

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

PRINTED: 06/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2021
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS ROAD-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 614 SEVEN OAKS ROAD DURHAM, NC 27704		
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W 000	INITIAL COMMENTS A recertification and complaint survey was conducted on 6/2/21. Deficiencies were not cited as a result of the complaint survey for Intake #NC00177728.. However, it was determined that the Condition of Participation in Active Treatment was out of compliance as the result of the recertification survey.	W 000			
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 was maintained during personal care. This affected 1 of 4 clients (#1). The finding is: During early morning observations in the facility on 6/2/21 at 6:00am, client #1 was in bed wearing a shirt and wearing an adult incontinence product. The bedroom door was wide open. Staff B walked in and out of the bedroom leaving the bedroom door open. Clients #2 and #3 walked down the hallway past client #1's bedroom several times while the door was open. At 6:05am, the surveyor asked staff A if she could assist client #1. Staff A immediately shut the bedroom door to give client #1 privacy until she was completely dressed. Review on 6/1/21 of client #1's individual program plan (IPP) dated 3/10/21 revealed she has diagnoses of Cerebral Palsy and Severe Intellectual Disabilities and uses an electric	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 wheelchair for mobility. Review on 6/1/21 of her community home life assessment dated 3/10/21 revealed she requires assistance to protect her privacy and requires full physical assistance with dressing. Interview on 6/2/21 with the qualified intellectual disabilities professional (QIDP) confirmed direct support staff should assist client #1 with closing the bedroom door when she is in bed and not completely dressed.	W 130			
W 186	DIRECT CARE STAFF CFR(s): 483.430(d)(1-2) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to assure sufficient direct care staff were available to meet client needs. This affected 4 of 4 audit clients (#1, #2, #3 and #4). The findings are: A. During observations in the facility on 6/1/21 from 10am-12:00pm (2 hours) client #4 remained in his bedroom without any activities or formal training provided. The bedroom was dark and there were several trash bags of clothing piled up on the floor of his bedroom. Staff B and C were working at the facility. Staff B supervised client #2	W 186			

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W 186	<p>Continued From page 2</p> <p>and checked on client #4 about every 20 minutes. Staff C asked client #1 to propel her wheelchair outside to the front porch of the facility. As client #1 maneuvered her electric wheelchair onto the front porch, staff C walked to her car, got a cigarette and smoked the cigarette as she watched client #1 on the front porch. Client #1 worked on a knitting project in her lap while she sat in her wheelchair on the front porch.</p> <p>Interview on 6/1/21 with staff C revealed she is not familiar all of client #1's training objectives and "We are just supposed to keep them busy. We have been really short staffed, we only have 2 full-time staff here. Staff C explained she had asked client #1 to propel her wheelchair out on the porch, "so I can keep an eye on her during my break."</p> <p>B. During observations on 6/2/21 from 3:00pm-5:00pm, staff A alternated supervising client #1 and checked on clients #3, #4, who spent the majority of observations in their bedrooms. Client #2 assisted staff A in the kitchen from 4:15pm-5:35pm. During these observations, no training or leisure options were provided to clients #3 or #4, who spent time in the dark in their bedrooms. Staff D, who identified himself as the residence manager (RM), stayed in the back office of the facility talking with the nurse. Staff D gave medications from 4:55pm-5:15pm in the back office area of the facility.</p> <p>When the RM was interviewed on 6/1/21 about training objectives for clients #3 and #4 he stated the facility has been chronically understaffed and "We are doing the best we can do." The RM stated direct care staff have been pulled to work</p>	W 186			

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W 186	<p>Continued From page 3</p> <p>from other sister facilities and that these fill in staff are often not familiar with the clients in the home. Additional interview with the RM revealed, " I am not working as a direct care staff, I am the manager. I have resigned and my last day at work is on Friday."</p> <p>Review on 6/1/21 of client #3's IPP dated dated 6/16/20 revealed priority training needs in meal preparation, hygiene, money management, medication administration, exercise and safety. Review of hs training objectives revealed programs in money management, meal preparation, medication administration toothbrushing and safety.</p> <p>Review on 6/1/21 of client #4's IPP dated 2/7/21 revealed priority training needs for meal preparation, money management, medication administration and toothbrushing. Review of his formal objectives revealed training objectives identified for household laundry, toothbrushing, money management, medication administration and meal preparation.</p> <p>Interview on 6/2/21 with the qualified intellectual disabilities professional (QIDP) revealed staff D was assigned to work with staff A and should have made himself available to assist with training and leisure programs during his shift on 6/1/21. Further interview revealed the home has been chronically understaffed and that the facility currently only has 2 full time staff. Additional interview revealed management staff have been taking shifts and working as direct care staff to fill in vacancies on the schedule.</p>	W 186			
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440	W 195			

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W 195	Continued From page 4 The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: The team failed to: ensure that each client 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 that needs identified with clients were addressed with formal training (W227) and ensure that data was documented as prescribed in client individual program plans (IPP's) (W252). The cumulative effect of these systemic practices 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.	W 196			

