

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

PRINTED: 03/07/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/02/2022 |
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| NAME OF PROVIDER OR SUPPLIER SHERWOOD PARK HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 126 ROBINHOOD LANE ABERDEEN, NC 28315 | | |
| (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 249 | <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 each client received a continuous active treatment program consisting of needed interventions and services identified in the individual program plan (IPP) in the areas of mealtime guidelines for 3 of 5 audit clients (#7, #11 and #14) as well as assisting 1 of 5 audit clients (#7) with wearing diabetic equipment. The findings are:</p> <p>During observations in the home on 3/1/22 at 12:15pm and at 5:20pm, client #7 was at the table wearing athletic shoes and ankle socks. On the table, client #7's food was served in a high sided plate with the spoon placed on the right side of her plate. In both observations, client #7 picked up the spoon with her right hand and placed it in left hand so she could begin eating. The following morning, on 3/2/22 at 8:45am, client #7 arrived in the dining room wearing diabetic shoes with regular knee high socks. Her food was placed in a divided sectioned plate with inner lip. Her spoon was placed on the right side of her plate and client #7 picked up the spoon and moved to left hand to begin eating. There</p> | W 249 | | | |

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 249 | <p>Continued From page 1</p> <p>was no evidence of a non-slip mat being used at any of the meals.</p> <p>Review on 3/1/22 of client #7's IPP dated 2/17/22 revealed her adaptive equipment included inner lip plate, non-slip mat under plate, place cup and spoon on left side of plate due to left handed, and to wear diabetic shoes and diabetic stockings.</p> <p>Interview on 3/2/22 with the Habilitation Specialist (HS) revealed the non-slip mat should be used at meals for client #7 to keep plate from sliding. Also stated the staff who get client #7 up on first shift were responsible for putting diabetic compression socks on legs and diabetic shoes on feet. The HS checked client #7's legs and confirmed that she was not wearing compression socks.</p> <p>Interview on 3/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that whoever serves the meal is responsible to ensure the clients receive the proper adaptive equipment at table. The QIDP also stated that client #7's diabetic equipment should be worn daily.</p> <p>B. During observations in the home on 3/1/22 at 12:11pm, client #14 was observed eating lunch. Client #14 was observed using a high sided colored plate, a regular spoon, a fork with a colored handle, and two colored cups.</p> <p>Additional observations in the home on 3/1/22 at 5:28pm revealed client #14 eating dinner. Client #14 was observed using a high sided colored plate, a regular spoon, a fork with a colored handle, and two colored cups.</p> <p>Observations in the home on 3/2/22 at 8:37am revealed client #14 eating breakfast. Client #14</p> | W 249 | | | |

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| W 249 | <p>Continued From page 2</p> <p>was observed using a high sided colored plate, a regular spoon, a fork with a colored handle, and two colored cups.</p> <p>Review on 3/1/22 of client #14's IPP dated 7/9/21 revealed client #14 is supported with the use of adaptive dining equipment which consists of a high sided colored plate, colored cup, spoon and fork with colored handles, non-slip mat and clothing protector.</p> <p>Interview on 3/2/22 with the QIDP confirmed client #14 should have also been utilizing a spoon with a colored handle, non-slip mat and clothing protector.</p> <p>C. During observations in the home on 3/1/22 at 12:11pm, client #11 was observed eating lunch. Client #11 was observed using a regular spoon and a fork with a colored handle.</p> <p>Additional observations in the home on 3/1/22 at 5:28pm revealed client #11 eating dinner. Client #11 was observed using a regular spoon and a fork with a colored handle.</p> <p>Further observations in the home on 3/2/22 at 8:37am revealed client #11 eating breakfast. Client #11 was observed using a regular spoon and a fork with a colored handle. .</p> <p>Review on 3/1/22 of client #11's IPP dated 12/14/21 revealed client #11 is supported with the use of adaptive dining equipment which consists of a non-slip mat and a spoon and fork with thick colored handles.</p> <p>Interview on 3/2/22 with the QIDP confirmed client #11 should have also been utilizing a spoon</p> | W 249 | | | |

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| W 249 | Continued From page 3 with a colored handle and a non-slip mat. | W 249 | | | |
| W 368 | DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 5 audit clients (#13). The finding is: During observations of medication administration in the home on 3/2/22 at 7:33am, Staff F was observed to administer seven pills/capsules to client #13. Two capsules were broken in half and the contents poured into apple sauce; five pills were crushed and mixed into the apple sauce. Interview on 3/2/22 with Staff F confirmed she broke two Magnesium capsules in half and poured the contents into the applesauce, and crushed the remaining pills, including one Divalproex Sodium ER 500mg, and mixed them into the apple sauce. Review on 3/2/22 of client #13's Physician's Orders dated 1/1/22 revealed an order for Divalproex Sodium ER 500mg, "Take one tablet by mouth, do not crush." Interview on 3/2/22 with the facility's nurse confirmed the Divalproex Sodium ER 500mg should not have been crushed as the physician's orders indicates. | W 368 | | | |
| W 436 | SPACE AND EQUIPMENT | W 436 | | | |

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| W 436 | <p>Continued From page 4 CFR(s): 483.470(g)(2)</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 review and interviews, the facility failed to ensure client #11 was taught to use and make informed choices about the use of his eyeglasses. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 3/1/22 - 3/2/22, client #11 was not wearing eyeglasses. At no time during the survey was client #11 prompted to wear eyeglasses.</p> <p>Review on 3/1/22 of client #11's individual program plan (IPP) dated 12/14/21 revealed client #11 wears eyeglasses to increase clarity of vision daily.</p> <p>Interview on 3/2/22 with the Habilitation Specialist revealed client #11 should be wearing glasses and if he chooses not to, staff should prompt him throughout the day to wear them.</p> <p>Interview on 3/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #11 should be wearing eyeglasses.</p> | W 436 | | | |