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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G142 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/09/2021 |
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| NAME OF PROVIDER OR SUPPLIER QUAIL ROOST GROUP HOME, (ICF/MR) | STREET ADDRESS, CITY, STATE, ZIP CODE 102 QUAIL ROOST DRIVE CARRBORO, NC 27510 |
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| W 249 | <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</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 clients received a continuous active treatment program consisting of needed interventions and services as identified in the areas of meal preparation and household chores, leisure and program implementation. This affected 3 of 5 audit clients (#1, #4 and #6). The findings are:</p> <p>A. During observations in the home on 2/8/21 from 4:04pm - 6:00pm, staff were observed to do all the meal preparation and household chores. Staff D was observed to prepare and cook all of the dinner, and various staff were observed to clean up after dinner with the clients only taking their dishes to the kitchen counter.</p> <p>Additional observations in the home on 2/9/21 from 6:30am - 9:10am, staff were observed to do all the meal preparation and clean up.</p> <p>1. Review on 2/8/21 of client #4's individual program plan (IPP) dated 6/4/20 revealed client #4 routinely helps with household responsibilities such as cooking dinner, setting the table, taking</p> | W 249 | <p>W 249 - A. A list of acceptable household activities and modified ways of completing them safely during the pandemic will be developed and in-serviced with staff. The SDSC will be responsible for monitoring resident participation with household activities at least twice monthly. The Director of ICF/IDD Services will ensure completion of monitoring.</p> | 3/31/2021 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Debbie Klein</i> | TITLE Director of ICF/IDD Services | (X6) DATE 2/24/2021 |
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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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| W 249 | <p>Continued From page 1</p> <p>out the trash, clearing and cleaning the table and placemats, and loading and unloading the dishwasher.</p> <p>2. Review on client #5's IPP dated 2/20/20 revealed a training objective to "complete the steps needed to prepare for cooking her own meal with two or less verbal prompts." Additional review of client #5's IPP revealed a personal value to help out around her home.</p> <p>Interview on 2/8/21 with Staff D revealed that clients do not always help in the kitchen or with clean up.</p> <p>Interview on 2/9/21 with Staff F revealed that since COVID started, clients no longer help with preparing meals or cleaning up. Staff F stated clients are in the kitchen as minimal as possible.</p> <p>Interview on 2/9/21 with the ICF-IID Director and Senior DSC revealed that since COVID started, the priority has been to keep the clients as safe and healthy as possible. Therefore, they are helping in the home as minimal as possible to prevent clients from touching all the surfaces. The ICF-IID Director and Senior DSC confirmed that the clients could still potentially assist with household chores with more sanitizing being done.</p> <p>B. During observations in the home on 2/8/21 at 3:54pm, Staff G was observed to walk client #1 into the dining room. Client #1 sat at the dining table and Staff G handed her a magazine. From 3:54pm until 5:16pm, client #1 sat at the dining table flipping the pages of the magazine, moaning and tapping the table. At no time during the observation was client #1 prompted to engage in</p> | W 249 | <p>W 249 - B. Staff will be retrained on offering a variety of tabletop activities to offer to encourage a variety of activities. The SDSC will be responsible for monitoring variety of activities offered at least twice monthly. The Director of ICF/IDD Services will ensure completion of monitoring.</p> | 3/31/2021 |

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| W 249 | <p>Continued From page 2 any other activity nor did staff engage client #1 in any way.</p> <p>Interview on 2/9/21 with Staff G revealed that staff give Becky a magazine to occupy her while Staff are busy with other clients or doing other assignments such as cooking.</p> <p>Interview on 2/9/21 with the ICF-IID Director and Senior DSC confirmed that client #1 should have been engaged in some type of meaningful activity.</p> <p>C. During observations in the home on 2/8/21 at 11:30am, client #1 was observed eating lunch. She was seated at the dining room table with her feet were dangling in the air. A foot stool was observed under a chair at the opposite end of the table. Further observations in the home on 2/8/21 from 3:54pm - 6:00pm revealed client #1 sitting at the table looking at a magazine and eating dinner. Her feet were dangling from her chair. A foot stool was observed under a chair at the opposite end of the table.</p> <p>Additional observations in the home on 2/9/21 at 9:05am revealed client #1 sitting at the dining table eating breakfast. Her feet were dangling in the air. A foot stool was observed in front of her chair, out of reach of her feet.</p> <p>Review on 2/9/21 of client #1's individual program plan (IPP) dated 6/24/20 revealed a program to "maintain skills and integrate skills, tasks and activities into daily life." The program states "while seated, staff should push [client #1's] chair to the table and make sure her feet are on top of the footstool under the table.</p> | W 249 | <p>W 249 - C. Retraining will be completed on use of foot stool while sitting at the table. The SDSC will be responsible for monitoring resident participation with household activities at least twice monthly. The Director of ICF/IDD Services will ensure completion of monitoring.</p> | 3/31/2021 |
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| W 249 | <p>Continued From page 3</p> <p>Interview on 2/9/21 with Staff F revealed the foot stool under the table is used anytime client #1 is seated at the table doing leisure activities or dining.</p> <p>Interview on 2/9/21 with the ICF-IID Director and Senior DSC confirmed that client #1's feet are supposed to be placed on the foot stool any time she is seated at the table.</p> <p>D. During observations in the home on 2/8/21 from 3:54 - 5:16pm, client #1 was observed seated at the dining room table with a magazine. Additional observations in the home on 2/8/21 from 5:16pm - 6:00pm revealed client #1 eating dinner. Throughout the observation, client #1 was not wearing her glasses. At no time during the observation was client #1 encouraged to wear her glasses.</p> <p>Review on 2/9/21 of client #1's IPP dated 6/24/20 revealed a program that states "[Client #1] will wear her glasses for at least 120 minutes throughout the day at least 25 days a month for two consecutive months." Additionally, the program states "[Client #1 may be encouraged to wear her glasses throughout the day. [Client #1] should wear her glasses during all meals, food prep, leisure time and table top activities."</p> <p>Interview on 2/9/21 with the ICF-IID Director and Senior DSC revealed that client #1 has made progress with wearing her glasses. In the past, she was on a program to wear her glasses for two minutes per day because she did not like wearing them and has increased her skills to now trying to wear them for 125 minutes. The ICF-IID Director and Senior DSC revealed that client #1 will try to remove her glasses and when she does,</p> | W 249 | <p>W 249 - D. Retraining will be completed on offering glasses during specified activities. Objective will be revised to clarify the specified times to offer wearing her glasses throughout the day. SDSC will be responsible for retraining the staff and monitoring use of glasses at least twice monthly and the Director of ICF/IID Services will ensure completion of monitoring.</p> | 3/31/2021 | |

