

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

PRINTED: 12/21/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G173</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/14/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-COASTAL HOUSE I AND II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1972 &amp; 1974 WEST LAKE SHORE DRIVE WILMINGTON, NC 28401</b>		
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W 189	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure staff were sufficiently trained to perform their duties efficiently. This affected 1 of 5 audit clients (#9). The finding is:</p> <p>During observations in House #2 on 12/13/21 at 4:20 PM, Staff B brought Client #9 out of her bedroom using a mechanical lift and transported her across the hall to the living room. Once in the living room, Staff E entered the room and spotted Staff B as she lowered Client #9 into the recliner.</p> <p>Review on 12/14/21 of Client #9's physical therapy evaluation dated 3/17/21 required that a mechanical lift be used for transfers due to a diagnosis of spastic quadriplegia.</p> <p>Interview on 12/14/21 with the residential director (RD) revealed that staff are trained to use 2 person transfers and Staff B should not have transferred Client #9 from her bed, without help.</p>	W 189			
W 263	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>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</p>	W 263			

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 263	<p>Continued From page 1</p> <p>conducted with the written informed consent of a legal guardian. This affected 2 of 5 audit clients (#5 and #8). The finding are:</p> <p>A. Review on 12/13/21 of Client #5's Individual Program Plan (IPP) dated 8/24/21 revealed he has target behaviors of task avoidance. Further review revealed these target behaviors are addressed by a behavior support program (BSP) dated 2/17/21 and revised on 8/30/21 which incorporated the use of psychotropic medications and included the use of Lexapro 10 mg which is administered at bedtime and Melatonin 5mg administered at bedtime. Review of the face sheet in client #5's record confirmed his sister is listed as his legal guardian.</p> <p>Review on 12/13/21 of Client #5's medical professional order form dated 8/13/21 revealed an order for "Melatonin 5 mg tablet. Take 1 Tablet PO QHS."</p> <p>Further review on 12/13/21 of Client #5's record revealed no written consent for the use of Melatonin.</p> <p>Interview on 12/13/21 with the qualified intellectual disabilities professional (QIDP) revealed the guardian gave verbal consent to start Melatonin 5 mg on 8/13/21. However, further interview with the QIDP confirmed that the team has not obtained written informed consent from Client #5's legal guardian for the use of Melatonin.</p> <p>B. Review on 12/13/21 of Client #8's BSP revealed it was signed by the guardian on 6/27/21. The BSP was not updated when a new goal emerged on 7/27/21 to aide Client #8 with</p>	W 263			

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W 263	Continued From page 2 restful sleep with the prescription of Melatonin at bedtime.	W 263			
W 312	Interview on 12/14/21 with the residential director revealed the guardian was not asked to consent to the use of Melatonin because she did not know it was required.  <b>DRUG USAGE</b> CFR(s): 483.450(e)(2)  be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used to manage inappropriate behaviors were used only as an integral part of the individual program plan (IPP). This affected 1 of 5 audit clients (#8).  Review on 12/13/21 of Client #8's behavior support plan (BSP) revealed it did not include the name of her sleep aide medication, Melatonin. Further review revealed Client #8's behavioral medications listed in the BSP were Zolof and Risperdal.	W 312			
W 331	Interview on 12/14/21 with the residential director stated that she was was unaware that Melatonin needed to be listed on the BSP.  <b>NURSING SERVICES</b> CFR(s): 483.460(c)  The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by:	W 331			

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W 331	<p>Continued From page 3</p> <p>Based on observations, records review and interviews, the facility failed to provide nursing services in accordance with the needs of 1 of 5 audit clients (#5) relative to following recommendations by the physical therapist; as well as assure that medication orders were accurately transcribed for 1 of 5 audit clients (#9). The findings are:</p> <p>A. During observations in House #1 throughout the survey on 12/13/21 through 12/14/21, Client #5 was observed to utilize a wheelchair with worn out arm rests. In addition, at no time during the survey was Client #5 wearing a right wrist splint. Throughout the survey, a wooden bed was observed in Client #5's bedroom.</p> <p>Review on 12/13/21 of a physical therapy evaluation for Client #5 dated 3/17/21 revealed client is non-ambulatory and should be considered a fall risk. The evaluation also revealed in an effort to provide safety during transfers for the client a recommendation for a new wheelchair, a wheelchair alarm, a hospital bed, an over the bed trapeze and to consult with occupational therapy for a replacement for his wrist splint were made. Further review reveals a wheelchair has been ordered. However, Client #5 has not been seen by occupational therapy since 6/8/19.</p> <p>Review on 12/14/21 of incident reports related to Client #5 since January 2021 revealed the client has fallen nine times with minor injury reported.</p> <p>Interview on 12/14/21 with the nurse reveals that he remembers the recommendation for a trapeze but not the other recommendations and acknowledges he should have followed up on it.</p>	W 331			

