

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2021
NAME OF PROVIDER OR SUPPLIER SCI-COASTAL HOUSE I AND II			STREET ADDRESS, CITY, STATE, ZIP CODE 1972 & 1974 WEST LAKE SHORE DRIVE WILMINGTON, NC 28401	
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W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure staff were sufficiently trained to perform their duties efficiently. This affected 1 of 5 audit clients (#9). The finding is:</p> <p>During observations in House #2 on 12/13/21 at 4:20 PM, Staff B brought Client #9 out of her bedroom using a mechanical lift and transported her across the hall to the living room. Once in the living room, Staff E entered the room and spotted Staff B as she lowered Client #9 into the recliner.</p> <p>Review on 12/14/21 of Client #9's physical therapy evaluation dated 3/17/21 required that a mechanical lift be used for transfers due to a diagnosis of spastic quadriplegia.</p> <p>Interview on 12/14/21 with the residential director (RD) revealed that staff are trained to use 2 person transfers and Staff B should not have transferred Client #9 from her bed, without help.</p>	W 189	<p>W 189 All employees will receive training in the appropriate lifting and transferring techniques to use with each individual client who has this as a need. Staff will perform a return demonstration for the trainer to demonstrate competency in these techniques. The Director or PC will monitor lifting and transfer techniques twice weekly. The RQP will monitor lifting and transfer techniques twice monthly. The Executive Director (Corporate Office) will monitor lifting and transfer techniques once monthly. All monitoring will be documented. Any concerns will be followed up on.</p> <p style="text-align: center;">DHSR - Mental Health DEC 29 2021 Lic. & Cert. Section</p>	02-14-2022
W 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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</p>	W 263		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Suzee Kayat

TITLE

Chief Operations Officer- Eastern Region

(X6) DATE

12-22-2021

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	<p>Continued From page 1</p> <p>conducted with the written informed consent of a legal guardian. This affected 2 of 5 audit clients (#5 and #8). The finding are:</p> <p>A. Review on 12/13/21 of Client #5's Individual Program Plan (IPP) dated 8/24/21 revealed he has target behaviors of task avoidance. Further review revealed these target behaviors are addressed by a behavior support program (BSP) dated 2/17/21 and revised on 8/30/21 which incorporated the use of psychotropic medications and included the use of Lexapro 10 mg which is administered at bedtime and Melatonin 5mg administered at bedtime. Review of the face sheet in client #5's record confirmed his sister is listed as his legal guardian.</p> <p>Review on 12/13/21 of Client #5's medical professional order form dated 8/13/21 revealed an order for "Melatonin 5 mg tablet. Take 1 Tablet PO QHS."</p> <p>Further review on 12/13/21 of Client #5's record revealed no written consent for the use of Melatonin.</p> <p>Interview on 12/13/21 with the qualified intellectual disabilities professional (QIDP) revealed the guardian gave verbal consent to start Melatonin 5 mg on 8/13/21. However, further interview with the QIDP confirmed that the team has not obtained written informed consent from Client #5's legal guardian for the use of Melatonin.</p> <p>B. Review on 12/13/21 of Client #8's BSP revealed it was signed by the guardian on 6/27/21. The BSP was not updated when a new goal emerged on 7/27/21 to aide Client #8 with</p>	W 263	<p>W263</p> <p>Written informed consent for client #5 and #8, as well as any other client's, restrictive behavior plan will be obtained. The consent form will contain all needed information indicating what the restrictive technique is in the plan (including restrictive medication), the risks, benefits, alternatives, right to refuse and consequences.</p> <p>Additionally, the Executive Director (Corporate Office) will conduct training with the Director and RQP on the requirements of consent for restrictive techniques (including medications) to be included in a restrictive behavior plan and the need for informed written consent.</p> <p>The Director will assure that informed written consent is obtained for all clients that utilize restrictive techniques as a part of their behavior intervention program.</p> <p>The RQP will monitor at least quarterly. The Executive Director will monitor at least quarterly. All monitoring will be documented. Any concerns will be followed up on.</p>	02-14-2022	

