

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

PRINTED: 03/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER COLLEGE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LAKE DRIVE LAURINBURG, NC 28352		
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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 observations, record review and interviews, the facility failed to ensure client #5 was afforded privacy during toileting. This affected 1 of 3 audit clients. The finding is:</p> <p>During morning observations in the home on 3/8/22 from 8:00am - 8:35am, client #5 sat on the toilet in a bathroom with the door wide open. During this time, another client walked in/out of his bedroom which was directly across from the bathroom. At 8:35am, after client #5 flushed the toilet and exited the bathroom, Staff C entered the back hall to check on her. For approximately five minutes, client #5 was not afforded privacy while toileting.</p> <p>Interview on 3/8/22 with Staff C revealed client #5 needs assistance from staff to ensure she closes the bathroom door while toileting.</p> <p>Review on 3/8/22 of client #5's Adaptive Behavior Inventory (ABI) dated 11/8/21 revealed she closes the bathroom door for privacy with partial independence. The ABI also identified a "Need" in this area.</p> <p>Interview on 3/8/22 with the Qualified Intellectual Disabilities Professional (QIDP) and Quality Assurance Specialist confirmed the ABI was accurate and staff should assist client #5 with ensuring her right to privacy during toileting.</p>	W 130			
W 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p>	W 242			

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>Continued From page 1</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 observations, record review and interviews, the facility failed to ensure client #5's Individual Program Plan (IPP) included training essential for privacy during toileting. This affected 1 of 3 audit clients. The finding is:</p> <p>During morning observations in the home on 3/8/22 from 8:00am - 8:35am, client #5 sat on the toilet in a bathroom with the door wide open. During this time, another client walked in/out of his bedroom which was directly across from the bathroom. At 8:35am, after client #5 flushed the toilet and exited the bathroom, Staff C entered the back hall to check on her. For approximately five minutes, client #5 was not afforded privacy while toileting.</p> <p>Interview on 3/8/22 with Staff C revealed client #5 needs assistance from staff to ensure she closes the bathroom door while toileting.</p> <p>Review on 3/8/22 of client #5's Adaptive Behavior Inventory (ABI) dated 11/8/21) revealed she closes the bathroom door for privacy with partial independence. The ABI also identified a "Need" in this area. Additional review of client #5's IPP did not include training to address her need to ensure her own privacy while toileting.</p>	W 242			

