STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G239	A. BUILDING _____ B. WING _____	R 06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS S DECATUR HOME	7559 DECATUR DRIVE FAYETTEVILLE, NC 28303

(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 000	INITIAL COMMENTS A revisit was conducted on 6/30/2021 for all previous deficiencies cited on 2/2/2021. All deficiencies have not been corrected and new noncompliance was found. The facility is not in compliance with all regulations surveyed.	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 interview, the facility failed to ensure privacy during medication administration for 2 of 5 audit clients (#1 and #3). The findings are: A. During afternoon medication administration in the home on 2/1/21, client #1 was receiving his medications while the medication room was open. Further observations revealed there was also another client sitting in the medication room while client #1 was receiving his medication. During an interview on 2/1/21, Staff B revealed client #1 should have been giving privacy while he was receiving his medication. Staff B also stated he had been trained to ensure privacy for the clients during medication administration. Review on 2/2/21 of the inservice/training form dated 12/4/20 revealed Staff B was in attendance when they discussed privacy of clients. Review on 2/2/21, of client #1's client rights (no	{W 130}		

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

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{W 130}	Continued From page 1 date) revealed, "...right to privacy." B. During morning medication administration in the home on 2/2/21, client #3 was having a cream put on his back by Staff A. Further observations revealed client #3's back was facing a long vertical window which does not have any covering. During an interview on 2/2/21, Staff A revealed client #3 had always received the cream for his back in the medication room where the window has no covering. Further interview Staff A stated client #3 could have got his cream for his back in the bathroom. Review on 2/2/21, of client #3's client rights (no date) revealed, "...right to privacy." During an interview on 2/2/21, the facility's nurse stated all the clients in the home should be given privacy during their medication administration. A follow-up survey was conducted on 6/30/21 which revealed the facility failed to correct this privacy issue during medication administration for 5 of 5 audit clients (#1, #2, #4, #5 and #6). For example: A. During morning medication Adminstration in the home on 6/30/21 at 8:15am, Staff A did not close the door leading into the kitchen while client #4 was receiving his medications. At no time was the door closed. B. During morning medication Adminstration in the home on 6/30/21 at 8:25am, Staff A did not close the door leading into the kitchen while client	{W 130}		

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{W 130}	Continued From page 2 #2 was receiving his medications. At no time was the door closed. C. During morning medication Adminstration in the home on 6/30/21 at 8:31am, Staff A did not close the door leading into the kitchen while client #5 was receiving her medications. At no time was the door closed. D. During morning medication Adminstration in the home on 6/30/21 at 8:36am, Staff A did not close the door leading into the kitchen while client #6 was receiving her medications. At no time was the door closed. E. During morning medication Adminstration in the home on 6/30/21 at 8:41am, Staff A did not close the door leading into the kitchen while client #6 was receiving his medications. At no time was the door closed. During an interview on 6/30/21, Staff A stated she was "told not to close the door". Further interview revealed she was told that when she was first hired. When asked twice who told her that, Staff A did not answer the question. During an interview on 6/30/21, the facility's nurse revealed the door to the medication room should have been closed. Further interview revealed staff have been trained to ensure the medication room is closed during medication administration.	{W 130}		
{W 189}	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively,	{W 189}		

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{W 189}	Continued From page 3 efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to document in the medication administration record (MAR). The finding is: During morning medication administration observations in the home on 2/2/21, beginning at 8:21am and ending at 8:58am Staff B signed the MAR prior to all six client consuming their medications. During an interview on 2/2/21, Staff A stated she has always signed the MAR prior to the clients consuming or receiving their topical medications. Review on 2/2/21 of the facilty's employee medication administration guide (no date) stated, "Enter initials on the MAR...in prescribed space after administration (not after preparing it for administration)." During an interview on 2/2/21, the facility's nurse confirmed staff have been trained not to sign the MAR prior to the clients consuming their medications. Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to document in the medication administration record (MAR) for 1 of 5 audit clients (#2) and explaining the medications for 5 out of 5 audit clients (#1, #2, #4, #5 and #6). The findings are:	{W 189}		

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{W 189}	Continued From page 4 A. During morning medication administration observations in the home on 6/30/21, at 8:25am Staff A signed the MAR prior to client #2 consuming their medications. During an interview on 6/30/21, Staff A stated she signed the MAR do to the fact that the surveyor "was on my back". Review on 6/30/21 of the facilty's employee medication administration guide (no date) stated, "Enter initials on the MAR...in prescribed space after administration (not after preparing it for administration)." During an interview on 6/30/21, the facility's nurse confirmed staff have been trained not to sign the MAR prior to the clients consuming their medications. B. During medication administrations in the home on 6/30/21, Staff A did not explain to clients #1, #2, #4, #5 and #6 the reasoning why they were taking their medications. Review on 6/30/21 of the facility's medication adminstration preparation steps (no date) stated, "Explain to the resident what you are going to do". During an interview on 6/30/21, the facility;s nurse confirmed staff are suppose to explain to the clients what type of medications they are taking.	{W 189}		
{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	{W 249}		

