

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

PRINTED: 01/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2022
NAME OF PROVIDER OR SUPPLIER STRICKLAND BRIDGE HOMES A & B			STREET ADDRESS, CITY, STATE, ZIP CODE 1818 STRICKLAND BRIDGE ROAD FAYETTEVILLE, NC 28304		
(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	
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 observations, record review and interviews, the facility failed to ensure client #3's right to privacy during care of her personal needs. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations in the Strickland Bridge B home on 1/19/22 from 7:01am - 7:08am, client #3 was seated on the toilet in a back hall bathroom. During this time, the bathroom door remained open as a male client repeatedly walked pass the door. As Staff H went in and out of the bathroom gathering items, the door remained open and client #3 was visible to anyone in the hallway as she sat on the toilet. Throughout this time, two other staff (male and female) went to the bathroom door and began holding brief conversations with Staff H.</p> <p>Interview on 1/19/22 with Staff H revealed client #3 relies on staff to ensure her privacy during personal care. Additional interview indicated she had left the door opened because she needed to monitor the client.</p> <p>Review on 1/19/22 of client #3's Individual Program Plan (IPP) dated 2/17/21 revealed she "requires assistance with ADL's from staff." Additional review of the client's Adaptive Behavior Inventory (ABI) last updated 2/15/21 indicated she has no independence with closing the bathroom door to ensure her privacy. Further review of the client's record noted, "RHA provides training on rights and ensures all individual rights</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 130	Continued From page 1 are exercised...RHA provides staff with training on how to treat individuals with respect." Interview on 1/19/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should ensure client #3's privacy during personal care by closing the bathroom as the client is not able to close the door on her own.	W 130			
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 2 of 5 audit clients (#3 and #10) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation and self-help skills. The findings are: A. During evening observations in the Strickland Bridge B home on 1/18/22 from 4:28pm - 5:07pm, client #10 sat in the kitchen as Staff F completed various cooking tasks such as cutting up vegetables, cooking a pot of rice, rinsing, cutting and seasoning chicken strips, frying chicken in a	W 249			

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W 249	<p>Continued From page 2</p> <p>pan, filling a pitcher with water, and putting shredded cheese in a bowl. During this time, client #10 sat watching the staff and talking about getting a new wheelchair. Client #10 was not prompted or encouraged to complete any kitchen tasks.</p> <p>Interview on 1/18/22 with Staff F revealed client #10 "likes to sit in the kitchen" during meal preparation and does not complete tasks.</p> <p>Review on 1/19/22 of client #10's Adaptive Behavior Inventory (ABI) last updated 2/16/21 revealed she can prepare a sandwich independently and requires partial assistance to prepare a salad and bake muffins/cookies or bread. The ABI also identified needs with preparing frozen/canned foods and meat dishes in the microwave or oven.</p> <p>Inteview on 1/19/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #10 can assist with "whatever" the staff are doing in the kitchen for meal preparation given hand-over-hand assistance.</p> <p>B. During dinner observations in the Strickand Bridge B home on 1/18/22, Staff F cleared client #3 and client #10's dishes after the meal without their assistance.</p> <p>Interview on 1/18/22 with Staff F revealed client #3 and client #10 cannot clear their dishes.</p> <p>Review on 1/19/22 of client #3's ABI (last updated 2/15/21) revealed she can remove dishes and utensils from the table given partial assistance.</p> <p>Review on 1/19/22 of client #10's IPP dated</p>	W 249			

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W 249	Continued From page 3 10/6/21 indicated, "[Client #10] will clear her own plate from the table." Additional review the IPP noted. "She enjoys helping with after dinner clean up." Interview on 1/19/22 with the QIDP confirmed client #3 and client #10 can assist with clearing their dishes after meals with the use of a dish pan. C. During evening observations in the Strickland Bridge B home on 1/18/22 at 3:52pm, Staff F poured a glass of water for client #3 and gave it to her as she sat waiting at the table. During dinner observations at 5:38pm, Staff F again poured a drink for client #3 without her assistance. Interview on 1/18/22 with Staff F revealed client #2 requires assistance to pour her drinks. Review on 1/19/22 of client #3's ABI (last updated 2/15/21) revealed she can pour from a small pitcher given partial assistance. Interview on 1/19/22 with the QIDP confirmed client #3 can pour her drinks given physical assistance from staff.	W 249			
W 336	NURSING SERVICES CFR(s): 483.460(c)(3)(iii) Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 336			

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W 336	Continued From page 4 failed to ensure 2 of 5 audit clients (#10 and #12) received a review of their health status at least quarterly. The findings are: A. Review on 1/19/22 of client #10's record indicated a nursing assessment had been completed on 6/30/21. No other assessments could be located. B. Review on 1/19/22 of client #12's record indicated a nursing assessment had been completed on 8/31/21. No other assessments could be located. Interview on 1/19/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed there was currently no nurse for the homes and she could not be sure if a quarterly nursing assessment had been completed for client #10 and client #12 prior to the nurses' departure.	W 336			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times/conditions. This potentially affected all clients residing in the home (#2, #4, #5, #9, #11 and #12). The finding is: Review on 1/18/22 of fire drill reports for the Strickland Bridge A home from 1/2021 - 1/2022 revealed the following: Four fire drills were conducted on third shift: 1:01am, 1:02am, 1:03am, and 1:30am.	W 441			

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W 441	Continued From page 5 During an interview on 1/19/22, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the fire drills conducted on third shift were not varied throughout the shift.	W 441			