

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

PRINTED: 04/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2021
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL SERVICES, INC. RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6310 MOUNT HERMAN CHURCH ROAD DURHAM, NC 27705		
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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 interviews, the facility failed to ensure clients had the right to privacy during the administration of their medications. This affected clients observed receiving medications in the home on 4/26/21 (#2, #3 and #9).</p> <p>During observations of medication administration in the home on 4/26/21 from 4:32pm - 4:45pm, three clients (#3, #9 and #12) entered the medication room simultaneously to receive their medications. The clients remained in the area while waiting to receive their medications and as others were receiving medications. After a few minutes, client #12 left the room without receiving any medications. At 4:41p, client #2 entered the room, sat down and waited for her medicine. Although a privacy curtain was located in the room, no clients were provided privacy while receiving their medications.</p> <p>Interview on 4/27/21 with Staff I revealed clients generally receive their medications one at a time while the next person sits in the hallway and waits their turn. Additional interview indicated the privacy curtain should be used during medication administration to ensure individual privacy.</p> <p>Review on 4/27/21 of Modified Medication Administration Guidelines (no date) revealed, "Due to limited space in the medication room,</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 medications can be given in the privacy of the residents' bedroom and/or private area of the house where no other residents are gathered."	W 130			
W 247	<p>Interview on 4/27/21 with the Clinical Coordinator Registered Nurse (CCRN) confirmed all clients should be provided privacy during medication administration and more than one client should not be in the medication area at a time.</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 client #6 was afforded choice and freedom of movement in the home. This affected 1 of 6 audit clients. The finding is:</p> <p>During observations in the home on 4/26/21 from 11:12am - 1:03pm, client #6 was positioned in her wheelchair with her feet touching the floor. On four separate occasions, various staff locked the wheels on client #6's wheelchair.</p> <p>Review on 4/27/21 of client #6's Individual Program Plan (IPP) dated 12/30/20 revealed, "Can self-propel in manual wheelchair at home."</p> <p>During an interview on 4/26/21 when asked if client #6 can propel her own wheelchair, Staff C replied, "Yes, when we unlock it." The staff indicated the client moves around the home in her wheelchair by using her feet.</p>	W 247			

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W 247	Continued From page 2 Interview on 4/27/21 with the Clinical Coordinator Registered Nurse (CCRN) confirmed client #6 can move throughout the home using her feet and her wheelchair should not be locked.	W 247			
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 2 of 6 audit clients (#1 and #9) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration. The finding is: A. During morning observations of medication administration in the home on 4/27/21 at 7:29am, Staff I indicated to client #9 that she would be punching her medications to prevent her from touching pill cards as a safety precaution. Staff I proceeded to dispense seven medications into a pill cup as client #9 sat in a chair nearby. There was no discussion regarding the medications and the client was not prompted to participate with dispensing her pills.	W 249			

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W 249	<p>Continued From page 3</p> <p>Interview on 4/27/21 with Staff I revealed clients in the home are not assisting with dispensing their own pills due to COVID-19 precautions being implemented by the facility.</p> <p>Review on 4/27/21 of client #9's Medication Administration Guidelines (updated 2021) revealed, "[Client #9] will then pop each one of her pills with staff assistance...She will go over each medication with staff..."</p> <p>Interview on 4/27/21 with the Clinical Coordinator Registered Nurse (CCRN) revealed the home has not had a COVID-19 case since January '20 and all of the clients as well as at least half of the staff have had a COVID-19 vaccine. Additional interview confirmed clients are currently not assisting with dispensing their medications due to COVID-19 precautions as directed by management.</p> <p>B. During morning observations of medication administration in the home on 4/27/21 at 7:41am, Staff I indicated to client #1 that she would be punching his medications to prevent him from touching pill cards as a safety precaution. Staff I proceeded to dispense two medications into a pill cup as client #1 stood next to her. There was no discussion regarding the medications and the client was not prompted to participate with this task.</p> <p>Interview on 4/27/21 with Staff I revealed clients in the home are not assisting with dispensing their own pills due to COVID-19 precautions being implemented by the facility.</p> <p>Review on 4/27/21 of client #1's Medication Administration Guidelines (updated 2020)</p>	W 249			

