

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

PRINTED: 02/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER WESTSIDE RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 467 SOUTH CREEK ROAD ORRUM, NC 28389		
(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 260	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to update the individual program plans (IPP's) annually for 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The findings are:</p> <p>A. Review on 2/15/22 of client #1's record revealed an IPP dated 2/3/21. Additional review of client #1's record revealed no updated IPP since 2/3/21. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #1 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home.</p> <p>Interview on 2/16/22 with the qualified intellectual disabilities professional (QIDP) confirmed client #1's IPP meeting was scheduled for 2/16/22 and that the IPP has not been updated since 2/3/21.</p> <p>B. Review on 2/15/22 of client #2's record revealed no IPP was available for review. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #1 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home.</p> <p>Interview on 2/16/22 with the QIDP confirmed client #2's IPP meeting was scheduled for 2/18/22 and that there was no current IPP available for</p>	W 260	<p>W 260 The facility will ensure that all client IPP's are updated annually.</p> <p>Interdisciplinary team and QP will ensure that IPP meetings occur annually for clients and that the plan identifies yearly goals and the plan is in client medical record as well as in the home. QP will schedule treatment plan meeting for client #'s 1, 2, 3, 4, 5, and 6. QP will monitor and complete annually or as needed if within the plan year.</p>	4/17/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Sharbara Williams ICF Program Director TITLE 3/2/22 (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 260	<p>Continued From page 1 review.</p> <p>C. Review on 2/15/22 of client #3's record revealed no IPP was available for review. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #3 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home.</p> <p>Interview on 2/16/22 with the QIDP confirmed client #3's IPP meeting had been held but the IPP had not been written and that there was no current IPP available for review.</p> <p>D. Review on 2/15/22 of client #4's record revealed an IPP dated 2/4/21. Additional review of client #4's record revealed no updated IPP since 2/4/21. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #4 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home.</p> <p>Interview on 2/16/22 with the QIDP confirmed client #4's IPP meeting was scheduled for 2/16/22 and that there was no current IPP available for review.</p> <p>E. Review on 2/15/22 of client #5's record revealed an IPP dated 2/4/21. Additional review of client #5's record revealed no updated IPP since 2/4/21. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #6 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home.</p>	W 260			

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W 260	Continued From page 2 Interview on 2/16/22 with the QIDP confirmed client #5's IPP meeting was scheduled for 2/18/22 and that there was no current IPP available for review. F. Review on 2/15/22 of client #6's record revealed no IPP was available for review. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #6 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home. Interview on 2/16/22 with the QIDP confirmed client #6's IPP meeting had been held but the IPP had not been written and that there was no current IPP available for review.	W 260			
W 263	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 6 audit clients (#5). The finding is: Review on 2/15/22 of client #5's Behavior Support Plan (BSP) dated 12/8/2020 revealed the objective, "By 12/1/2021, [Client #5] will exhibit two or fewer challenging behaviors per month for	W 263	W 263 The facility will ensure that written informed consent of the client parent or legal guardian is obtained.	4/17/22	

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W 263	Continued From page 3 11 consecutive months." Additional review of client #5's BSP revealed, "...ingests Depakote, Sertraline, Zyprexa, Effexor and Hydroxyzine as well as a monthly injection of Invega Sustena for behavior support." Additional review of client #5's record revealed a consent dated 1/26/21.	W 263	The QP will ensure that all consent forms are signed by guardian and in medical record yearly or as needed for changes. QP for client #5 will prepare client consent pack including consents related to psychiatric medications and have written informed consent signed and in client medical record. QP will monitor annually or as needed if before annual due date.		
W 312	Interview on 2/16/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that the facility does not have a current BSP or consent signed by client #5's legal guardian. DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's Individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure drugs to manage client behavior were only used as an integral part of the client's Individual Program Plan (IPP). This affected 1 of 6 audit clients (#2). The finding is: Review on 2/15/22 of client #2's record revealed no current IPP. Additional review of client #2's record revealed a medical evaluation, dated 3/4/21, which states, "Reportedly has some problems sleeping. He ingests Melatonin 5mg nightly to help with sleep." Review on 2/16/22 of client #2's Physician's Orders dated 11/17/21 revealed an order for	W 312			W312 The facility will ensure that medications to manage behaviors are incorporated into the behavior support plan (BSP).

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W 312	Continued From page 4 Melatonin 5mg, "Take one tablet by mouth daily at bedtime."	W 312	For Client who ingest Melatonin for sleep behaviors, the use of this medication will be incorporated into the BSP. Hence the BSP will be updated. The QP will ensure that any medication used to alter behaviors will be incorporated into the behavior support plan. The QP will monitor use of medications to alter behavior monthly to ensure continued complian		
W 368	Review on 2/16/22 of client #2's Behavior Support Plan (BSP) revealed client #2 is supported with the use of the medication Abilify for behavior management. Interview on 2/16/22 with the facility's ICF Director confirmed the use of Melatonin for sleep behavior should be incorporated into client #2's BSP. 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 observations, record reviews and interviews, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 of 6 audit clients (#1 and #4). The findings are: A. During observations of medication administration in the home on 2/16/22 at 7:00am, Staff B was observed to administer to client #1 one Amlodopine 5mg tablet, one Bisoprolol-HCTZ 5-6.25mg tablet, one Losartin 100mg tablet, one multi-vitamin tablet, one Risperidone 0.5mg tablet, one Vitamin D 2000iu tablet, and one Vitamin D3 tablet. Review on 2/16/22 of client #1's Physician's Orders dated 11/17/21 revealed an order for Occusoft Lid Scrub, "Clean both eye lid margins	W 368			W 368 The facility will ensure that all drugs are administered in compliance with physician's orders.

