

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

PRINTED: 07/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER SHADYLAWN			STREET ADDRESS, CITY, STATE, ZIP CODE 901 SHADYLAWN DR CHAPEL HILL, NC 27516		
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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 observation, record review and confirmed by interviews the facility failed to ensure direct care staff protected the privacy of 1 of 4 audit clients (#1). The finding is:</p> <p>During early morning observations at the facility on 7/27/21 at 6:44am staff G walked client #1 from the bathroom to the bedroom wearing a towel that fell down exposing his body to anyone that passed in the hallway. Staff G then left client #1's bedroom door open as he assisted him to get dressed. Client #1's naked body was visible to anyone that passed in the hallway.</p> <p>Immediate interview on 7/27/21 with staff G revealed that client #1 needs assistance protecting his privacy during dressing and bathing due to his inability to do this independently. Further interview revealed client #1 does have a bathrobe that can be worn during self care and bathing to protect his privacy.</p> <p>Record review on 7/27/21 of client #1's individual program plan (IPP) dated 11/16/20 revealed that client #1 is able to knock on doors with indirect verbal prompts but client #1 does not protect his own privacy.</p> <p>Interview on 7/27/21 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff should assist client #1 in protecting his</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	W 130			
W 249	<p>privacy during self care and bathing.</p> <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 observation, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of cooking. The finding is:</p> <p>During observations of meal preparation on 7/26/21 in the facility at 5:00pm, staff E served portions of spinach, jambalaya with sausage and pineapple onto each client's plate in the kitchen without any assistance from client #2 who was sitting in a living room chair. Staff E then took each plate and sat it on the dining room table and told clients #1, #2, #3,#4 and #5 to come to the dining room table to eat supper. Client #2 was not involved with preparing his supper or serving his plate.</p> <p>During observations in the facility on 7/27/21 at 7:05am client #2 went into the kitchen with staff</p>	W 249			

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W 249	Continued From page 2 G. Client #2 selected his cereal, poured it into a bowl and took it to the dining room table to eat for breakfast. Review on 7/27/21 of client #2's IPP dated 7/3/21 revealed he has a current training program which requires he learn to cook one item in the kitchen. Further review confirmed that he is compliant about wearing a mask. Interview on 7/27/21 with the qualified intellectual disabilities professional (QIDP) revealed client #2 is very capable of preparing meal items in the kitchen and the training goal to cook in the kitchen is current. Further interview revealed client participation in the kitchen has been discouraged by facility policy due to the current COVID-19 pandemic. Additional interview revealed all clients in the facility have been vaccinated and most staff have also been vaccinated against COVID-19. Subsequently, the QIDP stated the team had not considered allowing client #2 to resume duties in meal preparation to promote his skills in meal preparation even though he is very compliant with wearing a mask.	W 249			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interviews the	W 262			

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W 262	<p>Continued From page 3</p> <p>specially constituted committee, designated the human rights committee, failed to review, approve and monitor the behavior support plan (BSP) which includes behavioral medications for 2 of 4 audit clients (#2 and #3). The findings are:</p> <p>A. Review on 7/27/21 of client #2's individual program plan (IPP) dated 7/3/21 revealed he has been adjudicated incompetent and that his Mother has been appointed to act as his legal guardian. Further review of the IPP revealed he has target behaviors of physical aggression and anxiety. These behaviors are addressed by a BSP which was undated and required client #2 exhibit 0 episodes of uncontrolled anxiety per month for 8 of 12 months. This BSP includes the use of Melatonin for sleep, Ativan for Dental appointments and Zoloft 20 mg./ml.</p> <p>Review on 7/27/21 of client #2's physician orders dated 4/7/21 revealed he receives Zoloft 20 mg./ml. Take 10 ml. at 8am daily, Melatonin 3 mg. Take 1 tablet by mouth at bedtime.</p> <p>Further review on 7/27/21 of the BSP revealed there was not consent from the specially constituted committee for client #2's program.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/27/21 confirmed the facility did not have consent from the specially constituted committee for client #2's restrictive BSP.</p> <p>B. Review on 7/27/21 of client #3's IPP dated 2/6/21 revealed he has been adjudicated incompetent and that his Mother acts as his legal guardian. Further review of the IPP revealed he has a BSP dated 7/7/19 that addresses physical</p>	W 262			