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W 249	Continued From page 4 revealed, "[Client #1] will be asked if he would like to pop his own medications. If he refuses, staff will pop medications...[Client #1] and staff will go over what each medication is used for..."	W 249			
W 369	<p>Interview on 4/27/21 with the CCRN revealed the home has not had a COVID-19 case since January '20 and all of the clients as well as at least half of the staff have had a COVID-19 vaccine. Additional interview confirmed clients are currently not assisting with dispensing their medications due to COVID-19 precautions as directed by management.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</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 administered without error. This affected 1 of 4 clients observed receiving medications (#1). The finding is:</p> <p>During observations of medication administration in the home on 4/27/21 at 7:41am, Staff I dispensed two pills which client #1 ingested. Staff I informed the client he would not be receiving his Nyastatin cream for his rash since it had ran out. No topical medications were administered.</p> <p>Interview on 4/27/21 with Staff I confirmed client #1's Nyastatin cream needed to be refilled.</p>	W 369			

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W 369	Continued From page 5	W 369			
W 440	<p>Review of a physician's order for client #1 dated 4/15/21 revealed an order for Nyastatin 100,000 cream 30 grams to be applied topically two times a day.</p> <p>Interview on 4/27/21 with the Clinical Coordinator Registered Nurse confirmed client #1's Nyastatin should have been applied this morning and she was not aware it needed to be refilled.</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>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, #6, #7, #8, #9, #10, #11, #12, #13 and #14). The finding is:</p> <p>Review on 4/26/21 of the facility's fire drills for the period of April 2020 - April 2021 revealed documentation for drills completed on 4/8/20, 10/23/20, 1/21 (date and time not documented on form), 2/21 (date and time not documented on form), 3/4/21 and 4/13/21. Fire drills for May 2020 through September 2020 were marked "N/A - not completed due to Covid restrictions." No fire drills for November 2020 and December 2020 were available for review.</p> <p>Interview on 4/26/21 with the Clinical Coordinator Registered Nurse (CCRN) confirmed fire drills</p>	W 440			

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W 440	Continued From page 6	W 440			
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6 audit clients (#2 and #14) received their modified diets as indicated. The findings are:</p> <p>A. During dinner observations in the home on 4/26/21 at 5:58pm, Staff G placed food items (beef with vegetables, brown rice and cooked apples) on client #2's plate. All food items were ground and moist with visible pieces of food. Client #2 consumed the food without difficulty.</p> <p>During breakfast observations in the home on 4/27/21 at 8:40am, client #2's eggs were ground and dry as she consumed them without difficulty.</p> <p>Interview on 4/26/21 with the person preparing the dinner meal (Staff G) revealed client #2 consumes a pureed diet and what was observed on her plate was how her pureed food should look. The staff also referenced pictures posted in the kitchen which showed what pureed foods should look like.</p> <p>Interview on 4/27/21 with the person preparing the breakfast meal (Staff D) revealed client #2's</p>	W 460			

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W 460	<p>Continued From page 7</p> <p>food should look like "baby food" for her pureed diet.</p> <p>Review on 4/27/21 of Meal Guidelines posted in the facility's kitchen revealed "all food should be pureed" for client #2 and client #14. The guidelines also included pictures of various pureed foods.</p> <p>Review on 4/27/21 of client #2's Individual Program Plan (IPP) dated 4/24/20 revealed she consumes a 2000 calorie pureed diet. The plan noted, "Continue with regular diet modified to pureed consistency."</p> <p>Interview on 4/27/21 with the Clinical Coordinator Registered Nurse (CCRN) confirmed client #2 consumes a pureed diet and her food should resemble baby food.</p> <p>B. During dinner observations in the home on 4/26/21 at 5:58pm, Staff G placed food items (beef with vegetables, brown rice and cooked apples) on client #14's plate. All food items were ground and moist with visible pieces of food. Client #14 only consumed the apples without difficulty.</p> <p>Interview on 4/26/21 with the person preparing the dinner meal (Staff G) revealed client #14 consumes a pureed diet and what was observed on his plate was how his pureed food should look. The staff also referenced pictures posted in the kitchen which showed what pureed foods should look like.</p> <p>Interview on 4/27/21 with the person preparing the breakfast meal (Staff D) revealed pureed food should look like "baby food".</p>	W 460			

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W 460	Continued From page 8 Review on 4/27/21 of client #14's Nutrition Evaluation dated 12/16/20 revealed recommendations to "continue to receive pureed consistency food as desired, thin liquids with a straw..." Interview on 4/27/21 with the CCRN confirmed client #14 consumes a pureed diet and his food should resemble baby food.	W 460			