

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2021
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NAME OF PROVIDER OR SUPPLIER SCI-TRIANGLE HOUSE I	STREET ADDRESS, CITY, STATE, ZIP CODE 1406 TYONEK DRIVE DURHAM, NC 27703
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(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
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W 249	<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 observations, record reviews, and interviews, the facility failed to ensure 2 of 4 audit clients (#3 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of ambulation, family style dining, and self-help skills. The findings are:</p> <p>A. During morning observations in the home on 7/13/21 at 7:35am, client #6 utilized a walker to walk down the hallway towards the kitchen. A staff walked in front of the walker while holding onto his walker. After a few steps, the client began to bend his knees and move his body towards the floor. The staff immediately stated, "No...stand up", caught him by the arms and lifted him up. Staff A then brought over a chair and the client was lifted up to the chair.</p> <p>During later observations in the home at 8:15am, client #6 utilized a walker to walk from the dining room table towards the living room area. A staff walked in front of the walker while holding onto his walker. After a few steps, the client began to</p>	W 249	<p>W249</p> <p>All staff will receive training in:</p> <ol style="list-style-type: none"> 1. ICF-IID Level of Care Basics: <ul style="list-style-type: none"> o Active Treatment o Encouraging Independence o Providing the least assistance necessary 2. Client #6's Ambulation Guidelines (28-S) 3. All clients Ambulation Guidelines 4. Family Style Dining Guidelines 5. Client #6's mealtime skills and all clients mealtime guidelines 6. Mealtime Clean up Programming 7. Chore Chart participation <p>The Director or PC will monitor family style dining, mealtime programs and ambulation programs twice weekly. The RQP will monitor programs twice monthly. The Executive Director (Corporate Office) will monitor programs once monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p> <p>DHSR - Mental Health</p> <p>JUL 23 2021</p> <p>Lic. & Cert. Section</p>	9-10-2021
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Chief Operations Officer- Eastern Region	(X6) DATE 7/19/2021
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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.

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

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W 249	<p>Continued From page 1</p> <p>bend his knees and move his body towards the floor. The staff immediately stated. "No, No", pulled him up by his arms and over to a nearby chair.</p> <p>Interview on 7/13/21 with Staff A revealed when client #6 goes down to the floor while walking they "give him a minute and he'll get up" into a chair.</p> <p>Review on 7/13/21 of client #6's IPP dated 1/11/21 revealed procedures for assistance while ambulating for client #6 (Service 28 - S). The service goal noted, "[Client #6] has shown a tendency to sit on the floor rather than walking sometimes." Additional review indicated, "Staff will ask [Client #6] to stand up and continue to ambulate. If he does not comply within 1 minute, staff will engage graduated guidance. (This does not mean that staff will immediately go straight to physical manipulation). Rather, staff will use gestures, light physical prompts, and then utilizes manipulation in assisting to walk."</p> <p>Interview on 7/13/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's guidelines for ambulation should be followed by staff.</p> <p>B. During 3 of 3 meal observations throughout the survey in the home and at the day program on 7/12 - 7/13/21, staff placed all food items on client #6's plate for him. Client #6 was not prompted or assisted to serve himself at meals.</p> <p>Interview on 7/13/21 with the Program Manager revealed client #6 "is supposed to" assist with serving himself at meals; however, he will often refuse by pulling his hand away or drop the</p>	W 249		

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W 249	<p>Continued From page 2</p> <p>spoon. The Program Manager acknowledged the client should be given the opportunity to participate with this task.</p> <p>Review on 7/13/21 of client #6's IPP dated 1/11/21 indicated, "In the independent functioning domain, [Client #6] requires staff assistance to care for most of his needs." The plan noted, "Family style dining is used at all meals...."</p> <p>Interview on 7/13/21 with the QIDP confirmed staff should try to have client #6 assist with serving himself given "hand-over-hand" assistance.</p> <p>C. During 2 of 3 meal observations throughout the survey in the home and at the day program on 7/12 - 7/13/21, staff cleared client #6's dirty dishes for him after the meal. Client #6 was not prompted or assisted to participate with this task.</p> <p>Interview on 7/13/21 with the Program Manager indicated client #6 can clear his dishes if a bin is brought to him at the table.</p> <p>Review on 7/13/21 of client #6's IPP dated 1/11/21 revealed, "[Client #6] also participated in a chore chart after dinner. He will clean up his area at the table by removing his dishes and placing them in the dish bin."</p> <p>Interview on 7/13/21 with the QIDP confirmed client #6 can assist with clearing his dishes by placing them in a bin at the table.</p>	W 249		
W 460	<p>FOOD AND NUTRITION SERVICES</p> <p>CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing,</p>	W 460		

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W 460	<p>Continued From page 3 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 interview, the facility failed to ensure client #3's specially-prescribed diet was followed. This affected 1 of 4 audit clients. The finding is:</p> <p>During 3 of 3 meal observations throughout the survey in the home and at the day program on 7/12 - 7/13/21, client #3 was not served double portions of all food items. For example, on 7/12/21 at the lunch meal, client #3 was served two roast beef sandwiches and a single serving of cookies, potato chips, an applesauce cup and a granola bar. Later at the dinner meal, the client served himself a turkey burger and a single serving of peaches. During additional observations on 7/13/21 at the breakfast meal, client #3 served himself 2 packets of instant oatmeal (the same amount as other clients) and a serving of fresh fruit. At all meals, client #3 was not prompted or assisted to serve himself double portions of all food items.</p> <p>Interview on 7/13/21 with Staff A revealed client #3 does receive double portions but is a "picky" eater and will often refuse to eat certain food items.</p> <p>Review on 7/12/21 of client #3's Individual Program Plan (IPP) dated 6/14/21 revealed, "[Client #3] is currently on a heart healthy diet double portions with no raw nuts or seeds."</p> <p>Interview on 7/13/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client</p>	W 460	<p>W460</p> <p>All staff will receive training on: 1. Client #3's diet order 2. All client's diet orders</p> <p>The Director or PC will monitor mealtime programs twice weekly. The RQP will monitor mealtime programs twice monthly. The Executive Director (Corporate Office) will monitor mealtime programs once monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p>	
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W 460	Continued From page 4 #3 should receive double portions of all food items at meals.	W 460		
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"Creating Life Skills For Those We Serve"



Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

July 19, 2021

RE: Recertification Survey completed July 12 - 13, 2021
SCI-Triangle House I, 1406 Tyonek Dr., Durham, NC 27704
Provider Number: 34G215
MHL Number: MHL032-071

Please find enclosed the plan of correction for deficiencies received on 7-15-2021 for the recertification survey conducted on 7-12 and 13-2021 at SCI Triangle House 1. Please contact me should you have any questions or need additional information.
Thank you,

Seslie Roughton
Chief Operations Officer –Eastern Region
Skill Creations, Inc.
Seslie.roughton@skillcreations.com
252-908-1151

DHSR - Mental Health

JUL 23 2021

Lic. & Cert. Section