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W 262	Continued From page 4 aggression, self-injury and property destruction. Review on 7/27/21 of client #3's BSP dated 7/7/19 revealed his target behaviors of self-injury, physical aggression and property destruction are addressed with relaxation, Melatonin for sleep and the use of Clonazepam 0.5 mg and Depakote 250 mg. Review on 7/27/21 of his physician orders confirmed client #3 receives Melatonin for sleep and the use of Clonazepam 0.5 mg and Depakote 250 mg. Interview with the qualified intellectual disabilities professional (QIDP) on 7/27/21 confirmed the facility did not have consent from the specially constituted committee for client #3's restrictive BSP.	W 262			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 4 audit clients (#2 and #3). The findings are: A. Review on 7/27/21 of client #2's individual program plan (IPP) dated 7/3/21 revealed he has been adjudicated incompetent and that his	W 263			

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W 263	<p>Continued From page 5</p> <p>Mother has been appointed to act as his legal guardian. Further review of the IPP revealed he has target behaviors of physical aggression and anxiety. These behaviors are addressed by a behavior support program (BSP) which was undated and required client #2 exhibit 0 episodes of uncontrolled anxiety per month for 8 of 12 months. This BSP includes the use of Melatonin for sleep, Ativan dental appointments and Zoloft 20 mg.</p> <p>Review on 7/27/21 of client #2's physician orders dated 4/7/21 revealed he receives Zoloft 20 mg./ml. Take 10 ml. at 8am daily, Melatonin 3 mg. Take 1 tablet by mouth at bedtime.</p> <p>Further review on 7/27/21 of the BSP revealed there was not written informed consent from client #2's legal guardian.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/27/21 confirmed the facility did not have written informed consent from client #2's legal guardian for his restrictive BSP.</p> <p>B. Review on 7/27/21 of client #3's IPP dated 2/6/21 revealed he has been adjudicated incompetent and that his Mother acts as his legal guardian. Further review of the IPP revealed he has a BSP dated 7/7/19 that addresses physical aggression, self-injury and property destruction.</p> <p>Review on 7/27/21 of client #3's BSP dated 7/7/19 revealed his target behaviors of self-injury, physical aggression and property destruction are addressed with relaxation, Melatonin for sleep and the use of Clonazepam 0.5 mg and Depakote 250 mg. Further review of this program did not reveal any evidence of written informed</p>	W 263			

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W 263	Continued From page 6 consent from client #3's legal guardian. Review on 7/27/21 of client #3's physician orders dated 6/18/21 confirmed client #3 receives Melatonin for sleep as well as the use of Clonazepam 0.5 mg and Depakote 250 mg. Interview with the qualified intellectual disabilities professional (QIDP) on 7/27/21 confirmed the facility did not have written informed consent from client #3's legal guardian for client #3's restrictive BSP.	W 263			
W 338	NURSING SERVICES CFR(s): 483.460(c)(3)(v) Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems). This STANDARD is not met as evidenced by: Based on record review and interviews with staff, the facility failed to ensure client #4 received a recommended cardiology follow up as ordered. The finding is: Review on 7/27/21 of client #4's record revealed he has a surgical history including Atrioventricular Valve Repair due to a congenital heart defect. Continued review on 7/27/21 of Client #4's record revealed he had an Echocardiogram Pediatric Congenital Complete with Color Spect Doppler on 11/16/18. Further review of the after summary completed by the cardiologist revealed client #4 should, "Return in about 2 years (around	W 338			

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W 338	Continued From page 7 11/16/20) for Recheck." Additional review of client #4's record revealed no follow up was conducted.	W 338			
W 352	<p>During an interview on 7/27/21 with the qualified professional (QIDP), he confirmed client #4 had not been rescheduled for a follow up with the cardiologist.</p> <p>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(2)</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure clients #2, #3, #4 and #5 received a comprehensive dental examinations at least annually. This affected 3 of 4 audit clients (#2, #3 and #4) and 1 non-audit client (#5). The findings are:</p> <p>Review on 7/27/21 of client #5's dental records revealed he was seen on 2/19/20 by the dentist. The dentist recommended a six month recall date. There were no further dental visits noted since 2/19/20.</p> <p>Further review on 7/27/21 of client #2's medical records revealed he was last seen by the dentist for a dental examination in September 2019.</p> <p>Review on 7/27/21 of client #3's medical record revealed he was seen by the dentist in 2019 and had 3 teeth pulled during a dental visit in 2019 (exact date not given).</p>	W 352			

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W 352	Continued From page 8 Review on 7/27/21 of client #4's medical records revealed he was last seen by the dentist in September 2019. Interview on 7/27/21 with the qualified intellectual disabilities professional (QIDP) revealed clients #2, #3 and #4 have not been seen for dental visits since 2019 and there have not been dental visits scheduled for clients #2, #3 and #4 as of this date. Further interview revealed client #1 has not been seen by the Dentist since 2/19/20.	W 352			