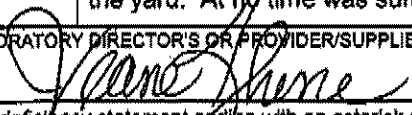


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOORE COUNTY HOME FOR AUTISTIC ADULTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1112 DEVONSHIRE TRAIL ABERDEEN, NC 28315</b>	
(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 189	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained regarding the use of sunscreen and documentation in the medication administration record (MAR). The findings are:</p> <p>A. During morning observations in the home on 6/21/21 at 10:34am, the clients in the home began going outside; the temperature was 78 degrees. Further observations revealed client #2 was walking back and forth in the yard and the sun was shinning directly on him. The other clients were sitting on lawn chairs. At no time was sunscreen applied to the clients.</p> <p>During afternoon observations in the home on 6/21/21 at 11:18am, the clients arrived to a local park. Additional observations revealed the clients were walking towards the playground, directly under the sun. The clients stayed at the playground area until 11:24am, before walking to the gazebo. At no time was sunscreen applied to the clients.</p> <p>During evening observations in the home on 6/21/21 at 4:54pm, the clients began to go outside in the backyard of the home. Further observations revealed it was 90 degrees. The clients were observed sitting or walking around the yard. At no time was sunscreen applied to</p>	W 189	By 7-31-2021 will have been inserted to effectively, efficiently and competently to perform duties. To include the use of sunscreen and documentation. The appropriate implementation of the skill will be monitored by the Home Manager weekly, bi-monthly by the Hab Specialist and monthly by the QMHP.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

QMHP

(X6) DATE

7/1/21

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 189	Continued From page 1 the clients.  During an interview on 6/21/21, Staff B confirmed sunscreen should have been applied to the clients before they went outside in the home's yard and at the local park. Staff B then showed the surveyor two bottles of sunscreen which were in the home.  During an interview on 6/22/21, the home manager (HM) revealed sunscreen should have been applied to the clients prior to them going outside.  B. During morning medication administration observations in the home on 6/22/21 beginning at 8:33am and ending at 8:37am, Staff A signed the MAR before client #6 consumed his medications.  During an interview on 6/22/21, Staff A revealed the MAR should be signed after the clients consumed all their medication and not before.  During an interview on 6/22/21, the HM stated the MAR should not be signed before the clients consume their medications, "Because they haven't taken their medications yet".	W 189		
W 192	<b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(2)  For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in	W 192	All staff will be inserviced on reporting medical concerns and documentation. To include though not limited to assessment, treatment and observation. Implementation will be monitored by weekly by Home Manager, bi-monthly by Hab Specialist and monthly by QMHP.	

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W 192	Continued From page 2 reporting medical concerns. This affected 2 of 6 audit clients (#1 and #3). The findings are:  A. During morning observations in the home on 6/21/21 at 10:51am, client #3 was walking back into the home after sitting outside. Further observations revealed client #3 had blood on her lips. Additional observations revealed Staff A took client #3 into the bathroom and wiped off her lips. No other treatments or documentation was done.  During an immediate interview, Staff A confirmed it was blood on client #3's lips.  B. During evening observations in the home on 6/21/21 at 5:04pm, client #1 came into the home after sitting outside. Further observations revealed client #1 tripped and fell on the floor in the living room. Further observations revealed client #1 broke her fall by landing on the palms of her hands. The two staff walking with client #1 asked her "Are you alright?" At no time was client #3 assessed for any bruises.	W 192			
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	W 249			

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W 249	<p>Continued From page 3 plan.</p> <p>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) in the areas of medication administration, hand washing and dressing. This affected 3 of 6 audit clients (#2, #3 and #6). The findings are:</p> <p>A. During evening medication administration observations in the home on 6/21/21 at 7:59pm, Staff C pre-punched client #2's medications and placed them into a medication cup. Further observations revealed at 8:12pm, Staff C pre-punched client #6's medications and placed them into a medication cup. At no time were clients #2 and #6 given the opportunity to punch out their own medications.</p> <p>During an interview on 6/21/21, Staff C revealed he had been trained to allow the clients #2 and #6 to punch out their own medications.</p> <p>Review on 6/22/21 of client #2's adaptive behavior inventory (ABI) dated 9/3/20 stated he can punch out his pills independently.</p> <p>Review on 6/22/21 of client #6's ABI dated 9/15/20 revealed he has partial independence with punching out his pills.</p> <p>During an interview on 6/22/21, the home manager (HM) stated clients #2 and #6 should have been given the opportunity to punch out</p>	W 249	By 7-31-2021 all staff will have been inserviced on the active treatment process to include dressing and the medication process. Specifically to ensure all clients are dressed appropriately (belts, pants) and to participate to their skill level of medication administration. The implementation of the process will be monitored by the Home Manager weekly, Hab Specialist bi-monthly and monthly by nurse.		

