked about completing an educational activity, she stated she was not certain. Interview on 3/9/21 with the Director of ICF/IID Services confirmed direct care staff should offer leisure activities, goal training and choices throughout the day. Additional interview confirmed the goal for client #4 to clean her room is still current. B. Throughout observations in the home on 3/8/21 from 10:25am-1:00pm and 3:13pm-6:38pm client #5 used her IPAD or stayed in her room. When staff A and staff B approached her abut working on her goals at the dining room table, she refused, started yelling and went to her bedroom. Staff B stated her noncompliant behavior was addressed in her behavior support program. She ate lunch at the dining room table at 12:38pm, but became very agitated and had to leave the table for 5 minutes before returning to eat in the dining room at 12:43pm. She ate supper in the kitchen at the kitchen ledge at 6:27pm. No other leisure options	W 249		

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W 249	Continued From page 14 or goal training was offered to her by direct care staff. She did go into the office on 3/8/21 around 6:40pm to have a ZOOM meeting with a social group that had been pre-arranged by staff. Review of client #5's IPP dated 8/29/19 revealed she has goals to identify the emotions of a cat using an indirect verbal cue, complete filling out her choice of selecting a coat, use a rolling pin with 2 hands 80% of measured opportunities and leave her personal belongings at the home unless they are needed for 80% of measured opportunities. Interview with staff B on 3/8/21 revealed client #5 can be very non-compliant and that often you have to redirect her and then approach her again when she is more calm. Further interview confirmed client #5's non-compliance had been more significant since they were not attending the vocational program or community activities. Interview on 3/9/21 with the Director of ICF/IID Services confirmed that direct care staff should be offering client #5 leisure activities and re-offering goal training when she is calm. Further interview revealed the goal to leave belongings at home had not been modified although the clients were not attending the vocational program because of the COVID-19 pandemic.	W 249		
W 257	PROGRAM MONITORING & CHANGE [illegible] The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives	W 257		

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W 257	Continued From page 15 after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record review and interview the qualified intellectual disabilities professional (QIDP) failed to review and revise the written training programs for 4 of 4 audit clients (#1, #2, #4 and #5). The findings are: A. Review of client #1's individual program plan (IPP) dated 4/9/19 revealed he has objectives to invite a friend to an activity, utilize sign language to communicate and utilize a choice board to indicate the following: home, help, work, stop and finish. Further review did not reveal progress summaries for the past year to indicate whether client #1 was making progress on his training objectives. B. Review of client #2's IPP dated 3/3/20 revealed she has written training programs which included: completing flash cards independently, complete physical therapy stretches, taking 3,000 steps per day per month for 2 consecutive months and identify food items that were healthy for 80% of measured opportunities. Further review did not reveal progress summaries for the past year to indicate whether client #2 was making progress on his training objectives. C. Review on 3/8/21 of client #4's IPP dated 6/9/20 revealed she has formal programs to complete educational activity, be responsible for cleaning her room and make plans with a friend. Further review did not reveal progress summaries for the past year to indicate whether client #4 was making progress on his training objectives.	W 257	W 257 Progress reviews and any needed revisions to current programs will be completed as needed. Expectations for monthly progress reviews and program revisions will be reviewed with DSCs and SDSC. The SDSC will be responsible for ensuring monthly progress notes are completed and revisions are made as needed. The Director of Direct Services is responsible for monitoring completion.	4/23/21

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W 257	Continued From page 16 D. Review of client #5's IPP dated 8/29/19 revealed she has goals to identify the emotions of a cat using an indirect verbal cue, complete filling out her choice of selecting a coat, use a rolling pin with 2 hands 80% of measured opportunities and leave her personal belongings at the home unless they are needed for 80% of measured opportunities. Interview on 3/9/21 with the Director of ICF/IID Services revealed there were not current progress summaries for client #1, #2, #4 and #5 for the past 12 months to determine whether these clients were making progress on individual objectives.	W 257		
W 260	PROGRAM MONITORING & CHANGE [illegible] At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure 3 of 4 audit client's (#1, #2 and #5) Individual Program Plans (IPP)'s were revised at least annually. The finding is: Review on 3/8/21 of 3 of 4 audit clients IPP's revealed they had not been updated annually. For example: A. Review of client #1's IPP on 3/8/21 revealed his interdisciplinary team meeting was held on 4/9/19. There was not a more recent update of this plan.	W 260	W 260 All resident IPP's will be updated as needed. The Director of ICF/IID Services will be responsible for ensuring the ISPs are completed and the ISP schedule is continued to be followed and all ISPs are being updated at least annually.	4/23/21

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W 260	Continued From page 17 B. Review on 3/8/21 of client #2's IPP revealed her team meeting was held on 3/3/20. There was not a more recent update of this plan. C. Review on 3/8/21 of client #5's IPP revealed her interdisciplinary team meeting was held on 8/29/19. There was not a more recent update of this plan. Interview with the Director of ICF/IID Services revealed clients #1, #2 and #5's IPP's had not updated in over a year.	W 260		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview with staff , the facility failed to ensure fire evacuation drills were conducted at varied times. This affected all clients (#1, #2, #3, #4, #5 and #6) in the facility. The finding is: Review on 3/8/21 of the fire evacuation drills for the facility revealed the following: Fire drills were conducted on : 4/12/20, 4/20/20, 8/4/20, 8/13/20 with no shift designation or how long the fire evacuation drill took to evacuate the clients from the facility. Interview with staff A on 3/8/21 revealed there had not fire evacuation drills as scheduled due to the current COVID-19 pandemic with concerns that	W 441	W 441 Expectations for fire drills once per quarter per shift will be inserviced with employees. The SDSC will be responsible for ensuring fire drills are completed as scheduled by monitoring completion monthly. The Director of ICF/IID Services will be responsible for ensuring monitoring is occuring.	4/23/21

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W 441	Continued From page 18 the clients in the facility may get exposed going outdoors for a fire evacuation drill. Interview on 3/9/21 with the Director of ICF/IID Services confirmed that fire evacuation drills had not been conducted with the frequency as required during the past year due to the current COVID-19 pandemic.	W 441		

Residential Services, Inc
111 Providence Road
Chapel Hill, NC 27514
Phone: (919) 942-7391
Fax: (919) 933-4490
www.rsi-nc.org

FAX COVER SHEET

To: DHHS - Mental Health Licensure & Certification Section

Fax Number: (919) 715-8078

From: Debbie Klein - West Main Street Facility

Date: ~~3/25/21~~ 3/29/21

Pages (including cover sheet): 20

Message:

Plan of correction for West Main Street Facility with RSI. Please contact me if you need anything else.

Thanks,
Debbie Klein
dklein@rsi-nc.org
(919) 368-1293