

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

PRINTED: 11/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/21/2021
NAME OF PROVIDER OR SUPPLIER ROBERT W THOMPSON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1920 WOODHAVEN DR ALBEMARLE, NC 28001		
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W 130	<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. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure privacy was maintained for 1 of 5 sampled clients (#1) during medication administration. The finding is:</p> <p>Observation in the group home on 10/21/21 throughout the morning medication pass for multiple clients revealed the medication room door to remain open. Continued observation at 8:13 AM revealed client #1 to sit in the medication room with the door open and to prepare for his morning medications. Further observation revealed staff A to walk into the medication room with clients #2, #3 and #6 and all clients to follow staff A out the back door of the medication room to get on the facility van for transport to school. Subsequent observation revealed clients #2, #3 and #6 to require verbal prompting and redirection with leaving the group home and client #1 to begin verbally repeating "van ride".</p> <p>Interview with staff B on 10/21/21 revealed the medication room door can stay open during a medication pass according to a client's preference. Continued interview with staff B verified other client's should not enter the medication room when a client is in the middle of receiving medications to ensure client privacy and limit distractions. Interview with clinical administration verified if a client is receiving medications in the medication room other clients should not be allowed to enter the medication room.</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 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure the individual support plan (ISP) for 1 of 5 sampled clients (#4) included objective training to address observed needs relative to privacy. The finding is:</p> <p>Observation in the group home on 10/20/21 at 5:50 PM revealed client #4 to exit his bedroom in a t-shirt and underwear. Continued observation revealed client #4 to walk to the bathroom and close the door with staff assistance. Subsequent observation revealed client #4 to exit the bathroom and to walk back to his bedroom with staff inquiring "Where are your pants?"</p> <p>Observation in the group home on 10/21/21 at 8:55 AM revealed client #4 to walk to a hallway bathroom with a closed door that client #1 had entered. Continued observation revealed client #4 to open the bathroom door without knocking and to enter the bathroom to brush his teeth. Further observation revealed staff to follow quickly behind client #4 and enter the bathroom while client #1 then exited the bathroom.</p> <p>Review of records for client #4 on 10/21/21 revealed an ISP dated 9/1/21 with a diagnosis</p>	W 242			

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W 242	Continued From page 2 history of sever intellectual disability and autism. Continued review of the ISP for client #4 revealed training objectives to address laundry, hygiene, medication administration, vocational skill building, money management, household chores and meal prep. Further review of training objectives for client #4 revealed no training relative to privacy. Review of a current skill assessment within client #4's ISP revealed privacy deficits with the client to occasionally respect personal space and privacy. Interview with the qualified intellectual disabilities professional on 10/21/21 verified client #4 has privacy deficits and will open the bathroom door on other peers. Continued interview with the QIDP verified client #4 did not have a current privacy program. Further interview with clinical staff verified client #4 had a privacy program in the past although it had been a while and the client could benefit from more current training.	W 242			
W 249	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 6 of 6	W 249			