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W 242	Continued From page 2	W 242			
W 249	<p>Interview on 3/8/22 with the Qualified Intellectual Disabilities Professional (QIDP) and Quality Assurance Specialist confirmed staff need to assist client #5 to ensure her right to privacy. Additional interview indicated the client may have worked on training for ensuring her privacy in the past; however, this could not be confirmed.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#1 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of self-help skills, adaptive equipment use and behavior plan implementation. The findings are:</p> <p>A. During morning observations in the home on 3/8/22 6:42am - 9:20am, various staff prompted client #1 to come to the table for breakfast, go to his bedroom or living room or to get on the van for transport to the day program. Throughout the observations, the staff repeatedly prompted the</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>client as he frequently refused to move or comply. Client #1 consistently became noncompliant, resistive and aggressive towards staff. Various staff used the gait belt secured around the client's waist to direct his movements and pull him in the direction they wanted him to go.</p> <p>Interview on 3/8/22 with Staff C and Staff G revealed client #4 frequently becomes resistive and aggressive and they grip his gait belt because they "need something to hold on to" during his behavior episodes. The staff could not provide any specific interventions to address client #1's behaviors.</p> <p>Review on 3/8/22 of client #1's Behavior Support Plan (BSP) dated 9/4/21 revealed an objective to display no (0) target behaviors for 12 consecutive months. The plan included target behaviors of severe disruptive behavior and property destruction/damage. Additional review of the BSP noted, "Staff assistance should not restraint [Client #1's] movement or forcefully control the direction in which he's walking." Further review of the plan under Responses to Target Behaviors indicated for physical aggression/property damage staff should, "Direct [Client #1] to stop the current behavior and use the least restrictive physical intervention necessary for the least amount of time necessary to prevent harm to [Client #1]...Encourage him to remove himself to a quiet area to calm....Staff should remain calm and use concise communication rather than over-talking or conveying to [Client #1] that they too are agitated/frustrated..."</p> <p>Interview on 3/8/22 with the Behavior Analyst revealed staff should not over prompt client #1 during behaviors but should walk away and give</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>him time to comply with their requests. Additional interview confirmed client #1's BSP was current and should be implemented as written.</p> <p>B. During dinner and breakfast observations in the home on 3/7 - 3/8/22, staff cleared client #4's dishes from the table without prompting or assisting her to participate with this task.</p> <p>Interview on 3/7/22 with Staff F revealed client #4 cannot assist with clearing her dishes after meals.</p> <p>Review on 3/8/22 of client #4's Adaptive Behavior Inventory (ABI) dated 2/24/22 revealed the client can clear items from the table after meals with partial independence.</p> <p>During an interview on 3/8/22, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged client #4 has the ability to provide minimal assistance with clearing her place after meals.</p> <p>C. During dinner and breakfast observations in the home on 3/7 - 3/8/22, client #4 did not have a dycem mat positioned underneath her plate.</p> <p>Interview on 3/8/22 with Staff H revealed client #4's only adaptive dining equipment is a sectioned plate.</p> <p>Review on 3/7/22 of client #4's IPP dated 5/18/21 revealed she uses a sectioned plate and dycem mat "daily" at "mealtimes".</p> <p>Interview on 3/8/22 with the QIDP confirmed client #4 should use a dycem mat at mealtimes.</p>	W 249			

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W 252 W 252	Continued From page 5 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data relative to client #4's accomplishment of criteria specified in the Individual Program Plan (IPP) was documented in measurable terms. This affected 1 of 3 audit clients. The finding is: A. Review on 3/7/22 of client #4's IPP dated 5/18/21 revealed a service goal for Passive Range of Motion (OSG #1). Additional review of the OSG #1 program (dated 7/24/19) identified two ankle exercises to be completed by staff "to reduce progression of contractures". The goal indicated, "Perform 3 - 5 stretches of each exercise...at least two times weekly for every exercise." Further review on 3/8/22 of client #5's objective training book did not include documentation of the exercises for March 2022. B. Review on 3/7/22 of client #4's IPP dated 5/18/21 revealed Guidelines for Elbow Extension Splint (OSG #3). Additional review of the client's Occupational Therapy Annual Review (dated 8/29/20) noted, "Her right and left shoulder flexion and elbow extension are significantly decreased...will encourage staff to follow through with her daily right elbow splint wear." Further review on 3/8/22 of forms for use of client's right	W 252 W 252			

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W 252	Continued From page 6 elbow splint revealed no documentation for March 2022. Interview on 3/8/22 with Staff C and Staff H revealed client #4 wears her elbow splint daily and use of the splint is documented. C. Review on 3/7/22 of client #4's IPP dated 5/18/21 revealed Positioning/Pressure Relief guidelines (OSG #5). Additional review of the guidelines indicated, "Reposition her at least every hour. If Bed-bound, reposition her every 2 hours...Record positioning/pressure relief on a schedule log." Review of the schedule log identified four positions to be utilized for repositioning. The log noted, "In a 24-hour period, the client is to assume each of these positions at least once daily for 30 minutes." Further review of client #4's objective training book did not reveal any documentation of repositioning. Interview on 3/8/22 with Staff H revealed they are to document repositioning for client #4 each day. Interview on 3/8/22 with Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's service goals should be documented as indicated.	W 252			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and	W 288			

