

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:  <b>34G300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRANK STREET ICF/MR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>719 FRANK STREET ROXBORO, NC 27573</b>
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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 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	<p>W 130 – A goal will be added and implemented to the client's ISP to ensure privacy when using the bathroom. All Direct Support Staff will be trained by QIDP on the implementation of the goal and regarding privacy and dignity by 9/15/21. Training will continue to be done during orientation when staff are hired and a training refresher on privacy annually during client rights training. On-going monitoring for ensuring privacy for all clients will be done by the Residential Coordinator &amp; QIDP.</p>	9/15/21
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Bertha Purcell QIDP Director of Services</i>	TITLE	(X6) DATE <i>8/20/21</i>
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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.

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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 189 – All Direct Support Staff will receive training by Registered Nurse on medication administration procedures during medication administration by 9/30/21. Training regarding medication procedures during medication administration will continue to occur during medication administration class and annually during medication refresher class. On-going monitoring should be done by the RN and QIDP.	9/30/21
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	<p>Continued From page 2</p> <p>locked except when being prepared for administration.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>During an immediate interview on 8/10/21, Staff C confirmed she should not have left the medications unattended.</p> <p>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.</p>	W 382	<p>W 382 - Direct Support Staff will be trained by Registered Nurse regarding keeping the drug supply locked except when being prepared for administration by 9/30/21. Safe medication handling and storage will continue to be trained during medication administration class and annually during medication refresher class. On-going monitoring regarding safe medication storage and monitoring will occur by the RN and QIDP.</p>	9/30/21
W 460	FOOD AND NUTRITION SERVICES	W 460		

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W 460	Continued From page 3 CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  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:  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.  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.  Review on 8/9/21 of client #5's individual program plan (IPP) dated 2/23/21 stated, "...ground meats...."  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.  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.  During an interview on 8/9/21, the home supervisor (HS) confirmed client #5's meats are to be served in a ground consistency.	W 460	W 460 - All Direct Support staff will receive training from the Dietician regarding nourishing, well-balanced diet including modified and specially-prescribed diets and consistency by 9/30/21. Dietary training will continue to be done at orientation and as needed. On-going monitoring regarding modified diets and specially-prescribed diets will be monitored by the Dietitian and the QIDP.	9/30/21	

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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			