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| W 249 | Continued From page 4 staff should prompt her to wear them. If she continues to try to take them off, the staff will remove them. The ICF-IID Director and Senior DSC confirmed staff should encourage client #1 to wear her glasses during her leisure times, activities and during all meals. | W 249 | | |
| W 382 | <p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were kept locked except when being administered. The finding is:</p> <p>A. During observations in the home on 2/8/21 from 3:54pm - 4:16pm, the door to the medication closet was left unlocked and opened. During this time, staff were observed to be working in other areas of the home.</p> <p>B. During observations on 2/8/21 at 4:23pm of medication administration, Staff E was observed preparing client #6's medications. Staff E walked out of the room to get client #6. Bottles and bubble packs of medications and med cups with pills in them were left unattended on the table and the medication closet was left unlocked and opened.</p> <p>C. During observations on 2/9/21 at 7:11am of medication administration, Staff E was observed preparing client #6's medications. Staff E walked</p> | W 382 | W 382 - Retraining will be completed on securing the medication and locking the medication closet during and after med administration when staff is leaving the med room. | 3/31/2021 |

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| W 382 | Continued From page 5 out of the room to get client #6. Bottles and bubble packs of medications and med cups with pills in them were left unattended on the table and the medication closet was left unlocked and opened. Interview on 2/8/21 with Staff E revealed that medications should be stored in the medication closet with the door locked when staff leave the room. Staff E revealed that the lock on the medication closet does not always catch, and she should have made sure it was locked earlier in the afternoon before leaving the medication room. Review on 2/9/21 of the facility's medication administration policy (dated May 2018) revealed "medications should be stored properly" and "medication closet should be locked when not in use." Interview on 2/9/21 with the ICF-IID Director and Senior DSC confirmed that the medications should have been secured and the medication closet should have been locked when staff are not in the room. | W 382 | | | |
| W 440 | EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were held at least quarterly for each shift. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 | W 440 | W 440 - A fire drill will be completed on each shift within the next month. Staff will be retrained on expectations of fire drill frequency. The SDSC will be responsible for monitoring completion of fire drills quarterly for each shift. If a drill is not completed as scheduled, the SDSC will be responsible for going in and leading the fire drill. The Director of ICF/IID Services will be responsible for monitoring completion quarterly. | 3/31/21 | |

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| W 440 | Continued From page 6 and #6). The finding is: Review on 2/8/21 of the facility's fire drills revealed documentation for drills completed on 1/8/20, 7/15/20, 8/26/20, and 11/7/20. No other fire drill reports were available for review. Interview on 2/9/21 with the ICF-IID Director and Senior DSC confirmed that no other fire drills were completed. | W 440 | | | |
| W 473 | MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure all foods were served at an appropriate temperature. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The findings are: A. During observations in the home on 2/8/21 at 4:10pm, Staff D was observed preparing dinner. At 5:04pm, Staff D was observed scooping sweet and sour chicken, rice noodles and peas onto five plates. At 5:12pm, Staff D was observed processing food in a blender for client #1. Staff D scooped the processed food onto client #1's plate. At 5:21pm, Staff D was observed covering the plates of food and put them in the microwave. At 5:32pm, Staff D got a plate out of the microwave and gave it to client #2. The food was not reheated prior to client #2 eating and the temperature was not checked. At 5:35pm, client #6 began eating. Client #6's food was not reheated prior to be served, and the temperature | W 473 | W 473 Retraining will be completed on keeping food at it's proper temperature until serving the meal and ensuring it is served at an appropriate temperature for the item. The SDSC will observe meals on each shift at least twice monthly to ensure food is served at the appropriate temperature. The Director of ICF/IID Services will be responsible for ensuring monitoring is completed. | 3/31/2021 | |

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| W 473 | <p>Continued From page 7 was not checked.</p> <p>B. During observations in the home on 2/9/21 at 6:30am, a pan of cheese toast was and bowls of yogurt and fruit were observed sitting on the counter. At 7:54am, client #5 was observed to begin eating. The temperature of client #5's food was not checked prior to her consuming it.</p> <p>Review on 2/9/21 of the facility's policy on meal preparation did not reveal information regarding checking the temperatures of foods.</p> <p>Interview on 2/9/21 with the ICF-IID Director and Senior DSC revealed that the expectation is that if food is sitting out for over 15 minutes, staff should check the temperature and reheat the food if needed. The ICF-IID Director and Senior DSC confirmed the temperature of the food should have been checked and the food reheated if needed.</p> | W 473 | | | |