

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

PRINTED: 08/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2021
NAME OF PROVIDER OR SUPPLIER FRANK STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 719 FRANK STREET ROXBORO, NC 27573		
(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	<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 interview, the facility failed to ensure privacy during personal care for 1 of 4 audit clients (#3). The finding is:</p> <p>During morning observations in the home on 8/10/21 at 6:05am, client #3 entered the bathroom, stood up from her wheelchair, pulled down her pants and sat down on the toilet. At 6:09am, the qualified intellectual disabilities professional (QIDP) went down the hallway and put a broom and dust pan into a closet which is located directly across from the bathroom where client #3 was in. Further observations revealed the QIDP just shut the closet door and turned around and went back to her office. Staff A came down the hallway and noticed the bathroom door was open with client #3 sitting on the toilet. Additional observations revealed Staff A shutting the bathroom door at 6:10am and reminding client #3 she needs to ensure the bathroom door is always closed before she uses the bathroom.</p> <p>During an interview on 6/10/21, Staff A stated client #3 can independently close the bathroom door for privacy. Further interview revealed client #3 will at times need a verbal prompt to close the bathroom door for her privacy.</p> <p>During an interview on 6/10/21, the QIDP stated she did not even notice the open bathroom door</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 and client #3 in the bathroom. Further interview revealed client #3 normally closes the bathroom door by herself.	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, 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 observations in the home on 8/10/21 at 7:02am, Staff C signed the medication administration record (MAR) prior to a client consuming her medications. During an interview on 8/10/21, Staff C confirmed she signed the MAR prior to the client consuming her medications. Further interview revealed she was not sure why she signed the MAR prior to the client consuming her medications. During an interview on 8/10/21, the qualified intellectual disabilities professional (QIDP) stated staff are to place a dot in the box in the MAR and then staff are to sign their initials after the client consumes their medications.	W 189			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals	W 382			

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W 382	Continued From page 2 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 findings are: A. During evening medication observations on 8/9/21 at 5:07pm, Staff B walked away from the medication closet. Further observations revealed the key to the medications cart was in the lock and the lock was unlocked. Staff B returned to the medications cart at 5:09pm. During an immediate interview on 8/9/21, Staff B confirmed she should not have left the keys in the medication cart and leaving the medication lock unlocked. B. During morning medication observations on 8/10/21 at 7:06am, Staff C walked away from the medication area while the surveyor was holding seven bubble packs. At no time did Staff C ask for the seven bubble packs back. During an immediate interview on 8/10/21, Staff C confirmed she should not have left the medications unattended. During an interview on 8/9/21, the qualified intellectual disabilities professional (QIDP) stated staff should not have left the medications unattended. Further interview revealed staff have been trained to ensure all medications are kept locked when not being administered.	W 382			
W 460	FOOD AND NUTRITION SERVICES	W 460			

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W 460	<p>Continued From page 3 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 review and interviews, the facility failed to ensure client #5's diet was provided as prescribed. This affected 1 of 4 audit clients (#5). The finding is:</p> <p>During lunch observations in the home on 8/9/21 at 12:06pm, client #5's hot dog was cut in half my staff. Further observations revealed client #5 consumed the hot dog without staff intervening.</p> <p>During dinner observations in the home on 8/9/21 at 5:27pm, client #5's stir fried chicken had square pieces of chicken in it. Further observations revealed client #5 consumed all the pieces of chicken without staff intervening.</p> <p>Review on 8/9/21 of client #5's individual program plan (IPP) dated 2/23/21 stated, "...ground meats...."</p> <p>Review on 8/9/21 of client #5's dietitian evaluation dated 2/5/21 revealed her meats are to be served in a ground consistency.</p> <p>Review on 8/10/21 of client #5's physician orders dated 7/8/21 indicated her meats are to be served in a ground consistency.</p> <p>During an interview on 8/9/21, the home supervisor (HS) confirmed client #5's meats are to be served in a ground consistency.</p>	W 460			

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W 460	Continued From page 4 During an interview on 8/9/21, the qualified intellectual disabilities professional (QIDP) revealed client #5's meats should be served in a ground consistency.	W 460			