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W 368	<p>Continued From page 5</p> <p>twice daily indefinitely at 8am and 8pm" and Soothe XP Eye Drops, "instill one drop in each eye twice daily at 8am and 8pm."</p> <p>Interview on 2/16/22 with the facility nurse confirmed client #1 should have received the Occusoft Lid Scrub and Soothe XP Eye Drop as the physician's order indicates.</p> <p>B. During observations of medication administration in the home on 2/16/22 at 7:08am ER 10mg tablet, one Pioglitazone 15mg tablet, and one Vitamin D3 1000lu tablet. During the observation, client #4 asked for an eye drop. Staff B informed her she gets her eye drop at night.</p> <p>Review on 2/16/22 of client #4's Physician's Orders dated 11/17/21 revealed an order for Gavilax Powder, "Mix one capful in 8 ounces of water or juice and drink once daily at 8am" and Systane Balance 0.8% Eye Drop, "Instill one drop in both eyes two times a day at 8am and 8pm."</p> <p>Interview on 2/16/22 with the facility nurse confirmed client #4 should have received the Gavilax Powder and Systane Eye Drop as the physician's order indicates.</p>	W 368	<p>The nursing staff will re in service all staff on correct medication administration.</p> <p>The nursing staff will in service all staff on client #1 Occusoft Lid Scrub and eye drops during medication</p> <p>client # 4's Gavilax Powder during medication administration. Nursing staff will monitor weekly</p>		
W 436	<p>SPACE AND EQUIPMENT</p> <p>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</p>	W 436			

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W 436	<p>Continued From page 6</p> <p>interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #6 was taught to use and make informed choices about the use of his dentures and hearing aid. This affected 1 of 6 audit clients. The findings are:</p> <p>A. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, client #6 was not wearing a hearing aid.</p> <p>Review on 2/15/22 of client #6's record revealed review of client #6's record revealed a medical evaluation that revealed client #6 wears a hearing aid in his right ear.</p> <p>Interview on 2/16/22 with Staff C revealed client #6 should be wearing a hearing aid in his right ear daily.</p> <p>Interview on 2/16/22 with the facility's ICF Director confirmed client #6 should be wearing a hearing aid in his right ear daily.</p> <p>B. During observations at the day program and in the home on 2/15/22, client #6 was not wearing dentures. At no time during the observation was client #6 prompted to use his dentures.</p> <p>Review on 2/15/22 of client #6's record revealed no current IPP available for review. Additional review of client #6's record revealed a medical evaluation that revealed client #6 wears dentures.</p>	W 436	<p>W436 The facility will ensure that all clients are furnished, maintaining in good repair, and teaching clients to use and to make informed choices about the use of dentures, eyeglasses, hearing aids and other communication aids, braces and other devices identified by the interdisciplinary team as needed by the client</p> <p>Habilitation Specialist will develop a document for client #6 for his denture and hearing aid usage. Habilitation Specialist will in service the staff on prompting and encouraging the client to wear his hearing aid daily. They will be in serviced to prompt and encourage wearing dentures during snack and meal times.</p>	4/17/22	

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W 436	Continued From page 7 Interview on 2/16/22 with Staff B revealed client #6 should be wearing his dentures daily. Interview on 2/16/22 with the facility's ICF Director confirmed client #6 should be wearing his dentures daily, and if he chooses not to, should be prompted to wear his dentures before each meal.	W 436	Staff will document daily compliance or refusal to comply with adaptive devices. Habilitation Specialist and QP will monitor weekly.		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure 1 of 6 audit clients (#6) received their specially prescribed diet as indicated. The finding is: During observations at the day program on 2/15/22 at 11:28am, client #6 was observed eating lunch which consisted of a hamburger and a serving of beef stew with beef, potatoes and vegetables. The hamburger and beef stew were served whole. At 11:31am, Staff A was observed to cut the hamburger into 4 equal size pieces, larger than 2" in size. During the observation, client #6 was not wearing dentures. Additional observations in the home on 2/15/22 revealed client #6 eating dinner which consisted of a piece of meatloaf, a serving of green beans and a serving of mashed potatoes. The meatloaf and green beans were served whole. During the observation, client #6 was not wearing dentures.	W 460	W 460 The facility will ensure that all clients receive a nourishing, well balanced diet including modified and specially prescribed diets. QP will provide collaborate with Nutritionist/Dietician to ensure that client nutrition assessment reflects her preferences based on her daily/weekly changing of her diet to vegetarian to non-vegetarian. QP will in-service staff on client nutrition assessment and identify changes she may prefer on different days. QP will monitor weekly.	4/17/22	

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W 460	<p>Continued From page 8</p> <p>Review on 2/15/22 of client #6's record revealed no current IPP available for review. Additional review of client #6's record revealed a nutritional evaluation which indicates client #6's diet order as regular, heart healthy, chopped or ground meats.</p> <p>Review on 2/15/22 of client #6's diet order posted in the kitchen of the home revealed a diet that consists of "heart healthy regular, with teeth - chopped into 1/2 - 1" pieces, without teeth - meats ground, all other foods finely chopped into 1/4" pieces."</p> <p>Interview on 2/16/22 with Staff B revealed the diet posted in the kitchen is current and should be followed.</p> <p>Interview on 2/16/22 with the facility's ICF Director confirmed that client #6's hamburger, beef stew</p>	W 460			