

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

PRINTED: 04/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/21/2022
NAME OF PROVIDER OR SUPPLIER WEST MAIN STREET FACILITY-CARRBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 W MAIN STREET CARRBORO, NC 27510		
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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 2 of 3 audit clients (#3 and #6) 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/family style dining, implementation of meal guidelines, participation with medication administration and leisure. The findings are:</p> <p>A. During observations in the home throughout the survey on 4/21/22, various staff prepared meals in the home without the participation of clients. Meals were prepared, served onto plates, some drinks prepoured and provided to clients at the dining room table. Throughout evening observations in the home on 4/21/22, client #3 consistently walked in/out of the kitchen area watching staff prepare the dinner meal. No clients were prompted or encouraged to actively participate with meal preparation tasks or any aspects of family style dining.</p> <p>Interviews on 4/21/22 with Staff A and C revealed</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>clients in the home have not participated in cooking tasks since of COVID-19 started. Additional interview with Staff B indicated she had not been trained to allow clients to assist with preparing meals or serving themselves and she has been doing what she's seen other staff doing in the kitchen. Further interview with Staff C noted clients only assist with making salads, snacks and desserts in the home.</p> <p>Review on 4/21/22 of client #3's Direct Support Evaluation (dated 9/28/18) revealed, "[Client #3] participates regularly in preparing meals for the household...[Client #3] can read the recipe, gather ingredients, pour and stir with little assistance. She requires more assistance with measuring..." The plan noted client #3 as well as other clients "take turns serving their plate." Additional review of the clients Meal Guidelines dated 3/14/19 indicated, "[Client #3] should be encouraged to serve herself at all times."</p> <p>Interview on 4/21/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed over the pandemic, staff have gotten used to not allowing clients to assist with meal preparation and serving themselves. The QIDP indicated she has "redirected" staff as much as possible and has reminded them that they "should be teaching" clients different aspects of meal preparation and family style dining.</p> <p>B. During observations in the home on 4/21/22 from 7:25am - 12:30pm, client #6 was not prompted or encouraged to actively participate with any activities. During this time, with the exception of prompts to eat a snack and lunch, the client remained in his room in bed. At 10:00am, after being questioned by the surveyor,</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>Staff B checked on client #6 in his bedroom where he was observed in his pajamas in bed with covers pulled over his head. When the staff entered the bedroom and asked the client, "What are you doing?", he replied, "Nothing." The staff then left the room. Throughout the observations, no staff consistently checked on the client or offered him an alternative to laying in his bed.</p> <p>Interview on 4/21/22 with Staff B revealed client #6 (who is blind) likes listening to music and talking to his Alexa device or using his iPod. Additional interview with Staff A indicated client #6 will often refuse requests to come out of his bedroom.</p> <p>Review on 4/21/22 of client #6's Individual Program Plan (IPP) dated 4/21/21 revealed, "[Client #6] enjoys listening to his iPod, playing with his Google Home, recording sounds on his recorder, riding the bike, and playing his keyboard." Additional review of the plan noted, "[Client #6] uses a variety of recording/listening devices independently...He has benefited greatly from his Google Home, using it for a variety of things - finding music he wants to hear, answering random questions he has, and setting the timer. He has always loved to learn new words and facts and continues to practice them as integrated activities...He often needs encouragement from support professionals to try new activities..."</p> <p>Interview on 4/21/22 with the QIDP indicated it has been a challenge to get client #6 out of his bedroom and they need to find strategies that work to get him involved with activities.</p> <p>C. During observations of medication</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>administration in the home on 4/21/22 at 7:08am, the Mediation Technician (MT) completed all tasks without client #6's participation. The MT obtained medications, punched pills into a pill cup, and poured water. Client #6 was not asked any questions or told what he was taking. The client was only prompted to take his medications and hold his eyes open as the MT applied his eye drops.</p> <p>Interview on 4/21/22 with the MT revealed client #6 does not really participate with tasks during the administration of his medication. The staff indicated he will reach for items but usually "acts like he can't do it." Additional interview indicated there was no "written" information regarding what clients can do to assist with administering their medications.</p> <p>Review on 4/21/22 of client #6's Medication Administration guidelines (updated 9/15/15) located in the Medication Administration Record (MAR) book noted the following: "Support professionals should ask [Client #6] what he would like to do first (pills or eye drops)...Support professionals should assist [Client #6] with pouring his cup of water and placing it on the medication tray...Support professionals should ask [Client #6] what medication he is taking and [Client #6] should review his meds...After all pills are popped, support professionals should place medication cup and cup of water on the med tray in front of [Client #6] (making a little bit of noise with cup helps [Client #6] locate the cups on the tray)."</p> <p>Additional review of the guidelines indicated, "[Client #6] will tell support professionals what medication he is taking. He will usually continue</p>	W 249			