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W 249	<p>Continued From page 4 their medications.</p> <p>B. During evening medication administration observations in the home on 6/21/21, neither clients #3 or #6 washed their hands prior to their medication administration.</p> <p>During an interview on 6/21/21, Staff C confirmed clients #3 and #6 should have washed their hands prior to their medication administration.</p> <p>Review on 6/22/21 of client #3's ABI dated 1/20/21 revealed she has partial independence with washing her hands.</p> <p>Review on 6/22/21 of client #6's ABI dated 9/15/20 stated he has no independence with washing his hands.</p> <p>During an interview on 6/22/21, the HM stated clients #3 and #6 should have been given the opportunity to wash their hands prior to their medication administration.</p> <p>C. During morning observations in the home on 8:32am, client #6 was observed wearing a pair of jeans. Further observations revealed the jeans were hanging very loose and below his waist. Further observations revealed client #6 holding up his jeans with his hands while he stood in the medication room. Additional observations revealed the jeans were so low on client #6's hips that his underwear were visible. At 10:01am, client #6 was observed walking around the living room holding up his jeans. Further observations revealed client #6 was not wearing a belt.</p> <p>During an interview on 6/22/21, Staff A stated client #6 can dress himself. Further interview</p>	W 249		

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W 249	Continued From page 5 revealed Staff A did notice earlier that client #6 needed a belt.  Review on 6/22/21 of client #6's ABI dated 10/10/20 revealed he has partial independence with using a belt.  During an interview on 6/22/21, the HM revealed client #6 relies on staff to assist with dressing and ensuring he is wearing a belt.	W 249		
W 340	<b>NURSING SERVICES</b> 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, record review and interview, nursing services failed to ensure that staff were sufficiently trained in face mask wearing in regards to COVID-19 protocol. This potentially effected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is:  During observations in the home on 6/21/21 from 9:36am until 1:15pm and 4:21pm until 8:38pm, Staff A, Staff B, Staff C, Staff D and the home manager (HM) were observed walking around the home, assisting clients with their leisure skills, entering bathrooms with the clients, preparing meals and administrating medications while not wearing masks or not having the face masks covering their nose.	W 340	By 7-31-2021 all staff will have been inserviced on appropriate health and hygiene methods to include wearing face masks appropriately. This procedure implementation will be monitored daily by Home Manager and bi-monthly by Hab Specialist and monthly by QMHP.	

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W 340	Continued From page 6  During an interview on 6/21/21, Staff B revealed staff who are working in the home are to be wearing face masks at all times. Further interview revealed when staff are wearing face masks, they are to cover their noses completely.  During an interview on 6/22/21, Staff A stated face masks should be worn at all times by staff when they are in the home. Further interview revealed the face masks should be worn covering the nose of the person.  During an interview on 6/22/21, the HM stated face masks should be worn at all times by staff while they are working in the home. The HM also stated the face masks should be covering the nose and not below the nose or under the chin. Additional interview revealed all staff have been trained in the usage of wearing a face mask in the correct way.	W 340		
W 382	<b>DRUG STORAGE AND RECORDKEEPING</b> 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:  A. During observations in the home on 6/21/21, Staff C exited the medication room to assist another staff with a client. Further observations revealed the surveyor was left alone in the	W 382	All staff will be inserviced by 7-31-21 on appropriate storage and documentation. Training will include though not limited to leaving medication unattended, discarded medication and documentation.  This process will be monitored for appropriate implementation weekly by Home Manager bi-monthly by Hab Specialist and monthly by nurse.	

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W 382	Continued From page 7 medication room, while the medications were left on the desk.  During an immediate interview on 6/21/21, Staff C confirmed he had been trained not to leave the medications unattended.  B. During observations in the home on 6/22/21 at 9:36am, the surveyor noticed a pill was in the sink, in the medication room. Prior to this Staff A was administrating medications between 8:29am thru 8:42am.  During an interview on 6/22/21, Staff A confirmed one pill for a client had fallen on the counter, so she put into the sink to dispose of it. Further interview revealed disposing a pill in the sink was not the correct way to dispose of a pill.  During an interview on 6/22/21, the home manager (HM) confirmed staff know not to leave medications unattended. Further interview revealed the following way to dispose of a pill: the pill or pills are to be placed in a plastic baggie, with the name of the client, the name of the pill(s), with the date and then the pharmacy is called so the pill(s) can be replaced.	W 382			
W 473	<b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(ii)  Food must be served at appropriate temperature.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all foods were served at an appropriate temperature. This affected all clients residing in the home (#1, #2, #3, #4, #5 and #6).	W 473	By 7/21/2021 all staff will be inser- viced on the appropriate food temp- erature. The implementation of this will be monitored by the Home Manager weekly and monthly by the Hab specialist and dietitian.		



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W 473	Continued From page 8 The finding is:  During dinner observations in the home on 6/21/21 at 5:09pm, client #2 placed a serving bowl containing pasta on the table. Further observations revealed the first client did not begin eating the pasta until 5:40pm. At no time during the observation was the pasta reheated.  During an interview on 6/21/21, Staff B revealed food can set out for one hour until it needs to be reheated.  During an interview on 6/22/21, the home manager (HM) stated food needs to be reheated at fifteen minutes after sitting out.	W 473			