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W 331	<p>Continued From page 4</p> <p>Nurse also reveals he knew Client #5 is supposed to be using a right wrist splint but is unsure what happened to it.</p> <p>Interview on 12/14/21 with the residential director (RD) reveals she was unaware of recommendations as she was not the director at the time the recommendations were made. The RD acknowledged that Client #5 needs more in place for safety. The RD tried to locate the hand splint but was unable to find it in the home and was unsure when the last time Client #5 used it.</p> <p>B. During observations in House #2 on 12/13/21 at 4:28 PM during medication administration, the nurse gave Client #9 a 12.5mg dose of Buspirone in pudding.</p> <p>Review on 12/13/21 of Client #9's of a telephone order dated for 11/12/21 revealed 5mg of Buspirone was ordered for 2:00 PM. It was to be combined with the 7.5mg of Buspirone which was ordered for 4:00 PM on 6/6/19.</p> <p>Review on 12/14/21 of the facility's December 2021 Nursing Policy and Procedure Manual revealed: Medications must be checked for the right dose and time before administering.</p> <p>Interview on 12/14/21 with the nurse revealed that the new order for Buspirone was reduced from 15mg three times a day to 12.5mg. The original order administered Buspirone at 8:00 AM, 4:00 PM and 8:00 PM and he did not realize that the December 2021 physician order's changed the time to 2:00 PM. The nurse acknowledged that</p>	W 331			

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W 331	Continued From page 5 the medication was given late based on the current orders and because he failed to clarify the new order with the physician.	W 331			
W 348	DENTAL SERVICES CFR(s): 483.460(e)(1)  The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to make a dental referral for 1 of 5 audit clients (#8) who required further treatment. The finding is:  Review on 12/13/21 of Client #8's dental evaluation dated 5/5/21 recommended that client needed to be referred to a dental school for more invasive treatment. The dentist had determined that none of Client #8's teeth were salvageable.  Interview on 12/14/21 with the nurse revealed the local dentist who examined Client #8 in May, could not do extensive oral surgery. The nurse was unable to schedule an appointment with the dental schools because they were not taking new clients due to a backlog of appointments. The nurse acknowledged that since seeking services initially, he forgot to follow up with finding a dentist to treat Client #8.	W 348			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)	W 382			

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W 382	<p>Continued From page 6</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the nurse failed to ensure all medications were kept locked except during drug administration. This had the potential to affect 1 of 5 clients in House #2 (#1, #2, #6, #8 and #9). The finding is:</p> <p>During observations in House #2 on 12/13/21 at 4:28 PM, the nurse handed the surveyor each blister pack of medication for Client #9 in order to record each prescription. The surveyor placed the stack of 6 blister packs on the table outside of the medication room. Before retrieving the blister packs, the nurse held the cup of juice and a medication cup in each hand, closed the medication room door and walked toward Client #9 seated in the living room. The nurse gave Client #9 all of her pills and returned to the medication room to get the eye drops at 4:36 PM. Before entering the room, the nurse took the stack of blister packs into the medication room and returned them to the cabinet.</p> <p>Review on 12/14/21 of the facility's Nursing Policy and Procedural Manual dated December 2021 revealed: Medications shall be stored in a securely locked medication storage area.</p> <p>Interview on 12/14/21 with the nurse acknowledged that he should have gotten the blister packs from the surveyor to lock up before taking medications to Client #9.</p>	W 382			
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p>	W 436			

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W 436	<p>Continued From page 7</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#5 and #9) were furnished a splint as identified in the Individual Program Plan (IPP). The finding is:</p> <p>A. During observations in House #1 on 12/13/21 at 3:50 PM, Client #5 was going to take medications. Client #5's right hand was contracted. He used his left hand to take medications and consume fluids. Client #5 did not have the right wrist splint on throughout observations in the home from 12/13/21 through 12/14/21.</p> <p>Review on 12/13/21 of the Occupational Therapy Evaluation dated 6/8/19 recommended a Roylan wrist support to aid in keeping wrist extended and prevent any further flexion of the wrist.</p> <p>Review on 12/13/21 of the Individual Program Plan (IPP) dated 8/24/21 revealed Client #5 has a splint listed under adaptive equipment.</p> <p>Interview on 12/13/21 with the nurse revealed that he has not observed Client #5 wearing a wrist splint for months and acknowledges Client #5 should be wearing the splint..</p> <p>Interview on 12/13/21 with the qualified intellectual disabilities professional (QIDP)</p>	W 436			



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W 436	<p>Continued From page 8</p> <p>revealed she could not remember the last time she saw Client #5 wearing the splint and after searching the client's room and storage closets she was unable to locate the splint.</p> <p>B. During observations in House #2 on 12/13/21-12/14/21, Client #9 had contractures in hands and wrist and did not wear a splint on them.</p> <p>Review on 12/14/21 of Client #9's individual program plan (IPP) dated 1/5/21 revealed Client #9 wore a padded hand and wrist splint to keep her right hand in the appropriate position and to prevent moisture build up and to maintain skin integrity on the inside of wrist area. A palm and wrist protector should be used.</p> <p>In addition, a review on 12/14/21 of Client #9's physical therapy evaluation dated 3/17/21 revealed the client holds arms in a high-guard posture, hands and fists clenched, elbow flexed and shoulders retracted.</p> <p>Interview on 12/14/21 with the nurse revealed that he has not seen the palm protector for Client #9 in a year.</p> <p>Interview on 12/14/21 with the residential director revealed the occupational therapist was aware that the palm protector was missing and stated that another would need to be made. The residential director was not aware of anyone following up to ensure that the palm protector was replaced.</p>	W 436			