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W 249	<p>Continued From page 3</p> <p>clients (#1, #2, #, #4, #5, and #6) received a continuous active treatment program consisting of needed interventions as identified in the individual support plans. The findings are:</p> <p>A. The facility failed to ensure prescribed interventions were implemented for client #6 relative to grabbing others. For example:</p> <p>Observations in the group home revealed client #6 to grab at staff, clients, and the surveyors at multiple times throughout the 10/20-21/21 survey. Observation at 5:40 PM on 10/20/21 revealed client #6 to grab client #5 by the hair while the clients sat next to each other at the dinner table. Continued observation revealed staff to verbally redirect client #6 to "let go" and subsequently pried client #6's hand off client #5's hair. Observation at 7:40 AM on 10/21/21 revealed client #6 to again grab client #5 by the hair while they sat next to each other at the breakfast meal. Continued observation revealed staff to verbally redirect client #6 to "let go" and subsequently pried the clients hand off client #5's hair. Further observations throughout the survey revealed staff to only provide verbal redirection and/or physically remove client #6's hand when she engaged in grabbing behavior.</p> <p>Review of client #6's record on 10/21/21 revealed and individual support plan (ISP) dated 3/1/21. Further review of client #6's record revealed a behavior support plan (BSP) dated 3/1/21. Review of client #6's BSP indicated target behaviors of self-injurious behavior, social aggression, and loud/disruptive behaviors. Continued review of the BSP identified social aggression as "hitting, head butting, pulling hair/earrings, scratching, and grabbing others."</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>Further review of client #6's BSP indicated preventative measures for preventing grabbing others and their food at a dining table in her home setting, client #6 should be encouraged to start eating ahead of others at the dining table by initially placing her plate at her seat. If she has food available to her, she will be less likely to try to grab. She can also be allowed to eat at other locations, other than her bedroom, to be sensitive to her experienced trauma. Additional review of client #6's BSP indicated "If she displays social aggression towards peers or staff, the staff should firmly but calmly tell her 'hands down,' attempt to give her sensory items to occupy her hands or hold hands with her, or remove others from her immediate are if possible.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/21/21 verified client #6's BSP was current. Further interview with the QIDP confirmed staff should have implemented the client's BSP as prescribed in order to provide client #6 with training and prevent harm to others.</p> <p>B. The facility failed to ensure communication plans and/or goals were implemented as prescribed for clients #1, #2, #3, #4, #5 and #6. For example:</p> <p>Observations in the group home throughout the 10/20-21/21 survey revealed all six clients to be non-verbal. Further observations revealed multiple communication devices located in the home, including four communication devices on the dining table and a large picture board hanging between the dining room and living room. Continued observation on 10/20/21 at 5:30 PM revealed staff to use a picture cue to prompt client's #1, #4, and #5 to wash their hands before</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>dinner. Subsequent observations revealed this communication method to be the only example of staff utilizing a communication tool throughout the survey.</p> <p>Review of client #1's record revealed an individual support plan (ISP) dated 12/21/20. Review of ISclient #1's ISP indicated a training objective that the client "will use a visual schedule to transition throughout the day with one or less prompts for 12 consecutive months. Further review of client #1's record revealed a communication plan dated 1/6/21. Review of the communication plan indicated the client "will participate in the review of his schedule visual symbols associated with the tasks and activities planned for that day 95% of the time as sampled daily for 6 consecutive months."</p> <p>Review of client #2's record revealed an individual support plan (ISP) dated 9/7/21. Continued review of client #2's record revealed a communication plan dated 3/1/21. Review of the communication plan indicated the client "will participate in a review session in which he identifies by pointing for 5f schedule visual symbols/pictures given verbal prompting to point 65% of the time as sampled daily for 3 consecutive months."</p> <p>Review of client #3's record revealed an individual support plan (ISP) dated 1/2/21. Continued review of client #3's record revealed a communication plan dated 1/6/21. Review of the communication plan indicated the client "will independently point to NO on a visual display when presented with an item she does not desire at least 75% of the time as sampled at every opportunity for 3 consecutive months."</p>	W 249			

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W 249	Continued From page 6 Review of client #4's record revealed an individual support plan (ISP) dated 9/1/21. Continued review of client #4's record revealed a communication plan dated 3/1/21. Review of the communication plan indicated the client "needs to continue use of object and symbol based transition prompts on an integrated basis and needs to continue programing for participation in language stimulation session to receptively identify pictures related to his immediate environment." In addition, the client "will participate in a practice session to identify by pointing to pictures of money as named by staff at least 75% of the time as sampled daily for 3 consecutive months." Review of client #5's record revealed an individual support plan (ISP) dated 1/1/21. Continued review of client #5's record revealed a communication plan dated 1/6/21. Review of the communication plan indicated "when she looks to staff for assistance for a variety of household chores, the client will activate a simple voice output device to make the request 'Help Please' given no more than one point prompt to the voice output device at least 75% of the time, run at every opportunity, sampled for 6 consecutive months." Review of client #6's record revealed an individual support plan (ISP) dated 3/1/21. Continued review of records for client #6 revealed a communication plan dated 3/1/21. Review of the communication plan indicated "given direct point prompts and verbal prompts, she will request assistance for a variety of daily tasks using a visual display on the iPad ACC app at least 65% of the time as sampled daily for 4	W 249			

