

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

PRINTED: 09/24/2021
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|---|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G011 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/22/2021 |
| NAME OF PROVIDER OR SUPPLIER BOST CHILDREN'S CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5300 HIGHWAY 200 CONCORD, NC 28025 | | |
| (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: The facility failed to assure a continuous active treatment program was provided for 2 of 6 clients in the home (#3 and #8) consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in their habilitation plan as evidenced by observation, interviews, and record verification. The findings are:</p> <p>A. The facility failed to provide adequate active treatment to engage for client #3 during large amounts of unstructured time. For example:</p> <p>Afternoon observations in the group home on 9/21/21 from 4:15 PM until 6:30 PM revealed the client sitting unengaged without activity for 60 minutes of the 135 minutes of observation in his wheelchair in the sensory room and bedroom with a sensory item laying on top of his wheelchair tabletop. Continued observations revealed at no time was client #3 offered choices in leisure activities.</p> <p>Morning observations in the group home on 9/22/21 from 7:00 AM until 9:00 AM revealed</p> | W 249 | <p>A. Staff to be inserviced on engaging all clients in activities and routines that support active treatment according to their habilitation plan.</p> <p>Quality Assurance checks done by: GHD Weekly QA Monthly QIDP Quarterly</p> | 11/21/21 | |

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.

RECEIVED

By DHSR Mental Health Licensure & Certification at 1:47 pm, Sep 29, 2021

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| W 249 | <p>Continued From page 1</p> <p>client #3 to transition to the sensory room, dining area and back to his room at 8:00 AM and sit unengaged without activity for 75 minutes of the 120 minutes of observation. At 8:00 AM client #3 was noted to sit in his room until 8:45 AM. During the remaining 15 minutes of observations, the client was noted to sit in front of an IPAD awaiting his teacher to call in for class.</p> <p>Review of medical record for client #3 on 9/22/21 revealed a plan of care (POC) dated 5/14/21. Continued review of the POC revealed the client to have objective trainings relative to communication utilizing a pressure switch and to wash his face. Further review of the POC revealed a "Needs prioritized at POC" section. Additional review revealed needs for #2 to include recommendations to provide opportunities for choices throughout the day. Consideration of multisensory stimulation when offering client leisure activities and encourage engagement with each part of the daily routine.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 9/23/21 revealed client training objectives are current. Further interview revealed staff should be implementing client #3's active treatment programming throughout the day and encouraging client #3 with meaningful activities during periods of inactivity.</p> <p>B. The facility failed to provide adequate active treatment to engage client #8 during large amounts of unstructured time. For example:</p> <p>Afternoon observations in the group home on 9/21/21 from 4:15 PM until 6:30 PM revealed the client to sit unengaged without activity for 60</p> | W 249 | <p>B. Staff to be inserviced on engaging all clients in activities and routines that support active treatment according to their habilitation plan.</p> <p>Quality Assurance checks done by: GHD Weekly QA Monthly QIDP Quarterly</p> | 11/21/21 | |

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| W 249 | <p>Continued From page 2</p> <p>minutes of the 135 minutes of observation in his wheelchair in his room, participate in dinner meal, sensory room with a sensory item laying on top of his wheelchair tabletop. Continued observations revealed at no time was client #8 offered choices in leisure activities.</p> <p>Morning observations in the group home on 9/22/21 from 7:00 AM until 9:00 AM revealed client #8 to participate in the breakfast meal, transition to the bathroom and then back to his room at 8:00 AM and sit unengaged without activity for 75 minutes of the 120 minutes of observation. At 8:00 AM client #8 was noted to sit in his room until 8:45 AM. During the remaining 15 minutes of observations, the client was noted to sit in front of an IPAD awaiting his teacher to call in for class.</p> <p>Review of medical record for client #8 on 9/22/21 revealed a plan of care (POC) dated 7/16/21. Continued review of the POC revealed the client to have objective trainings relative to tolerate walking, toothbrushing, communication utilizing a Big Mack switch and to turn on radio/tape player utilizing a pressure switch. Further review of the POC revealed a "Needs prioritized at POC" section. Additional review revealed needs for #1 to include recommendations; client should be provided with a variety of one on one interaction including tactile auditory and movement stimulation. The client should be involved in training to activate a variety of devices with switches. The client should be provided with opportunities to use switches/environmental controls to make choices.</p> <p>Interview with the QIDP and group home director (GHD) confirmed client training objectives are</p> | W 249 | | | |

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| W 249 | Continued From page 3 current. Further interview revealed staff should be implementing client #8's active treatment programing throughout the day and encouraging all clients with meaningful activities during afternoon and morning periods of inactivity. | W 249 | | | |