

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

PRINTED: 12/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G301</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/14/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHESTERFIELD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2287 HARTLAND ROAD MORGANTON, NC 28655</b>
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(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
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W 129	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the facility failed to assure the right to privacy for 1 of 4 sampled clients (#3) related to the use of a sound monitor. The finding is:</p> <p>Observation in the group home throughout the 12/13-14/21 survey revealed an audio monitor to sit on a side table in the living room. Continued observation revealed the audio monitor to remain on while all clients were engaged in various leisure activities in the common areas of the group home on both days of survey. Further observation revealed the audio monitor was related to seizure monitoring for client #3.</p> <p>Review of records for client #3 on 12/14/21 revealed an IPP dated 5/26/21. Review of the IPP for client #3 revealed a diagnosis of severe intellectual disability, autism and seizure disorder. Continued review of records for client #3 revealed a consent for a rights restriction with the use of a monitor/intercom in the bedroom during sleep hours for seizure precaution. Additional review of records for client #3 revealed no guidelines for use of the audio monitor for client #3 with exception of the consent for a rights restriction.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 12/14/21 verified client #3 has an audio monitor due to seizures. Continued interview with the QIDP revealed client #3's audio monitor should be turned off when the client is not in his room.</p>	W 129		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 129	Continued From page 1 Subsequent interview with the QIDP verified client #3 did not have guidelines to address the use of the sound monitor and he was unsure of the last time staff had been provided training regarding the use of client #3's audio monitor to ensure client #3's privacy during awake hours.	W 129			
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)  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. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the team failed to ensure the individual program plan (IPP) for 1 of 4 sampled clients (#4) included objective training to address observed needs relative to getting dressed. The finding is:  Observation in the group home on 12/14/21 at 8:18 AM revealed client #4 to exit a hallway bathroom and to walk to the kitchen. Continued observation revealed client #4's underwear to be pulled up above the waistline of the client's pants and for the underwear to be backwards. Interview with staff C on 12/14/21 revealed client #4 always wears his underwear backwards and will not allow staff assistance with properly wearing his underwear.  Review of records for client #4 on 12/14/21 revealed an IPP dated 5/13/21. Review of the	W 242			

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W 242	Continued From page 2 IPP for client #4 revealed training objectives to address household chores, cleaning his grooming basket, eating, oral hygiene, laundry skills, unpack lunch, exercise and gait safety. Continued review of client #4's IPP revealed no training objectives relative to getting dressed.  Subsequent review of records for client #4 revealed a skill assessment dated 3/21/21 to indicate minimal independence with dressing. Additional review of the 3/2021 skill assessment revealed client #4 to have minimal independence with putting on and taking off underwear with the ability to perform some but not all of the task, needs prompting.  Interview with the qualified intellectual disabilities professional (QIDP) on 12/14/21 verified client #4 had no objective training to address the need for support with getting dressed. Interview with the habilitation specialist on 12/14/21 verified client #4 is able to get dressed with some independence and needs prompts from staff to ensure clothing is worn properly. Continued interview with the QIDP and habilitation specialist verified client #4 could benefit from training to address independence with getting dressed as they did not know the client prefers to wear his underwear backwards.	W 242			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide opportunities for choice and	W 247			

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W 247	<p>Continued From page 3</p> <p>self-management for 1 of 4 sampled clients (#4) residing in the home relative to leisure choice. The finding is:</p> <p>Observation in the group home on 12/13/21 at 5:08 PM revealed client #4 to exit his bedroom holding a music CD that the client walked down the hallway and brought to the surveyor. Continued observation revealed the client to stand in the living room of the group home holding the music CD. Further observation revealed staff to address client #4 with "I know you like your CD, but your music player is broken".</p> <p>Review of records for client #4 on 12/14/21 revealed an individual program plan dated 5/13/21. Continued review of records for client #4 revealed a clinical note by the qualified intellectual disabilities professional (QIDP) dated review period 10/1/20-1/1/21. Review of the QIDP review revealed the note to reference client #4 continues to enjoy his favorite activities in the home that includes listening to music in his room.</p> <p>Interview with staff A on 12/13/21 revealed client #4 likes to listen to music in his room and his CD player was broken and had been for about 6 months. Continued interview with staff A revealed client #4 broke his CD player one night when he fell out of bed. Interview with the QIDP on 12/14/21 verified client #4 enjoys listening to music in his room and a 6 month delay in replacing the client's preferred leisure item, after it was broke, was untimely.</p>	W 247			