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W 249	Continued From page 7 consecutive months."	W 249			
W 382	<p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/21/21 verified each client's ISP and communication plans are active and current. Further interview with the QIDP confirmed each client's ISP indicated communication deficits and staff should always implement communication programs as prescribed to address communication deficits.</p> <p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>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, interview and record review, the facility failed to assure all drugs and biological's were kept lock except when being prepared for administration. The finding is:</p> <p>Observation on 10/21/21 in the group home at 8:05 AM revealed staff C to access medications for client #1 from a drawer in the medication cart with the door to the medication room open. Continued observation revealed staff B to exit the medication room and to leave medications on top of the medication cart unlocked with the medication room door open. Further observation revealed staff B to walk through the group home looking for client #1 and to then return to the medication room.</p> <p>Interview with staff B on 10/21/21 verified medications should always be kept locked except when being administered. Continued interview with staff B verified she had accessed client #1's</p>	W 382			

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W 382	Continued From page 8 medications in preparation for administration and forgot to lock the medications back up and close the medication room door before walking away from the medication room. Interview with clinical staff verified medications should always be locked up except when being prepared for administration.	W 382			
W 460	FOOD AND NUTRITION SERVICES 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 interview, the facility failed to ensure 1 of 5 sampled clients (#1) received a nourishing, well-balanced diet including a modified and specially prescribed diet relative to weight loss. The finding is: Observation in the group home on 10/20/21 at 5:35 PM revealed the dinner menu to be barbeque pork chops, ½ cup corn, ½ cup turnip greens, garlic bread, peaches, and milk. Further observation revealed client #1 to serve himself each food item during the family-style meal, including the use of a non-measuring spoon to serve himself vegetables. Continued observation of the dinner meal revealed client #1 to serve himself seconds of vegetables using the non-measuring spoon. Observation in the group home on 10/21/21 at 7:20 AM revealed the breakfast menu to be one cup of cereal, two pieces of toast, two teaspoons	W 460			

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W 460	<p>Continued From page 9</p> <p>of jelly, one teaspoon of butter, one cup of milk, and ½ cup orange juice. Further observation revealed staff to pour client #1's orange juice without measuring the amount. Continued observation revealed client #1 to serve himself a large amount of butter using the provided measuring spoon. Interview with staff on 10/21/21 revealed the measuring spoon for the butter should have been a teaspoon. Subsequent observation of the measuring spoon revealed the measuring spoon used was a tablespoon.</p> <p>Review of client #1's record revealed an individual support plan dated 12/21/20. Further review of client #1's record revealed a nutrition evaluation dated 2/1/21. Review of the nutrition evaluation indicated client #1's current diet to reflect "high fiber heart healthy, no concentrated sweets, second servings for fruits and vegetables only with fat free/low fat snacks as scheduled." Further review of client #1's nutritional evaluation indicated "to promote gradual steady weight loss, staff should continue to measure and weigh food portions. All food portions need to be weighed and measured for weight loss." Continued review of the nutritional evaluation indicated client #1 has an ideal weight range of 139-169 lbs. Review of client's October 2021 weight chart revealed he currently weights 263 lbs.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/21/21 revealed client #1's diet program is current. Further interview with the QIDP confirmed there is a food scale in the home and staff should use the scale to measure client #1's food. Continued interview with the QIDP confirmed staff should ensure the correct measuring spoons are used at meal time as well as ensure liquids are measured</p>	W 460			

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W 460	Continued From page 10 accurately when indicated by the menu or a client's specific diet program.	W 460		