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W 288	<p>Continued From page 7</p> <p>interviews, the facility failed to ensure a technique to manage client #1's inappropriate behaviors was included in an active treatment plan. This affected 1 of 3 audit clients. The finding is:</p> <p>During morning observations in the home on 3/8/22, client #1 wore a gait belt secured around his waist. On several occasions, various staff used the gait belt to direct client #1's movements and prevent him from lowering himself to the floor. The staff used the belt to pull the client in various directions when he refused to comply with their prompts. Additional observations revealed Staff G on two occasions pulling the gait belt in an upward direction to prevent client #1 from lowering himself to the floor during a behavior.</p> <p>Interview on 3/8/22 with Staff G revealed client #1's gait belt is "mainly used to guide him places". Additional interview indicated they hold onto the gait belt because he "tries to get away" and they "need something to hold onto." The staff stated, "He tries to go down so you won't be able to move him."</p> <p>Review on 3/8/22 of client #1's Individual Program Plan (IPP) dated 1/10/22 revealed he is visually impaired and wears a gait belt daily when he is ambulating. The plan noted the gait belt is needed for "safety". Additional review of the client's Behavior Support Plan (BSP) dated 9/14/21 identified an objective to display no (0) target behaviors for 12 consecutive months. Target behaviors included severe disruptive behavior and property destruction/damage. Further review of the BSP did not include the use of client #1's gait belt to address his inappropriate behaviors.</p>	W 288			

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W 288	Continued From page 8 Interview on 3/8/22 with the Behavior Analyst indicated client #1's gait belt should not be used to address his behaviors and the belt is needed to assist staff with guiding him during ambulation since he is blind.	W 288			
W 340	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 reviews and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate medical protocols and the facility's COVID-19 protocols. This affected 1 of 3 audit clients (#4). The findings are: A. Upon arrival to the home on 3/8/22 at 6:15am, client #4 was seated at the dining room table with a half full glass of liquid on the table in front of her. Staff G indicated the drink was Ensure with the client's morning medications (Keppra and Latulose) mixed with it which she had dispensed. From 6:15am - 7:27am, client #4 did not drink the Ensure. Staff G provided sporadic prompts to encourage the client to drink the Ensure. Client #4 did not consume the drink. During breakfast, Staff A added milk to the glass of Ensure and encouraged client #4 to drink it. The client continued to refuse to drink the Ensure. At 8:00am, Staff A placed the glass of Ensure containing client #4's medication in a locked refrigerator in the office. At approximately	W 340			

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W 340	<p>Continued From page 9</p> <p>8:15am, Staff G left the home as her shift had ended. The remaining clients and staff later (after 9:30am) left the home to attend the vocational center. Client #4's mixed medications remained at the home.</p> <p>Interview on 3/8/22 with Staff G revealed when client #4 refuses her medications mixed with Ensure, they place the drink in a locked refrigerator and offer it to her later. During the interview, the staff did not indicate the nurse needed to be notified about client #4's refusal of her medications.</p> <p>Review on 3/8/22 of client #4's current physician's orders (1/1/22 - 4/1/22) revealed, "Med Protocol: Offer meds Q15 mins up to 1 hr, then Q 1 hr up to 12 noon, call the nurse and report if meds are not taken by 12 noon..."</p> <p>Interview on 3/8/22 with the facility's nurse revealed she had not been notified that client #4 had refused her morning medications. The nurse indicated the staff should have informed her when the client continued to refuse her Ensure containing her medications.</p> <p>B. Upon arrival to the group home on 3/7/22 at 3:38pm, the three staff (Staff D, E, and F) working in the home were wearing surgical face masks. None of the staff were wearing face shields. At approximately 4:15pm, two of the three staff were now observed wearing face shields. Staff F continued to work in the home without a face shield.</p> <p>Interview on 3/7/22 with Staff D revealed they have to wear face shields when they are working close to the clients.</p>	W 340			

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W 340	Continued From page 10 Review on 3/8/22 of staff training records dated 12/29/21 and 2/9/22 revealed, "We had instituted full PPE use in all locations including the Vocational Center because of the community spread....Face shield and face masks at all times....Use of PPE in the group home/vocational center including face masks/face shields." Interview on 3/8/22 with the facility's nurse confirmed staff should be wearing surgical face masks and a face shield while working with clients in the home and vocational center.	W 340			