

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

PRINTED: 06/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/07/2022
NAME OF PROVIDER OR SUPPLIER STRAWBERRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 303 NORTH HOWARD STREET CHADBOURN, NC 28431		
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W 186	<p>DIRECT CARE STAFF CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure sufficient direct care staff demonstrated the skills and techniques to safely secure client #1 on the facility van and provide client #4 appropriate activities consistent with his skills and abilities. This affected 2 of 6 clients (#1 and #4). The findings are:</p> <p>A. Observations on 6/7/22 at 8:55am revealed client #1 sitting in her wheelchair, in the back of the van. Further observations revealed staff F using Sure Locks to anchor the wheelchair to the floor of the van. Staff F secured the wheelchair with 2 contacts in the front of the wheelchair from the floor of the van, attaching these to the frame of client #1's wheelchair. Staff F then attached 2 contacts in the rear of client #1's wheelchair from the floor of the van, attaching them to the frame of client #1's wheelchair. A seat belt strap was observed to be hanging from the ceiling of the van, not attached to client #1's wheelchair.</p> <p>Immediate interview with staff F, staff G and the Residential Manager (RM) on 6/7/22 revealed the seat belt attachment for client #1's wheelchair in the van was missing and had not been used for several weeks. Further interview with the RM revealed she was not aware this seat belt</p>	W 186			

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 186	<p>Continued From page 1 attachment was missing.</p> <p>Review on 6/7/21 of the North Carolina General Statutes (NCGS) revealed the following: G.S. 20-135.2A Requires the driver, front seat passengers, back seat passengers ages 16 and older must wear their seatbelts. The seat belt law applies to all passenger vehicles with capacity of less than 11 occupants required by federal standards to have seat belts.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/7/22 revealed facility policy requires staff are required to fasten all individuals in the van using sure lock fasteners with 4 contact points, 2 in the front attached to the wheelchair frame and 2 in the rear attached to the frame as well as securing the individual in a seat belt that is secured to the floor of the van. Further interview revealed staff F had received training on safely securing individuals on the facility van when she was hired.</p> <p>B. During observations in the facility on 6/7/22 at 6:10am-6:35am revealed staff A assembled a Connect 4 game on a living room table. Staff A then offered chips using hand over hand assistance to client #4, who is blind, to insert into the Connect 4 frame. At intervals during this time frame, client #4 stopped putting chips into the frame and both staff A and staff B verbally cued him to continue.</p> <p>Immediate interview with staff B on 6/7/22 revealed client #4 likes to have his hands occupied so he does not become agitated and engage in property destruction which consists of client #4 tearing or biting his shirt which is a target behavior listed in his behavior support plan</p>	W 186			

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W 186	Continued From page 2 (BSP). When asked is there are additional leisure activities in the home more compatible with client #4's skills and abilities, staff B took a plastic replica of hands and gave those to client #4. Review on 6/7/22 of client #4's record revealed he has diagnoses of Anxiety Disorder, Profound Intellectual Disabilities, Blindness, Hypertension and Diabetes Mellitus and that he is non-verbal. Review of client #4's individual program plan (IPP) dated 3/17/22 revealed he has needs to improve sorting skills, needs to learn to communicate making choices and needs to learn object symbol request to ask for a beverage. Further review of the IPP indicated he likes to listen to gospel music and sit outside with staff. Interview on 6/7/22 with the qualified intellectual disabilities professional (QIDP) revealed staff have hand bells, music, and other tactile activities that are available and are more appropriate for client #4's skills and abilities.	W 186			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by:	W 249			

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W 249	<p>Continued From page 3</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure 1 of 5 audit clients (#5) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the area of mealtime guidelines. The finding is:</p> <p>During observations in the facility on 6/6/22 of supper at 6:20pm, client #5 was assisted to get her sectioned plate and to serve pureed pork chops, Pureed mixed vegetables and bread onto her plate. Client #5 began to eat at 6:35pm and took 5 bites of food while being given verbal cues from staff I to slow her pace of eating. Client #5 finished her meal at 6:40pm and was assisted up from the table by staff I.</p> <p>Immediate observation of the dining room table on 6/6/22 revealed mealtime guidelines attached to the dining room table for client #5 which indicate she is to take individual bites of food and sips of her beverages at a time, clearing her mouth between bites and staff are to minimize distractions at mealtimes.</p> <p>During observations of breakfast on 6/7/22 at 7:40am, client #5 was served pureed to serve pureed oatmeal and pureed scrambled eggs in a sectioned plate. Client #5 ate several bits of her food without taking a break before she was verbally cued to stop and drink her water and milk. There were four clients at the dining room table with staff H and staff J.</p> <p>Review on 6/6/22 of client #5's individual program plan (IPP) dated 5/26/22 revealed she had a Clinical Swallowing Assessment dated 6/28/11 that recommended she continue a pureed diet</p>	W 249			

