STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G283	A. BUILDING _____ B. WING _____	05/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROTTERS BLUFF	912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540

(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 and interviews, the facility failed to ensure privacy for 1 of 4 audit clients (#4) residing in the home. The finding is: During observations in the home on 5/18/21, at 4:18pm, client #4 was observed standing in front of the toilet and urinating. Further observations revealed the bathroom door remained open while another client walking past. There were two staff in the home; both where sitting in the living room. At no time was client #4 prompted to close the bathroom door nor did staff close the door. During an interview on 5/19/21, Staff B revealed client #4 needs verbal prompting to close the bathroom door. Review on 5/19/21 of client #4's adaptive behavior inventory (ABI) dated 11/6/20 revealed he has partial independence to close the bathroom door. During an interview on 5/19/21, the qualified intellectual disabilities professional (QIDP) stated staff working in the home have been instructed to be "vigilant" with client #4 to ensure he closes the bathroom door for privacy.	W 130		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has	W 249		

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

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W 249	Continued From page 1 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 1 of 4 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of self help skills. The finding is: During observations in the home on 5/18/21, at 4:18pm, client #4 was observed standing in front of the toilet and urinating. Further observations revealed after client #4 finished urinating he did not wash his hands. During an interview on 5/19/21, Staff B revealed client #4 needs to be verbally prompted to wash his hands. Review on 5/19/21 of client #4's adaptive behavior inventory (ABI) dated 11/6/20 revealed he has partial independence to wash his hands. During an interview on 5/19/21, the qualified intellectual disabilities professional (QIDP) stated staff working in the home have been instructed to be "vigilant" with client #4 to ensure he washes his hands after toileting.	W 249		

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W 340	Continued From page 2	W 340		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the nursing services failed to ensure that staff were sufficiently trained in taking temperature and the wearing of gloves in regards to COVID-19 protocol. This potentially effected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The findings are: A. During morning observations in the home on 5/19/21 at 5:50am, the surveyor entered the home. Further observations revealed Staff A who opened the door did not take the temperature of the surveyor. Staff A did not ask the surveyor any questions regarding COVID-19 protocol. Further observations revealed the surveyors' temperature was not taken until 8:41am when they entered the office. Review on 5/18/21 of note posted on the front door of the facility stated, "Temps Taken Here On Every Shift Daily." During an interview on 5/19/21, the assistant manager revealed the surveyors' temperature should have been taken before they entered the home. Further interview revealed all the staff working in the home have been trained to ensure	W 340		

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W 340	Continued From page 3 all temperatures of anyone entering the home should be taken. During an interview on 5/19/21, the qualified intellectual disabilities professional (QIDP) confirmed the surveyors' temperature should have been taken before they entered the home. B. During morning observations in the home on 5/19/21 from 5:50am until 7:45am, Staff was observed wearing disposable gloves. Additional observations revealed Staff A did change the gloves at various times. Further observations revealed Staff B was observed not to wear gloves. During an interview on 5/19/21, Staff A revealed a surveyor who works for the federal government told him that gloves are suppose to be worn because he is fully vaccinated for COVID-19. Staff A then told the surveyor that he actually heard the federal surveyor tell a another staff person working in the home, that gloves should be worn when handling food; so that is when Staff A just took it to mean him too. During an interview on 5/19/21, the assistant manager revealed gloves should only be worn when staff are assisting clients with their personal care. During an interview on 5/19/21, the QIDP stated gloves should be worn only during personal care for the clients and during medication administration (applying topical's).	W 340		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)	W 368		

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W 368	Continued From page 4 The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure medications were administered in compliance with physician's orders. This affected 1 of 4 clients (#1). The finding is: During morning medication administration in home on 5/19/21 at 7:08am and 7:30am, client 1 consumed six pills. Further observations revealed client #1 did not receive any other medications. During review on 5/19/21 of client #1's physician orders stated, "Megestrol 625 MG/5ML SUS." During an interview on 5/19/21, the qualified intellectual disabilities professional (QIDP) confirmed client #1 should have received Megestrol. Further interview revealed Megestrol for client #1 comes in liquid form.	W 368		