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W 196	Continued From page 5 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, #3 and #4) in the areas of mealtime, medication administration and leisure. The findings are: A. Cross reference W249. The facility failed to ensure 3 of 4 audit clients (#2, #3 and #4) received continuous active treatment programs consisting of needed interventions and services as identified in the individual program plan (IPP's) for whom they were responsible. C. Cross reference W252. The facility failed to ensure data was documented as prescribed for written training programs in the IPP's of 4 of 4 clients (#1, #2, #3 and #4).	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 observation, record review and interviews with staff, the individual program plan (IPP) failed to identify training objectives to meet identified client needs for 1 of 4 sampled clients (#4). The finding is:	W 227			

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W 227	<p>Continued From page 6</p> <p>During observations on 6/1/21 at 11:30am at the facility, client #4 was in bed in his bedroom. There were several stacks of full trash bags in the corner of his room on the floor. There was a storage tub in the middle of his bedroom with clothing piled up on a storage bin that was stacked halfway the height of his dresser. After asking client #4's permission to look in his closet, observation of his closet revealed it was full of clothing and shoes. There was one dresser in the bedroom which was also full of clothing.</p> <p>Review on 6/1/21 of client #4's IPP dated 2/7/21 revealed he has priority training needs for meal preparation, money management, medication administration and toothbrushing. Review of his formal objectives revealed he has training identified to complete household laundry, complete toothbrushing, improve skills in money management, complete medication administration and complete meal preparation. Further review revealed there was no training identified for room maintenance or clothing care.</p> <p>Review on 6/1/21 of client #4's community and home life assessment dated 2/7/21 revealed he is independent in the area of room maintenance, putting away his clothing.</p> <p>Interview on 6/1/21 with staff D revealed client #4 needs assistance with putting away his clothing and that the clothes that are stacked on the storage bin in his bedroom are clean but needed to be folded.</p> <p>During observation on 6/1/21 from 3:00pm-6:30pm of client #4's bedroom, the stacks of clothing remained unfolded and piled on</p>	W 227			

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W 227	Continued From page 7 the storage bin his bedroom. Interview on 6/1/21 with the qualified intellectual disabilities professional (QIDP) and staff A revealed client #4 may need to be reassessed for training with cleaning his bedroom and storing his clothing based on the current situation of the piles of clothing stacked in in his bedroom.	W 227			
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 each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) . This affected 3 of 4 audit clients (# 2, #3 and #4). The findings are: A. During observations in the facility from 3:00pm-6:30pm, client #4 remained in his bedroom lying on the bed in the dark (3 hours)except for medication administration and supper meal at 5:35pm (30 minutes). No training or leisure choices were provided to client #4	W 249			

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W 249	<p>Continued From page 8 during these observations.</p> <p>Review on 6/1/21 of client #4's IPP dated 2/7/21 revealed priority training needs for meal preparation, money management, medication administration and toothbrushing. Review of his formal objectives revealed training objectives identified for household laundry, toothbrushing, money management, medication administration and meal preparation.</p> <p>Interview on 6/1/21 with staff C revealed she was not certain which training objectives client #2 was working on but direct care staff are to keep client #4 active and busy.</p> <p>Interview on 6/1/21 with staff D, who identified himself as the residential manager, revealed client #4 has training objectives but that these objectives are trained on 1st shift in the mornings. He stated the home has been chronically short staffed and that, "We do the best with what we have."</p> <p>Interview on 6/2/21 with the intellectual disabilities professional (QIDP) revealed direct care staff have been trained on client #4's training objectives and should be implementing training daily as identified in the IPP.</p> <p>B. During observations on 6/1/21 from 3:00pm-6:30pm client #2 was observed to walk throughout the facility, assist with meal preparation, receive medications and eat supper. From 3:00-4:15pm (75 minutes), he walked through the facility or spent in his bedroom without activities offered to him.</p> <p>During observations on 6/1/21 of the medication</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>pass at 5:00pm, staff D got client #2's medication bin out of the cabinet, punched his pills into a cup, poured his water and handed the cup to him to consume his medication.</p> <p>During observations on 6/1/21 of the supper meal at 5:35pm, client #2 was verbally cued by staff D to slow his pace of his eating. Twice during the meal, client #2 stuffed his mouth with his taco and rice with food spilling around his mouth and back onto his plate.</p> <p>Review on 6/1/21 of client #2's self medication assessment dated 4/1/21 revealed with assistance he can recognize the names of some of his medications, that he is capable of punching his pills and getting his medication bin down as well as pouring his beverages for the medication pass.</p> <p>Review on 6/1/21 of client #2's IPP dated 5/11/21 revealed he has training needs for oral hygiene, money management and medication administration. Further review of the IPP revealed training identified which included personal hygiene, money management, household chores (laundry), exercise and medication administration.</p> <p>Review on 6/1/21 of client #2's occupational therapy assessment dated 8/19/20 revealed he is to be encouraged to put his spoon down every 2-3 bites to prevent him from overfilling his mouth. Further review revealed, "Please fill cup halfway when he is drinking juice to prevent him from possible aspiration of fluids."</p> <p>Review on 6/1/21 of a note by the QIDP dated 4/20/21 revealed, "The OT (occupational therapist) recommended having client #2 to put</p>	W 249			