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W 249	Continued From page 4 and indicated she was edentulous. Further review of the IPP revealed client #5 has mealtime guidelines to slow her pace of eating. Further review on 6/6/22 of client #5's IPP revealed physician orders dated 5/18/22 which indicated: small bites and sips at a time, clearing her mouth between bites and minimize distractions at mealtimes. Interview on 6/7/22 with the qualified intellectual disabilities professional (QIDP) revealed client #5's mealtime guidelines on the physician orders are current and should be followed.	W 249			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure all medications were administered without error. This affected 1 of 5 audit clients (#5). The finding is: During observations of medication administration on 6/7/22 direct care staff I administered the following medications to client #5 at 7:25am: Chlorhexidine Rinse 0.12% (15ml.), Aspirin 81 mg (1), Plavix 75mg. (1), Miralax 17grams, Vitamin D3 (1) and Potassium Chloride 20 meq. (1.5 teaspoons). Staff I explained the pharmacy had failed to deliver refills of Lactulose 15 millimeter solution and Omeprazole 20 mg. the night before. Staff I explained that she had contacted the facility Nurse and she was making arrangements for the medications to be delivered	W 369			

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W 369	Continued From page 5 before 9am as these medications were ordered to be administered at 8am. During observations at 8:45am the pharmacy delivered the medications to the facility. Staff G took the bag of medications and locked them in the medication closet without administering the medications to client #5. Review on 6/7/22 of client #5's physician orders dated 5/18/22 revealed the following were to be administered at 8:00am: Chlorhexidine Rinse 0.12% (15ml.), Aspirin 81 mg (1), Plavix 75mg. (1), Miralax 17grams, Vitamin D3 (1) and Potassium Chloride 20 meq. (1.5 teaspoons), Omeprazole 20 mg. and Lactulose 15 ml. solution (30 ml.). Interview on 6/7/22 with the facility Nurse revealed the pharmacy had failed to deliver client #5's Omeprazole 20 mg and Lactulose 15 ml. solution (30 ml.) the night of 6/6/22. Further interview revealed she had contacted the pharmacy on the morning of 6/7/22 and made arrangements for these medications to be delivered before 9:00am. Additional interview confirmed direct care staff G should have either contacted her after the medications were delivered or checked the medication administration record (MAR).	W 369			
W 435	SPACE AND EQUIPMENT CFR(s): 483.470(g)(1) The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this	W 435			

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W 435	<p>Continued From page 6 subpart and as identified in each client's individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a variety of leisure supplies for 1 of 5 audit clients (#4) which enhanced his strengths and abilities. The finding is:</p> <p>During observations in the facility on 6/7/22 at 6:10am-6:35am revealed staff A assembled a Connect 4 game on a living room table. Staff A then offered chips using hand over hand assistance to client #4, who is blind, to insert into the Connect 4 frame. At intervals during this time frame, client #4 stopped putting chips into the frame and both staff A and staff B verbally cued him to continue.</p> <p>Immediate interview with staff B on 6/7/22 revealed client #4 likes to have his hands occupied so he does not become agitated and engage in property destruction which consists of client #4 tearing or biting his shirt which is a target behavior listed in his behavior support plan (BSP). When asked is there are additional leisure activities in the home more compatible with client #4's skills and abilities, staff B took a plastic replica of hands and gave those to client #4.</p> <p>Review on 6/7/22 of client #4's record revealed he has diagnoses of Anxiety Disorder, Profound Intellectual Disabilities, Blindness, Hypertension and Diabetes Mellitus and that he is non-verbal.</p> <p>Review of client #4's individual program plan (IPP) dated 3/17/22 revealed he has needs to</p>	W 435			

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W 435	Continued From page 7 improve sorting skills, needs to learn to communicate making choices and needs to learn object symbol request to ask for a beverage. Further review of the IPP indicated he likes to listen to gospel music and sit outside with staff. Interview on 6/7/22 with the qualified intellectual disabilities professional (QIDP) revealed staff have hand bells, music, and other tactile activities that are available and are more appropriate for client #4's skills and abilities. Additional interview revealed management has not purchased additional leisure activities that would be more compatible with client #4's skills and abilities.	W 435			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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 interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 5 audit clients (#3) was taught to use and make informed choices and learned to tolerate her hearing amplification devices. The finding is: During observations in the facility on 6/6/22 from 5:00pm-5:40pm client #3 came out of her bedroom with her rollator walker into the living room and sat in a living room chair. Staff B and staff D asked client #3 if she would like to complete a puzzle at a table in the living room. Client #3 did not respond. Staff B got closer to client #3 in front of her and client #3 asked staff B	W 436			