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W 249	<p>Continued From page 4 and tell support professionals what the medication is for and what the side effects are but if he does not support professionals should ask [Client #6] the uses and side effects."</p> <p>Interview on 4/21/22 with the facility's nurse confirmed each client has specific medication administration guidelines located in the MAR which the MT should follow when administering medications.</p> <p>D. During observations of medication administration in the home on 4/21/22 at 8:10am, the MT completed all tasks without client #3's active participation. The MT obtained the medication bin, punched the pills into two separate pill cups and poured the client's water. Client #3 was only prompted to take her medications and throw away her trash.</p> <p>Interview on 4/21/22 with the MT revealed client #3 "will try" but will not finish when asked to assist with administering her medications. Additional interview indicated there was no "written" information regarding what clients can do to assist with administering their medications.</p> <p>Review on 4/21/22 of client #3's Medication Administration guidelines (updated 9/1/15) revealed, "Support professionals should hand [Client #3] her medication list from her med bin and ask [Client #3] which medications it is time to take...Support professionals should pop [Client #3's] pills into one of her medication cups. [Client #3] will typically ask 'separate 'em?' to which support professionals should respond 'yes'. [Client #3] will then separate her pills into 2 medication cups and take her pills..."</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>Interview on 4/21/22 with the facility's nurse confirmed each client has specific medication administration guidelines located in the MAR which the MT should follow when administering medications.</p> <p>E. During breakfast observations in the home on 4/21/22 at 9:00am, client #3 begins eating her breakfast which included a egg burrito, fruit cup and strawberry flavored milk. The client began eating her food quickly and took large bites. During the meal, Staff A stood nearby and prompted the client to slow down and to drink.</p> <p>Interview on 4/21/22 with Staff A and Staff B revealed client #3 often eats quickly and has to be watched while eating so she will not put too much food in her mouth. The staff noted she also has a "sign" that prompts her to slow her eating and it's usually placed on the table near the client at meals. Staff B later retrieved a laminated sheet with instructions for client #3 at meals.</p> <p>Observation of the "sign" identified by the staff entitled, "[Client #3's] Meal Rules" noted: "Eat slow like a turtle, Take small bites like a mouse, Eat one bite at a time like a frog, Take small sips like a kitten, Wipe your mouth with your napkin, If you don't eat slow you might choke."</p> <p>Review on 4/21/22 of client #3's Meal Guidelines (dated 3/14/19) revealed, "Before meals [Client #3] should take out her dinner rules which remind her to eat slowly and take small bites. [Client #3] should read these before each meal and should be reminded of them if she is breaking one of them. [Client #3] also has the option of bring her plate cover to the table. If [Client #3] chooses to bring the cover to the table, she is the only one</p>	W 249			

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W 249	Continued From page 6 who should be covering her plate and she should tell support professionals the reason she covered the plate afterwards. If [Client #3] chooses not to bring her plate cover to the table, but she is breaking one of the rules support professionals may point to the rule she is breaking and remind her that she can put her fork down between bites."	W 249			
W 263	Interview on 4/21/22 with the QIDP confirmed client #3 has laminated card used a meals to assist her with slowing her rate of eating and drinking. She indicated use of the card with the client at meals has been "successful" in the past. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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 conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#3). The finding is: Review on 4/21/22 of client #3's Behavior Support Plan (BSP) (no date) revealed objectives to decrease incidents of physical aggression/attempted physical aggression at her residence to 3 or less incidents per month for 8 of 12 consecutive months and to decrease incidents of physical aggression/attempted physical aggression at the day program to 0 incidents per month for 8 of 12 months. The BSP incorporated the use of Depakote, Clozaril, Prozac and Ativan.	W 263			

