

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G190 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 11/22/2021 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER BRICES CREEK ROAD HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3000 BRICES CREEK ROAD NEW BERN, NC 28562 | | |
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| W 000 | INITIAL COMMENTS | W 000 | | | |
| W 288 | <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to ensure the goal of eating at a slower rate was implemented correctly for 1 of 1 audit clients (#2). The finding is:</p> <p>During breakfast observations during the survey on 11/22/21 at 7:36am, Staff A physically held down client #2's right wrist on six separate occasions while he was attempting to scoop pineapple chunks onto his spoon.</p> <p>During an interview on 11/22/21, Staff A stated she thought using physical prompts with client #2 was part of his plan. Further interview revealed a physical prompt is used because client #2 has an issue with choking on his food.</p> <p>Review on 11/22/21 of client #2's data collection grid stated, "With staff assistance, [Client #2] will practice eating slower at meal times with 3 gestural prompts...."</p> | W 288 | | | |

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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| W 288 {W 340} | Continued From page 1 During an interview on 11/22/21, the residential manager (RM) confirmed staff are to use gestures with client #2 to slower down his rate of eating. 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 all staff were sufficiently trained regarding proper glove use. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: During observations in the home on 11/22/21 at 7:40am, Staff A had on a pair of gloves and assisted client #2 in wiping his mouth with his clothing protector. Staff A then turned to client #5 and assisted him in wiping his mouth with a napkin. At 7:43am, Staff A was noted cleaning the dining room table and had not changed gloves. During an interview on 11/22/21 with Staff A revealed she had been trained on when to change gloves and when gloves would be contaminated. Staff A confirmed gloves should be changed between each client contact. | W 288 {W 340} | | | |

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| {W 340} | Continued From page 2 Review on 11/22/21 of the Infection Control Policy and Procedure Manual (last updated 1/6/21) under the section regarding use of gloves states, "Remove gloves after taking care of the person we serve-do not wear the same pair of gloves for the care of more than one person". During an interview on 11/22/21 with the residential manager (RM) revealed that staff are trained that gloves do not have to be worn while assisting clients with meals and that gloves should be removed and hands washed between client contact. | {W 340} | | | |
| 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 observations and interviews, the facility failed to ensure all medications remained locked. The finding is: During morning medication observations on 11/22/21 at 7:07am, Staff A walked away from the medication closet, to inform a client it was his medication time. Further observations revealed the medication room door remained open and the medication cart was left unlocked. During an immediate interview on 11/22/21, Staff A confirmed the medication cart should not have been left unlocked and the door to the medication room should have been closed and locked. | W 382 | | | |

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| W 382 | Continued From page 3 | W 382 | | | |
| W 488 | <p>During an interview on 11/22/21, the residential manager (RM) confirmed the medication cart should not have been left open. Further interview revealed the medication cart should have been locked.</p> <p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a client (#2) was afforded dignity regarding the use of a clothing protector. This affected 1 of 1 audit clients. The finding is:</p> <p>During breakfast observations in the home on 11/22/21 at 7:34am, Staff A placed the clothing protector which client #2 was wearing around his neck, underneath his plate before he began eating.</p> <p>During an interview on 11/22/21, Staff A revealed client #2's clothing protector is placed underneath his plate due to the fact that he will spill his food.</p> <p>Review on 11/22/21 of client #2's individual program plan (IPP) dated 4/30/21 revealed there was no information regarding placing his clothing protector underneath his plate while he eats his meals.</p> <p>During an interview on 11/22/21, the residential manager (RM) stated client #2's clothing protector should not have been placed</p> | W 488 | | | |

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| W 488 | Continued From page 4 underneath his plate while he eats his meals. | W 488 | | | |