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W 436	<p>Continued From page 8</p> <p>what she was saying. Staff B stated, "Can you hear me?" Client #3 nodded "No." Staff repeated the request and client #3 got up with her walker and came to the table. At 5:40pm after client #3 had completed a puzzle and used markers to color a picture, she got up with her walker and walked back to her bedroom. She was not observed to wear hearing amplification devices or be cued to try to wear them from 4:00pm-6:40pm on 6/6/22.</p> <p>Review on 6/7/22 of client #3's medical evaluation dated 9/24/21 revealed she wears a hearing amplification device in her left ear and that the audiologist had recommended a hearing amplification device for her right ear. The report also indicated, "reports improvement in hearing using her hearing aid."</p> <p>Review on 6/7/22 of a note by Nursing indicated a hearing aid application had been sent to the North Carolina Division of Services for the Deaf and Hard of Hearing (DSDHH) for purchase of a hearing amplification device for client #3 as she had been diagnosed with 36% discrimination of her hearing in her right ear.</p> <p>Interview with the facility Nurse on 6/7/22 revealed client #3 does have bilateral hearing amplification devices. Further interview confirmed client #3 keeps the hearing amplification devices in her bedroom and that they are in good working order.</p> <p>Interview on 6/7/22 with the qualified intellectual disabilities professional (QIDP) revealed client #3 has a target behavior of non-compliance and often does not like to wear her hearing amplification devices. Further interview revealed</p>	W 436			

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W 436	Continued From page 9 the facility has not identified formal training for client #3 to learn to tolerate her hearing amplification devices for longer periods of time.	W 436			
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 interviews, the facility failed to ensure 2 of 5 audit clients (#2 and #5) received modified diets as prescribed. The findings are: A. During observations of supper on 6/6/22 at 6:08pm staff B assisted client #2 to serve mechanically pureed pork chops, mixed vegetables, sweet potatoes and applesauce onto his high sided, sectioned plate. The consistency of the pork chops was blended but had small chunks in the texture. Immediate interview on 6/6/22 with staff B confirmed client #2 is to receive a heart healthy pureed texture diet with nectar thickened liquids. When asked what training staff receive on preparing diet textures, she stated they receive training on the facility's computer. She also demonstrated several diagram examples in the kitchen area of different diet textures that were posted by management. When asked if there were any other supplement fluids such as broth to help moisten the textures, she stated she was not certain.	W 460			

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W 460	<p>Continued From page 10</p> <p>Interview on 6/6/33 with staff E, who prepared supper using the food processor, revealed she processes pureed foods until they appear blended. Further interview revealed she used the juice from the pork chop in the pan to help provide additional moisture. She stated she was not aware that pureed textures did not have any chunks in the consistency.</p> <p>During observations of breakfast on 6/7/22 at 7:30am, client #2 was assisted to serve mechanically pureed oatmeal, toast and scrambled eggs onto his high sided, sectioned plate. The consistency of the oatmeal was blended but had small chunks in the texture.</p> <p>Immediate interview on 6/7/22 with staff G revealed she was not aware that pureed textures do not have chunks in the consistency. She stated she had added milk to the consistency to try to further blend the consistency.</p> <p>Review on 6/6/22 of client #2's physician orders dated 5/18/22 revealed client #2 is prescribed a regular pureed diet with nectar thickened liquids.</p> <p>Review on 6/7/22 of client #2's nutritional evaluation dated 3/12/22 revealed client #2 is to receive a heart healthy pureed diet with pudding thickened liquids.</p> <p>Interview on 6/7/22 with the facility Nurse and the qualified intellectual disabilities professional (QIDP)ICF Program Director revealed they were not aware the dietician had indicated client #2 was to receive pudding thickened liquids. Further interview confirmed client #2's physician orders dated 5/18/22 indicated client #2 is prescribed a regular pureed diet with nectar thickened liquids.</p>	W 460			

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W 460	<p>Continued From page 11</p> <p>Additional interview confirmed staff are trained that pureed diet textures are smooth without any lumps or chunks detected in the consistencies as demonstrated on the diagrams posted in the facility dining area.</p> <p>B. Observations of breakfast in 6/7/22 at 7:40am client #5 was assisted to serve mechanically pureed texture toast, scrambled eggs and oatmeal onto her plate. The consistency of the oatmeal and toast appeared to have small chunks in the consistency.</p> <p>Immediate interview on 6/7/22 with staff G revealed she was not aware that pureed textures do not have chunks in the consistency. She stated she had added milk to the texture to try to further blend the consistency.</p> <p>Review on 6/7/22 of client #5's physician orders dated 5/18/22 revealed she is prescribed a regular pureed diet with thin liquids.</p> <p>Review on 6/7/22 of a Clinical Swallow Assessment for client #5 dated 6/28/11 revealed she has functional swallowing skills for the consistencies that were presented but that it was recommended to continue a pureed diet as she is edentulous.</p> <p>Interview on 6/7/22 with the QIDP ICF Program Director revealed client #5 is to receive a regular pureed diet with thin liquids. Additional interview confirmed staff are trained that pureed diet textures are smooth without any lumps or chunks detected in the consistencies as demonstrated on the diagrams posted in the facility dining area.</p>	W 460			