

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

PRINTED: 10/21/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2021
NAME OF PROVIDER OR SUPPLIER COUNTRY LANE			STREET ADDRESS, CITY, STATE, ZIP CODE 534 COUNTRY LANE HOLLY SPRINGS, NC 27540		
(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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the governing body failed to ensure each client had the right to their own personal hygiene equipment. This affected 2 of 4 audit clients (#2 and #3). The findings are:</p> <p>During observations in the home on 10/19/21 from 10:13am - 10:18am, Staff A retrieved an electric razor from the locked medication storage area and used it to assist two clients to shave.</p> <p>Immediate interview with the staff indicated a single shaver is used for several clients in the home and is kept in the medication closet. Additional interview revealed clients do not have their own electric razors for individual use because some of them had been getting broken up. Further interview indicated an electric razor is used for one client and sanitized before being used with another client. The staff also indicated this has been a practice in the home for quite some time.</p> <p>Review on 10/20/21 of client #2's Community/Home Life Assessment (CHLA) dated 6/1/21 revealed he maintains his shaving supplies with verbal cues.</p> <p>Review on 10/20/21 of client #3's CHLA dated 2/11/21 revealed he maintains his shaving supplies with verbal cues.</p> <p>Interview on 10/20/21 with the Home Manager (HM) confirmed only two clients in the home have</p>	W 104			

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 104	Continued From page 1 personal shavers while the others share a single shaver which is cleaned between uses.	W 104			
W 249	Interview on 10/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not aware all of the clients did not have their own personal electric shavers. 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 plan. 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 area of cooking skills. This affected 2 of 4 audit clients (#3 and #4). The findings are: A. During dinner preparation in the home on 10/19/21 at 5:08pm, Staff B proceeded to gather all necessary items to prepare a frozen package of chicken stir fry with vegetables and pasta on the stove. During this time, client #3 set the table or stood nearby watching. Client #3 was not prompted or assisted to perform any cooking tasks.	W 249			

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W 249	<p>Continued From page 2</p> <p>Interview on 10/19/21 with Staff B revealed clients in the home do participate with cooking tasks and several of them, including client #3, used to work at a bakery.</p> <p>Review on 10/20/21 of client #3's Community/Home Life Assessment (CHLA) dated 2/11/21 revealed he can independently make and pack lunches, use measuring/mixing spoons/devices and prepare foods with no cooking. The CHLA also indicated he can independently use a toaster, microwave and coffeemaker; however, physical assistance is needed to operate the stove/oven.</p> <p>Interview on 10/19/21 with client #3 revealed he likes to cook and used to cook his own meals when he lived in an apartment.</p> <p>Interview on 10/20/21 with the Qualified Intellectual Professional (QIDP) confirmed clients should be offered the opportunity to cook given assistance from staff.</p> <p>B. During observations throughout the survey on 10/19 - 10/20/21, client #4 repeatedly indicated to staff that he wanted coffee by pointing to the kitchen and vocalizing.</p> <p>During observations in the home on 10/19/21 at 8:30am and 10/20/21 at 8:13am, Staff A and Staff C operated a single cup coffeemaker to make client #4 a cup of coffee. The staff then added cream and sugar and presented the cup of coffee to the client as he sat waiting at the dining room table. Client #4 was not prompted or assisted to make his own coffee.</p>	W 249			

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W 249	Continued From page 3 Interview on 10/19/21 and 10/20/21 with Staff A revealed client #4 "loves some coffee". Additional interview indicated, with staff monitoring, the client can operate the coffeemaker and make his own coffee. Review on 10/20/21 of client #4's IPP dated 1/8/21 revealed he "likes to drink soda and coffee". Additional review of a Nutritional Evaluation 10/12/20 noted, "He loves coffee." Further review of client #3's CHLA dated 1/8/21 indicated he can independently use a coffeemaker. During an interview on 10/20/21, the QIDP acknowledged client #4 should be able to assist with making his own coffee.	W 249			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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. 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 1 of 4 audit clients (#3). The finding is: Review on 10/19/21 of client #3's Behavior Support Plan (BSP) dated 8/3/21 revealed an objective to exhibit 1 or fewer episodes of inappropriate verbalizations per month for 12 consecutive months. The BSP incorporated the use of Zyprexa, Depakote and Namenda. Additional review of the record did not include	W 263			

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W 263	Continued From page 4 written informed consent from the guardian for client #3's restrictive BSP.	W 263			
W 362	<p>Interview on 10/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the written informed consent had been sent to client #3's guardian; however, it had not been returned as of the date of the survey.</p> <p>DRUG REGIMEN REVIEW CFR(s): 483.460(j)(1)</p> <p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure pharmacy reviews for 2 of 4 audit clients (#2 and #3) included sufficient information regarding each client's drug regime. The findings are:</p> <p>Review on 10/19/21 of records for client #2 and client #3 revealed pharmacy reviews dated 9/11/20, 3/5/21, 6/8/21, and 9/7/21, respectively. Each documented pharmacy review indicated the following: "MRR note on file" along with a signature. No other information was included.</p> <p>Interview via phone on 10/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not sure what was meant by "MRR note on file".</p> <p>Interview via phone on 10/20/21 with the facility's nurse confirmed the pharmacy review notes do not provide sufficient information regarding each</p>	W 362			

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W 362 W 481	Continued From page 5 client's current drug regime. MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure food substitutions and foods actually served were documented. The finding is: During dinner observations in the home on 10/19/21 at 5:38pm, clients consumed chicken stir fry, choice of apple sauce or fruit cup, a powdered drink and water. During breakfast observations in the home on 10/20/21 at 7:50am, clients consumed a single waffle, toast, sausages, a powdered drink and water. Review on 10/19/21 of the dinner menu posted in the kitchen revealed the following: No tomato sauce baked spaghetti, Italian zucchini, fruit of choice, sugar free low calorie powdered drink. Review on 10/20/21 of the breakfast menu posted in the kitchen revealed the following: Pancakes (frozen), skim milk, whole wheat bread, margarine and orange juice. Review of the substitutions list located in the back of the menu book revealed no documentation of food substitutions since 2016. Interview on 10/5/21 with the Home Manager (HM) revealed food substitutions are generally	W 362 W 481			

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W 481	Continued From page 6 documented in a book located in the kitchen. Interview on 10/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff in the home should be documenting food substitutions.	W 481		