| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G035 | A. BUILDING _____ B. WING _____ | R 08/31/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SILO DRIVE FACILITY-CHAPEL HILL | 111 SILO DRIVE CHAPEL HILL, NC 27514 |

| (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 000 | INITIAL COMMENTS<br><br>A follow up survey was conducted on 8/31/2021 and all but one tag is corrected. W288 remains out of compliance. | W 000 | | |
| {W 288} | MGMT OF INAPPROPRIATE CLIENT BEHAVIOR<br>CFR(s): 483.450(b)(3)<br><br>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, record reviews and interviews, the facility failed to assure all techniques to manage behavior were incorporated into a plan to reduce the behavior. This affected 1 of 3 audit clients (#2). The finding is:<br><br>During a follow up survey on 8/31/2021, observations revealed that the refrigerator remains locked with a chain.<br><br>During observations on 5/18 and 5/19/2021, the refrigerator was locked with a chain and pad lock and the pantry was locked. This was locked and unlocked by staff when the individuals were working in the kitchen.<br><br>Interview with the qualified intellectual disability professional (QIDP) and phone interview with his supervisor on 8/31/2021 revealed the lock remains in place and there is no program or revision to the program to address the behaviors. They indicated the team was going to revise the definition as indicated in the plan of correction but | {W 288} | | |

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 288} | Continued From page 1<br>has decided to create a new plan to address only this behavior. At that meeting they will be addressing the lock if it remains in place but they are thinking it will be removed completely.<br><br>Interview with staff C and the QIDP on 5/19/2021 revealed the areas are locked due to client #2's behaviors of eating food, including raw food.<br><br>Review of client #2's most current and active behavior support plan (BSP), not dated, revealed a goal to engage in less incidents of aggression and less incidents of self - injury. The goal defined self-injury and aggression. Neither definition included eating food or raw food as part of the target behavior definitions. In the history and rationale section, it was noted that "food issues are significant." It went on to explain that he was significantly overweight upon admission and that he was "almost relieved when the refrigerator, freezer and pantry was locked." However, it did not address criteria to meet improved "food issues." It also did not address the reduction of the need for the rights restriction of locking up the areas.<br><br>Interview with the QIDP on 5/19/2021 confirmed this is the current behavior plan that is being implemented without consent and that it did not address the food issues in the target behaviors of the goal. The facility is in corrective posture for W263 as all other consents have been sent and /or received. | {W 288} | | |