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W 263	Continued From page 7 Additional review of the record did not include written informed consent from the guardian for client #3's restrictive BSP.	W 263			
W 340	Interview on 4/21/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed written informed consent for client #3's restrictive BSP had not been obtained from the guardian as of the date of the survey. 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 and interviews, the facility failed to ensure staff were sufficiently trained regarding the appropriate use of latex gloves. The finding is: During meal preparation observations throughout the survey in the home on 4/21/22, various staff wore latex gloves while preparing food. For example, during breakfast preparation, Staff B wore latex gloves. The staff placed a soft burrito shell on five plates and added eggs to the shells. After preparing the plates of food, the staff left the kitchen wearing the gloves and knocked on the bedroom doors of two clients before turning the door knob and going inside. Staff B then returned to the kitchen and removed silverware from drawers and retrieved bottles of water from the pantry with the same gloves on. During observations of lunch preparation, the staff	W 340			

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W 340	<p>Continued From page 8</p> <p>completed various cooking tasks, including manipulating and cutting up fruit, while wearing latex gloves. The staff continued to wear the gloves while touching various objects, surfaces and devices in the kitchen.</p> <p>Interview on 4/21/22 with Staff B revealed she had been told to wear gloves during food preparation, cleaning tasks and helping with baths. The staff noted she should change the gloves after completing tasks in those different areas.</p> <p>Interview on 4/21/22 with the facility's nurse revealed staff have been trained to wear latex gloves only when exposure to and contact with "blood and bodily secretions" is involved. The nurse noted this would generally be during personal care and with applying topicals during medication administration. Additional interview revealed staff have not been trained to wear gloves during meal preparation tasks. The nurse stated, "They would not need gloves" during meal preparation but should be practicing proper hand washing and other health and safety precautions for preparing food.</p> <p>Interview on 4/21/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should not be wearing gloves during meal preparation and latex gloves should be worn as previously stated by the nurse.</p>	W 340			
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p>	W 369			

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W 369	<p>Continued From page 9</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all drugs were administered without error. This affected 1 of 2 clients (#6) observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 4/21/22 at 7:08am, client #6 ingested Calcium/Vitamin D3 600/10mg, one Daily Vitamin, Claritin 10mg, Ferrous Sulfate 325mg, Topamax 100mg, two Sulfasalazine 500mg, and Vimpat 200mg. No other medications were ingested.</p> <p>Review on 4/21/22 of client #6's Medication Administration Record (MAR) for April 2022 revealed Topamax 25mg to be administered by mouth twice daily at 8am and 8pm. Additional review of the MAR indicated Topamax 25mg had not been administered at 8am on 4/21/22.</p> <p>Interview on 4/21/22 with the Medication Technician (MT) confirmed client #6 had not received Topamax 25mg during the medication pass on 4/21/22 at 7:08am.</p> <p>Interview on 4/21/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 should have received Topamax 25mg as indicated during the medication pass on 4/21/22.</p>	W 369			
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were held at least</p>	W 440			

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W 440	Continued From page 10 quarterly for each shift. This potentially affected all clients residing in the home. The finding is: Review on 4/21/22 of facility fire drills revealed documentation for drills completed on 4/22/21, 2/23/22, 3/30/22 and 3/31/22 . No other fire drill reports were available for review. Interview on 4/21/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed several fire drills were missed over the previous quarters.	W 440			
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or	W 508			

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W 508	Continued From page 11 other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section;	W 508			

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NAME OF PROVIDER OR SUPPLIER WEST MAIN STREET FACILITY-CARRBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 W MAIN STREET CARRBORO, NC 27510		
(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 508	Continued From page 12 (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and	W 508			

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

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W 508	<p>Continued From page 13 considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: (ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure proof of COVID-19 vaccinations was documented for all employees. The finding is:</p> <p>Review on 4/21/22 of the facility's list of employees and proof of COVID-19 vaccination cards revealed only five employees had vaccination cards with documentation of their vaccines. No other COVID-19 cards were available for review.</p> <p>Review on 4/21/22 of the facility's COVID-19 Vaccination Procedures (dated 2/14/22) revealed, "All COVID-19 vaccination(s) provided at RSI to employees will be documented on the employee's COVID-19 Vaccination Card and documented in the employee's confidential personnel record.</p> <p>Interview on 4/21/22 with the Qualified Intellectual</p>	W 508			

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W 508	Continued From page 14 Disabilities Professional (QIDP) revealed several staff had received their COVID-19 vaccination series during vaccination clinics provided by the facility in conjunction with CVS pharmacy. Additional interview indicated the staff who attended the clinics did receive a COVID-19 vaccine and vaccination card provided by CVS pharmacy; however, no copies of the cards had been obtained for each employee's personnel files. The QIDP noted only staff obtaining vaccines through an outside source (sources other than the vaccination clinics) were required to provide a copy of their vaccination cards.	W 508		