

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

PRINTED: 10/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G239		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/18/2021	
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303			
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W 000	INITIAL COMMENTS			W 000			
W 148	<p>A complaint survey was conducted on 10/18/21 for intakes NC00182255 and NC00182371. There was one deficiency cited as a result of the complaint investigation and five unrelated deficiencies were cited.</p> <p>COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6)</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews the facility failed to ensure client #1's guardian was notified promptly of a change in the client's condition. This affected 1 of 3 audit clients. The finding is:</p> <p>Review on 10/18/21 of an incident report dated 10/3/21 revealed client #1 noted to have "...a redness around his left eye as if a rash or some irritation. Staff had reported this to the nurse."</p> <p>Interview via phone on 10/18/21 with client #1's guardian revealed she had not been made aware of the area on the client's face until approximately a week later when she visited the home. Additional interview indicated she prefers to be notified of all issues regarding client #1 whether significant or minor.</p> <p>Interview on 10/18/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the information was not reported to</p>			W 148			

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 148	Continued From page 1	W 148			
W 240	<p>client #1's guardian promptly even though they are aware that she would like to be notified of all issues regarding him.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific information to support his independence related to privacy during toileting. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations in the home on 10/18/21 at 7:30am, client #3 entered a hallway bathroom and proceeded to urinate in the toilet. During this time, the bathroom door was wide open and the client was completely naked while seated on the toilet. Staff A was in a client's bedroom at this time. After a few minutes, another client walked pass the bathroom while client #3 was sitting on the toilet. At 7:40am, Staff A closed the bathroom door.</p> <p>Review of client #3's IPP dated 9/29/21 revealed no information regarding assistance needed to ensure his privacy during toileting or care of his personal needs.</p> <p>During an interview on 10/18/21 the Qualified Intellectual Disabilities Professional (QIDP), acknowledged client #3 requires assistance with his toileting needs to ensure privacy.</p>	W 240			
W 249	PROGRAM IMPLEMENTATION	W 249			

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W 249	<p>Continued From page 2 CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>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 Program (IPP) in the area of meal preparation and self-administration medication. This affected 2 of 3 audit clients (#3 and #5). The findings are:</p> <p>A. During observations in the home on 10/18/21 from 7:35am - 9:30am, Staff A and Staff C completed all breakfast and lunch items without any participation from clients. For example, the staff prepared toast, bowls of cereal with milk, a tossed salad and cold cut Hoagie sandwiches. Staff A also prepared each client's plate in the kitchen and took the plates to clients at the table. During this time, clients were in the den area, on a walk or in their bedroom. Clients were not prompted or assisted to participate with meal preparation tasks.</p> <p>Interview on 10/18/21 with Staff A revealed the clients "sometimes" help with cooking tasks but since the breakfast for today was "so simple", he</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>went ahead and prepared it. Additional interview indicated the clients can assist also with serving themselves.</p> <p>Review on 10/18/21 of client #3's Adaptive Behavior Scale (ABS) dated 12/16/18 noted he can prepare simple foods requiring no mixing or cooking i.e. sandwiches, cold cereal, etc.</p> <p>Review on 10/18/21 of client #5's ABS dated 11/13/18 indicated she can prepare simple foods requiring no mixing or cooking i.e. sandwiches, cold cereal, etc.</p> <p>Interview on 10/18/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all of the clients should be assisting with meal preparation tasks given assistance from staff.</p> <p>B. During observations in the home on 10/18/21 at approximately 8:10am, client #5 was called to the medication area and given her pills in a medication cup that Staff C had already prepared. Client #5 did not participate in medication administration.</p> <p>Review on 10/18/21 of client #5's Self Medication Assessment dated 7/7/21 indicates she can prepare medication with assistance, remove medication from bubble package sometimes with assistance, and give medication herself with assistance. Client #5 can also wash her hands, get a glass and pour her own water.</p> <p>Interview on 10/18/21 with QIDP confirms client #5 is very capable of assisting with medication</p>	W 249			

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W 249	Continued From page 4	W 249			
W 340	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, record review and interviews, the facility failed to ensure nursing staff were sufficiently trained to document on the Medication Administration Record (MAR). This affected 1 of 3 audit clients (#1). The findings are: During observations of medication administration in the home on 10/18/21 at 8:20am, Staff C placed client #2's pills into a medication cup and then poured them into applesauce, Staff C initialed the MAR for the pills prior to their ingestion. During an interview on 10/18/21 with Staff C revealed he should pull the medication, administer the medication and then sign the MAR. Interview on 10/18/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the staff should not sign the MAR prior to the client ingesting his medications.	W 340			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)	W 369			

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W 369	Continued From page 5 The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 3 audit clients (#1). The finding is: During observations of medication administration in the home on 10/18/21 at 8:20am, Staff C dispensed three pills which client #1 ingested. No topical medications were administered. Interview on 10/18/21 with Staff C revealed client #1 has a topical medication for his face that is to be administered as needed. Review of a prescription written for client #1 dated 9/8/21 revealed an order for "Ketoconazole 2% topical gel 45 gram. Apply a thin layer to rash on face twice a day."	W 369			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure all medications were kept locked	W 382			

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W 382	<p>Continued From page 6 except when being administered. The finding is:</p> <p>During observations in the home on 10/18/21 at 8:15am, Staff C left the medication cabinet unlocked and cups of medication sitting unattended on the desk while going into the kitchen to rinse a cup out. For approximately 1 minute, the medication cabinet was unlocked and unattended. During this time, drugs were accessible to anyone in the home.</p> <p>Interview on 10/18/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication cabinet should not be left unlocked and unattended by the staff.</p>			W 382			