

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

PRINTED: 09/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/16/2021
NAME OF PROVIDER OR SUPPLIER FOX RUN/ROBIN'S NEST GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3845 ROBIN'S NEST ROAD LA GRANGE, NC 28551		
(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	W 000			
W 130	<p>A revisit was conducted on 9/16/2021 for all previous deficiencies cited on 5/25/2021. All deficiencies have not been corrected and new noncompliance was found. The facility is not in compliance with all regulations surveyed.</p> <p>PROTECTION OF CLIENTS RIGHTS 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 2 audit clients (#5). The finding is:</p> <p>During morning observations in the home on 9/16/21 at 8:10am, client #7 was observed using sitting on the toilet. At 8:11am, Staff B gave a verbal prompt to another client to go into the bathroom while client #7 was still sitting on the toilet. Further observations revealed the other client was putting some dirty clothes into the washing machine, which is located in the bathroom.</p> <p>During an immediate interview, Staff B revealed no other clients should be told to go into the bathroom while client #7 was using the bathroom.</p> <p>During an interview on 9/16/21, the qualified intellectual disabilities professional (QIDP) confirmed while client #7 was in the bathroom, no other clients should have went in.</p>	W 130			

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 137}	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure 1 of 2 audit clients (#7) had the right to appropriate fitting clothing. The finding is:</p> <p>During observations in the home on 9/16/21 client #7 was observed wearing a pair of jeans which did not fit properly, from 8:00am until 8:50am. Further observations revealed client #7's blue jeans were hanging very low on her hips, with her stomach and buttocks visible. At 8:35am, client #7 the qualified intellectual disabilities professional (QIDP) pulled up client #7's pants within view of other clients while standing in the living room; but the jeans slid back down. Further observations revealed client #7 was not wearing a belt.</p> <p>During an interview on 9/7/21, Staff A revealed client #7 gets assistance with dressing on third shift. Further interview revealed client #7 received some new clothes in the past few months. Staff A also stated today is the day for client #7 to wash her dirty clothes.</p> <p>Review on 9/16/21 of client #7's adaptive behavior inventory (ABI) dated 1/18/21 stated, "Requires supervision from staff to ensure proper choices are made."</p>	{W 137}			

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{W 137}	Continued From page 2 Review on 9/16/21 of the facility's Plan of Correction (POC) revealed client #7 has a new dressing goal which was implemented on 7/4/21. During an interview on 5/25/21, the administrator stated the facility will follow up with ensuring client #7's goal is being implemented. NURSING SERVICES 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, documentation and interview, nursing services failed to ensure that staff were sufficiently trained in the taking the temperature of visitors in regards to COVID-19 protocol. This potentially effected all clients (#1, #2, #3, #4, #5 and #6) residing in the facility. The finding is: During morning observations in the home on 9/16/21 at 8:00am, Staff A opened the door at let the surveyor in. Further observations revealed the surveyor's temperature was not taken. Additional observations revealed there was a thermometer on the counter in the kitchen. The surveyor's temperature was not taken until 8:47am; in the time the surveyor has come into contact with two staff and six clients. During an interview on 9/16/21, the home	{W 137}			
W 340		W 340			

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W 340	Continued From page 3 supervisor (HS) revealed staff have been trained to ensure all visitors temperatures are taken.	W 340			
W 454	<p>During an interview on 9/16/21, the administrator revealed the surveyor should had been directed to the main building to have their temperature taken.</p> <p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The findings are:</p> <p>A. During breakfast observations in the home on 9/16/21 at 8:08am, client #3 poured some milk into her glass which she has previously drank from. Further observations revealed client #3 drinking some of the milk and then pouring the remainder into the glass of client #7. Client #7 then drank the milk from her glass. At no time was client #7 prompted not to drink from her glass.</p> <p>During an interview on 9/16/21, Staff B stated she did not see client #3 pour the milk into client #7's glass and client #7 then drinking from it.</p> <p>During an interview on 9/16/21, the qualified</p>	W 454			

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W 454	<p>Continued From page 4</p> <p>intellectual disabilities professional (QIDP) revealed the glass of client #7 should have been replaced with a clean one.</p> <p>B. During morning observations in the home on 9/16/21 at 8:37am, client #3 removed a bag of trash from a trash can, took it outside, put into the trash can outside. Client #3 then came back into the house. Additional observations revealed client #3 did not wash her hands. Further observations revealed client #3 was not given any prompts to wash her hands.</p> <p>During an interview on 9/16/21, the QIDP stated client #3 should have been given prompts to wash her hands after she handled the trash.</p>	W 454			