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{W 249}	Continued From page 5 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 3 of 5 audit clients (#1, #3 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plans (IPP) in the areas of self help and adaptive equipment. The findings are: A. During afternoon medication administration in the home on 2/1/21 at 4:04pm, Staff B fed client #1 his medication. At no time was client #1 prompted to feed himself. Additional medication administration on 2/2/21 at 8:58am, Staff A feed client #1 his medication. At no time was client #1 prompted to feed himself. Review on 2/2/21 of client #1's medication self administration assessment dated 7/1/20 revealed client #1 can independently scoop his medication from the medication cup and then place the spoon in his mouth once the medication is on the spoon. During an interview on 2/1/21, Staff B revealed he has always fed client #1 his medications because he will make a mess. During an interview on 2/2/21, Staff A revealed she has always fed client #1 his medications	{W 249}		

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{W 249}	Continued From page 6 because he will "waste" it on himself. During an interview on 2/2/21, management staff revealed client #1 should have been given the opportunity to feed himself his medication. B. During medication administration in the home on 2/2/21 clients #1, #3 and #6 were not prompted to wash their hands prior to the medication administration. Further observations revealed there were 2 bottles of hand sanitizer on the table where the clients were sitting. At no time where they prompted to use the hand sanitizer. Review on 2/2/21 of client #1's adaptive behavior scale (ABS) dated 4/23/20 revealed he needs total assistance with washing his hands. Review on 2/2/21 of client #3's ABS (no date) revealed he needs total assistance with washing his hands. Review on 2/2/21 of client #6's ABS dated 11/12/18 revealed she can wash her hands with assistance. Review on 2/2/21 of a inservice/training form dated 12/4/20 revealed Staff B was in attendance when they discussed hand washing. During an interview on 2/2/21, the facilty's nurse confirmed all clients should wash their hands prior to their medication administration. C. During breakfast observations in the home on 2/2/21 clients #1, #3 and #6 were not prompted to pour their own liquids. At no time were clients #1, #3 and #6 given the opportunity to pour their own	{W 249}		

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{W 249}	Continued From page 7 liquids. During an interview on 2/2/21, Staff A revealed she was pouring the liquids for clients #1, #3 and #6 because she was "helping them." During an interview on 2/2/21, the management staff confirmed clients #1, #3 and #6 should have been given the opportunity to pour their own liquids. D. During morning observations in the home on 2/2/21 from 6:39am until 8:21am, client #6 was observed not wearing her hearing aids in both her ears. At no time was client #6 prompted to put her hearing aids in. Review on 2/2/21 of client #6's hearing assessment dated 8/27/20 revealed "Hearing Aids." During an interview on 2/2/21, the facilty's nurse stated client #6 should have both hearing aids in once she has showered and gets dressed in the morning. Further interview revealed staff have been trained to ensure client #6 has her hearing aids in. Additional interview revealed client #6's hearing aids are kept in her bedroom in her nightstand. Based on observations, record reviews and interviews, the facility failed to ensure 4 of 5 audit clients (#1, #2, #5, and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plans (IPP) in the areas of self help and adaptive equipment. The findings are:	{W 249}		

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{W 249}	Continued From page 8 During medication administration observations in the home on 6/30/21, from 8:15am until 8:41am, Staff A punched out the medications for clients #1, #2, #5 and #6. Further observations revealed none of the clients was given the opportunity to participate in their medication administration. During an interview on 6/30/21, Staff A stated the reason why she did not let clients #1, #2, #5 and #6 participate in their medication administration was because they might make a "mess". During an interview on 6/30/21, the qualified intellectual disabilites professional (QIDP) revealed clients #1 and #2 would need hand over hand assistance with their medication administration. The QIDP stated client #5 would need verbal or gesture prompts to help them with their medication administration. Further interview revealed client #6 can independently punch out her own medications.	{W 249}		
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, documentation and interview, the nursing services failed to ensure that staff were sufficiently trained in taking temperature in regards to COVID-19 protocol.	W 340		

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W 340	Continued From page 9 This potentially effected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: During morning observations in the home on 6/30/21, the surveyor attempted to enter the home, but when Staff B tried to use the homes' thermometer, it was discovered not to be working The surveyor went out to their car and obtained their personal thermometer and took their own temperature. Further observations revealed Staff A entering the home at 8:11am and not taking her temperature. Additional observations revealed Staff C was working third shift in the home. At 8:30am, Staff D located the batteries for the thermometer, put them in the thermometer and took her temperature at 8:35am. Additional observations revealed Staff A, Staff B and Staff D did not take their temperatures when the batteries where placed in the thermometer. During an interview on 6/30/21, Staff C stated he did not take his temperature when he entered the home. Staff C reported he should have taken his temperature before he began working. During an interview on 6/30/21, Staff B confirmed he did not take his temperature when he entered the home. Staff B revealed he should have taken his temperature before he began working. Review on 6/30/21 of the homes, Coronavirus (COVID-19) symptom check-in revealed there was documentation on 6/13/21 at 12 midnight and then the next documentation was on 6/29/21 at 4pm. Further review revealed Staff D signing the check-in sheet on 6/30/21 at 8:35am. During an interview on 6/30/21, the facility's nurse stated staff have been trained to take their	W 340		

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W 340	Continued From page 10 temperatures and document on the check-in sheet before they begin working.	W 340		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is: During medication administration observations in the home on 6/30/21 at 8:20am, Staff A exited the medication room to escort a client into the medication room. Further observations revealed the medication closet door remained and the medications for the clients was visible. Additional observations revealed the surveyor was left alone in the medication room. During an interview on 6/30/21, Staff A confirmed the medication closet door was open, which left the medications unattended. During an interview on 6/30/21. the facility's nurse revealed staff have been trained to ensure all medications are not left unattended.	W 382		