

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:  <b>34G255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/27/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHADYLAWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SHADYLAWN DR CHAPEL HILL, NC 27516</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 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> 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	<p>Supervisor of Support Services will ensure that all residents have proper coverings to protect privacy. Supplemental training about resident's privacy was provided to all staff on 8/11/21.</p> <p>Supervisor will monitor through shift observation at least twice per month, Director will follow-up to ensure observations are complete.</p>	9/27/21

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 249	<p>Continued From page 2</p> <p>G. Client #2 selected his cereal, poured it into a bowl and took it to the dining room table to eat for breakfast.</p> <p>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.</p> <p>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.</p>	W 249		
W 262	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(i)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews the</p>	W 262	<p>All Behavior Support Plan approvals and signatures will be obtained as needed. The Supervisor of Support Services will be responsible for ensuring the written informed consent is obtained prior to implementation and the signed consent forms are uploaded into Therap. The Director will monitor completion at least quarterly and as plans are revised.</p>	9/27/21

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W 262	<p>Continued From page 4 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.</p> <p>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.</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 #3's restrictive BSP.</p>	W 262		
W 263	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>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.</p> <p>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:</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</p>	W 263	<p>All Behavior Support Plan approvals and signatures will be obtained as needed. The Supervisor of Support Services will be responsible for ensuring the written informed consent is obtained prior to implementation and the signed consent forms are uploaded into Therap. The Director will monitor completion at least quarterly and as plans are revised</p>	9/27/21

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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	<b>NURSING SERVICES</b> 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	Supervisor of Support Services will schedule all past due appointments. Supervisor will review medical appointments' schedule at least monthly and schedule appointments as needed.  Director will ensure completion and check quarterly.	9/27/21

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W 352	<p>Continued From page 8</p> <p>Review on 7/27/21 of client #4's medical records revealed he was last seen by the dentist in September 2019.</p> <p>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.</p>	W 352		