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W 249	<p>Continued From page 10</p> <p>his spoon down every 2-3 bites and to fill his cup halfway when drinking fluids to prevent aspiration.</p> <p>Interview on 6/1/21 with staff C revealed, "We are supposed to keep client #2 busy." When asked about his training programs, staff C stated she was not certain.</p> <p>Interview on 6/1/21 with staff D, who identified himself as the residence manager, revealed training on client #2's goals usually occurs in the morning. He stated the home has been chronically, "under staffed ad that direct care staff are doing the best they can."</p> <p>Interview on 6/2/21 with the QIDP revealed all training goals are current and should be trained throughout the day. Further interview confirmed client #2's mealtime guidelines by the OT are current and that client #2 is supposed to be working on medication administration as this is one of his formal programs.</p> <p>C. During observations on 6/1/21 client #3 was noted to stay in his bedroom for the majority of observations lying on his bed or sitting in a recliner in his bedroom from 3:00pm-5:30pm (2 hours and 30 minutes). No other leisure choices or training was provided to him.</p> <p>Observations of the medication administration pass on 6/1/21 at 5:10pm revealed staff D got client #3's medication bin down, punched his pills, poured his water and then handed his pill cup to him for him to consume his medications. Client #4 took his pills and then left the medication room after disposing of his trash.</p> <p>Review on 6/1/21 of client #3's IPP dated 6/16/20</p>	W 249			

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W 249	Continued From page 11 revealed priority training needs in meal preparation, hygiene, money management, medication administration, exercise and safety. Review of hs training objectives revealed programs in money management, meal preparation, medication administration toothbrushing and safety. Interview on 6/1/21 with staff D, who identified himself the residence manager, revealed client #3 likes to stay in his bedroom. When asked about training objectives, staff D stated client #3 is working on some home living programs. Further interview revealed these objectives are usually trained in the mornings. Interview on 6/2/21 with the QIDP revealed all objectives are current for client #3 and should be trained throughout the day. Further interview revealed client #3 has a medication administration objective and this should be trained at all possible opportunities.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data relative to the accomplishment of objectives specified in the individual program plan (IPP) was documented in measurable terms. This affected 4 of 4 audit	W 252			

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W 252	<p>Continued From page 12 clients (#1, #2, #3 and #4). The findings are:</p> <p>A. Review on 6/1/21 of client #2's IPP revealed training which included personal hygiene, money management, household chores (laundry), exercise and medication administration.</p> <p>Review on 6/1/21 of client #2's program book revealed no formal programs and no data to review.</p> <p>Interview on 6/1/21 with the qualified intellectual disabilities professional (QIDP) revealed he could not locate any data for these programs for January- May 2021.</p> <p>B. Review of client #1's IPP revealed training objectives which included: medication administration, money management, meal preparation, oral hygiene and passive range of motion exercises.</p> <p>Review on 6/1/21 of client #1's program book revealed the following:</p> <ol style="list-style-type: none"> 1. Personal goal (needlepoint): No data from January-April 2021 Trained 5 times in May 2021 2. Assist with meal preparation: No data from January-April 2021 Trained 4 four times in May 2021 3. Will clean dentures: No data from January 2021-April 2021 No data for May 4. Passive range of motion exercises: No data for January 2021-May 2021 	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2021
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS ROAD-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 614 SEVEN OAKS ROAD DURHAM, NC 27704		
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W 252	<p>Continued From page 13</p> <p>C. Review on 6/1/21 of client #4's formal objectives revealed training objectives identified for household laundry, toothbrushing, money management, medication administration and meal preparation.</p> <p>Review on 6/1/21 of client #4's program book revealed the following:</p> <ol style="list-style-type: none"> 1. Will sort denominations of money with 45% independence for 12 months. No data from January-April 2021 May 2021: No data 2. No data could be located for client #4's formal programs in meal preparation, medication toothbrushing and household laundry for the months of January-April 2021. <p>D. Review on 6/1/21 of client #3's IPP dated 6/16/20 revealed training objectives in money management, meal preparation, medication administration toothbrushing and safety.</p> <p>Review on 6/1/21 of client #3's program book revealed the following:</p> <ol style="list-style-type: none"> 1. Will identify coins with 50% gestures for 6 consecutive months. No data from January-April 2021 No data for May 2021 2. Will identify safety signs with 45% independence for 12 months. No data from January-April 2021 No data for May 2021 3. Will gather items for breakfast with 100% independence for 12 months. 	W 252			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2021
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS ROAD-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 614 SEVEN OAKS ROAD DURHAM, NC 27704		
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W 252	Continued From page 14 No data from January-April 2021 Trained 4 times in May 2021 Interview on 6/1/21 with the qualified intellectual disabilities professional (QIDP) revealed most programs are trained daily and that staff should be recording daily each time these programs are trained. Further interview revealed the QIDP could not locate any additional data for clients #1, #2, #3 and #4.	W 252			