

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

PRINTED: 05/25/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAR CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5840 GREENWOOD AVENUE LA GRANGE, NC 28551</b>		
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy was maintained for 2 of 9 audit clients (#3 and #9). The finding is:</p> <p>During observations in the facility on 5/24/22 at 6:45am, in bedroom #417 on the Yellow wing, audit client #3 was sitting in his chair in his bedroom. Client #3's roommate was sitting in a rocking chair. Client #9 was observed lying on the bed of client #3's roommate.</p> <p>Immediate interview on 5/24/22 with staff D revealed this bedroom is audit client #3's bedroom which he shares with another client. Staff D stated that audit client #9 is assigned to bedroom #415 next door. Staff D stated client #9 "likes to hang out in this bedroom and routinely is observed lying on one of the beds in this bedroom."</p> <p>Interview on 5/24/22 with the qualified intellectual disabilities professional (QIDP) confirmed that often in the early mornings before breakfast, audit client #9 comes into room #417 and will lie down on one of the beds although he is assigned to the bedroom next door. Further interview with the QIDP revealed clients #3 and #9 need assistance protecting their privacy. Additional interview confirmed the team has discussed changing client #9's bedroom assignment to provide additional privacy to client #3 and his roommate.</p>	W 130			
W 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p>	W 137			

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 137	Continued From page 1  The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #4 had the right to access his personal grooming supplies. This affected 1 of 9 audit clients (#4). The finding is:  During observations in the facility on 5/24/22 at 7:15am, staff E took an electric razor off the dresser in client #4's bedroom and shaved client #4 and 3 other clients in bedroom 409.  Interview on 5/24/22 with staff E revealed she was uncertain whether the electric razor belonged to client #4 or to his roommate.  Review on 5/24/22 of client #4's record revealed an educational evaluation dated 4/20/22 which indicated client #4 can turn on/off his electric razor and unplug the razor with physical assistance.  Interview on 5/24/22 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff should use individual electric razors to shave clients and that client #4's electric razor should not be used on other clients in the facility. Further interview confirmed client #4's name was not on either razor in room 409 and she could not determine which electric razor belonged to client #4.	W 137			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)	W 252			

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W 252	Continued From page 2  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 1 of 9 audit clients (#5). The finding is:  Review on 5/23/22 of client #5's Individual Program Plan (IPP) dated 7/15/21 revealed a formal training program that she will tolerate physical assistance to brush her teeth with mouthwash without resistance 70% of trials for 3 consecutive months.  Review on 5/24/22 of client #5's program plan data sheet revealed 1 day of documentation in January 2022, 9 days of documentation in February 2022, 29 days of documentation in March 2022, 9 days of documentation in April 2022 and 8 days of documentation in May of 2022.  Interview on 5/24/22 with qualified intellectual disabilities professional (QIDP) confirmed numerous days of data are missing for client #5's goal and data should be recorded twice per day for this goal.	W 252			
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)	W 255			

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W 255	<p>Continued From page 3</p> <p>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 the individual program plan (IPP) for 2 of 9 audit clients (#2 and #4) were reviewed and revised as needed after completion of objectives. The findings are:</p> <p>A. Review on 5/24/22 of client #2's individual program plan (IPP) dated 9/23/21 revealed a formal objective to attend to classroom activities for 30 seconds 70% of trials for 3 consecutive months. This objective was implemented on 11/2/20. Review on 5/23/22 of the progress summaries revealed the following:</p> <p>November: 100% December: 100% January: 100% February, March and April: No progress summaries</p> <p>Interview on 5/24/22 with another qualified intellectual disabilities professional (QIDP) revealed client #2's QIDP is on vacation but there was no information to demonstrate this objective had been reviewed or revised or other training had been considered for client #2.</p> <p>B. Review on 5/24/22 of client #4's IPP dated 6/9/21 revealed a formal objective to sign drink with 90% trials for 3 consecutive months. This program was implemented on 1/17/22. Review on</p>	W 255			

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W 255	Continued From page 4 5/24/22 of the progress summaries revealed the following:  January: 100% February: 100% March: 100% April: 100%  Interview on 5/24/22 with the QIDP revealed client #4 has met criteria for completion of this program and it is still ongoing without revision or consideration for additional training.	W 255			
W 336	<b>NURSING SERVICES</b> CFR(s): 483.460(c)(3)(iii)  Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on review of records and interview, nursing services failed to ensure quarterly nursing assessments were conducted in a timely manner for 2 of 9 sampled clients (#4 and #8). The findings are:  A. Review on 5/23/22 of client #4's nursing quarterly exams revealed the last nursing quarterly exam was completed on 8/15/21.  Interview on 5/24/22 with the Associate Director of Nursing confirmed client #4's nursing quarterly exams were not completed as scheduled in December 2021 and in April 2022.  B. Review on 5/23/22 of client #8's nursing quarterly exams revealed the last quarterly exam	W 336			

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W 336	Continued From page 5 was completed on 12/30/21 for the period of September-November 2021.  Interview on 5/24/22 with the Associate Director of Nursing confirmed client #4's nursing quarterly exam was not completed as scheduled in April 2022.	W 336			
W 356	COMPREHENSIVE DENTAL TREATMENT CFR(s): 483.460(g)(2)  The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #7 received comprehensive dental treatment services for the maintenance of her dental health. This affected 1 of 9 audit clients. The finding is:  Review on 5/23/22 of client #7's record revealed a dental examination report dated 8/30/2019 with a recommendation to follow up in a year.  Interview on 5/24/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #7 has not received dental care since 8/30/19 and no appointment has been scheduled at this time.	W 356			