

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:  <b>34G103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/16/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MY PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1050 HOGAN STREET FAYETTEVILLE, NC 28301</b>
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W 000	INITIAL COMMENTS	W 000		
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)  The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 audit clients (#2) objectives were reviewed and/or revised as needed including when the target date has passed. The finding is:  Review on 2/16/22 of client #2's record revealed her hand washing goal was implemented on 2/1/21 and the completion date was 1/30/22. Further review revealed client #2's money recognition goal was implemented 7/1/20 and the completion date was 12/2/21. Additional review revealed these two goals were not replaced or revised with new ones.  During an interview on 2/16/22, the qualified intellectual disabilities professional (QIDP) revealed he has not updated or revised client #2's hand washing or money recognition goals. Further interview revealed the company in which the QIDP works for acquired the group home in December 2021.	W 255	<p><i>See attached</i></p> <p><b>RECEIVED</b> <b>FEB 28 2022</b> <b>DHSR-MH Licensure Sect</b></p>	
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)	W 263		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Brad Secret</i>	TITLE <i>BSQP</i>	(X6) DATE <i>2.23.22</i>
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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 263	Continued From page 1  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 conducted with the written informed consent of a legal guardian. This affected 1 of 1 audit clients (#2). The finding is:  Review on 2/16/22 of client #2's behavior intervention plan (BIP) the date is unreadable, revealed it was last signed by client #2's guardian on 10/30/20. Further review revealed client #2's medications are as follows: Citalopram, Risperidone, Clonazepam, Propranolol and Divalproex.  During an interview on 2/16/22, the qualified intellectual disabilities professional (QIDP) revealed the he has not tried to obtain a current BIP consent signed by client #2's guardian. Further interview revealed the company in which QIDP works for acquired the group home in December 2021.	W 263			
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	W 508			

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W 508	<p>Continued From page 2</p> <p>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.</p> <p>(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:</p> <ul style="list-style-type: none"> <li>(i) Facility employees;</li> <li>(ii) Licensed practitioners;</li> <li>(iii) Students, trainees, and volunteers; and</li> <li>(iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement.</li> </ul> <p>(2) The policies and procedures of this section do not apply to the following facility staff:</p> <ul style="list-style-type: none"> <li>(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</li> <li>(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.</li> </ul> <p>(3) The policies and procedures must include, at a minimum, the following components:</p> <ul style="list-style-type: none"> <li>(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</li> </ul>	W 508		
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W 508	Continued From page 3 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; (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:	W 508			



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W 508	<p>Continued From page 4</p> <p>(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</p> <p>(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;</p> <p>(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 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</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(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;</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to develop policies and procedures failed to implement their contingency plans for staff who are not fully vaccinated for COVID-19. The finding is:</p>	W 508			

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W 508	<p>Continued From page 5</p> <p>Review on 2/16/22 of the facility's staffing revealed there were a total of 18 staff employed, with 7 vaccinated, 1 religious exemption, which left 10 unvaccinated. Further review indicated only 44% of the facility's staff have been vaccinated with the COVID-19 vaccine; which is below the required 80%.</p> <p>Review on 2/16/22 of the facility's policy and procedure on infection control revised 2/10/22 stated, "Contingency Plan: Staff that have not fully completed the primary vaccination series for COVID-19, or have indicated that they will not get vaccinated and do not qualify for an exemption, due to an exemption or temporary delay in vaccination, such as through the clinical precautions and considerations...If staff have not acquired this within 60 days we will seek replacement from our other vaccinated staff that has met this or by exempted staff...."</p> <p>During an interview on 2/16/22, the qualified intellectual disabilities professional (QIDP) revealed he is not aware if the 10 unvaccinated staff are going to be vaccinated against COVID-19.</p>	W 508		

Corrections for Complaint Survey completed February 16, 2022 at My Place, 1050 Hogan Rd Fayetteville, NC 28301

W255 The Interdisciplinary Team (IDT) will review and or revise Client #2's Hand washing goal and Money recognition goal by 3.15.22. If there are any changes made to the goals, QIDP will formally train the staff regarding the changes. QIDP will ensure that all clients' programs are reviewed for the need to revise or update them monthly. IDT Team will monitor charts quarterly per QA standards. QIDP will ensure that the corrections are in place by 4.17.22.

W263 IDT will review Client #2's Behavior Support Plan to ensure that the current medications that Client #2 receives are noted in the plan. IDT will also revise the Behavior Support Plan consent form with the current medications and seek signed consent for the current Behavior Support Plan and it's listed medications. QIDP will continue to monitor Client records monthly to ensure client plans and consents are up to date and that consents reflect what the current plan indicates monthly. IDT Team will monitor charts quarterly per QA standards. QIDP will ensure that the corrections are in place by 4.17.22.

W508 QIDP will collect COVID Vaccination records or exemption letters from each staff member working directly with the people served residing in My Place group home. The Deputy Director will create a comprehensive roster with the COVID 19 vaccinations and exemption letters received. The Deputy Director will collect vaccination records or letters from physician's stating that the vaccination should not be given to a staff member for medical reasons or letters from staff stating that they are abstaining from receiving the COVID 19 vaccination due to religious objections. The Deputy Director will keep a copy of the COVID 19 vaccination records or exemption letters in the central office. QIDP will obtain these vaccination records or exemption letters by the date stated in the company policy of March 1, 2022. QIDP will ensure the contingency plan in the COVID 19 company policy is followed for staff who have not received the COVID vaccine and are not exempt from receiving the COVID vaccine for either medical reasons or religious objections. The Deputy Director will monitor the roster monthly to ensure current employees have received the COVID 19 vaccine or have been exempted from it. The Deputy Director will ensure corrections are in place by Friday, 4.17.22.