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W 263	Continued From page 2 restful sleep with the prescription of Melatonin at bedtime.	W 263		
W 312	<p>Interview on 12/14/21 with the residential director revealed the guardian was not asked to consent to the use of Melatonin because she did not know it was required.</p> <p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used to manage inappropriate behaviors were used only as an integral part of the individual program plan (IPP). This affected 1 of 5 audit clients (#8).</p> <p>Review on 12/13/21 of Client #8's behavior support plan (BSP) revealed it did not include the name of her sleep aide medication, Melatonin. Further review revealed Client #8's behavioral medications listed in the BSP were Zolof and Risperdal.</p> <p>Interview on 12/14/21 with the residential director stated that she was unaware that Melatonin needed to be listed on the BSP.</p>	W 312	<p>W312</p> <p>The interdisciplinary team will meet to discuss Client #8's restrictive interventions including medication usage. The team will revise the Behavior Support Plan to include all strategies including medications to address for the reduction of behaviors. The team will assure that this is addressed with all clients that have this need. In the future, all restrictive interventions will be included in Behavior Support Programs. Additionally, the Executive Director (Corporate Office) will conduct training with the Director and RQP on the requirements that all restrictive interventions (including medications) be included in a restrictive behavior plan.</p> <p>The RQP will monitor all Behavior Intervention plans to assure the team includes all interventions once quarterly. The Executive Director (Corporate Office) will monitor all behavior intervention programs once quarterly. All monitoring will be documented. Any concerns will be followed up on.</p>	02-14-2022
W 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by:</p>	W 331		

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W 331	<p>Continued From page 3</p> <p>Based on observations, records review and interviews, the facility failed to provide nursing services in accordance with the needs of 1 of 5 audit clients (#5) relative to following recommendations by the physical therapist; as well as assure that medication orders were accurately transcribed for 1 of 5 audit clients (#9). The findings are:</p> <p>A. During observations in House #1 throughout the survey on 12/13/21 through 12/14/21, Client #5 was observed to utilize a wheelchair with worn out arm rests. In addition, at no time during the survey was Client #5 wearing a right wrist splint. Throughout the survey, a wooden bed was observed in Client #5's bedroom.</p> <p>Review on 12/13/21 of a physical therapy evaluation for Client #5 dated 3/17/21 revealed client is non-ambulatory and should be considered a fall risk. The evaluation also revealed in an effort to provide safety during transfers for the client a recommendation for a new wheelchair, a wheelchair alarm, a hospital bed, an over the bed trapeze and to consult with occupational therapy for a replacement for his wrist splint were made. Further review reveals a wheelchair has been ordered. However, Client #5 has not been seen by occupational therapy since 6/8/19.</p> <p>Review on 12/14/21 of incident reports related to Client #5 since January 2021 revealed the client has fallen nine times with minor injury reported.</p> <p>Interview on 12/14/21 with the nurse reveals that he remembers the recommendation for a trapeze but not the other recommendations and acknowledges he should have followed up on it.</p>	W 331	<p>W331</p> <p>The RQP will meet with the interdisciplinary team to discuss the recommendations by the Physical Therapist for Client #5 and all other clients that have this need. The Director and RQP will assure that client #5 is provided a wheelchair, wheelchair alarm, hospital bed, and a trapeze bar and a replacement wrist splint. The Occupational Therapist will also be contacted to complete an assessment as recommended. In the future, when recommendations for equipment or assessments are made, the team will meet and develop a plan for implementing the needed equipment. Services will be assigned to the responsible person to assure that each piece of equipment is obtained and implemented.</p> <p>The RQP will monitor assessments and evaluations to assure that all recommendations are addressed and implemented at least quarterly.</p> <p>The Director will monitor programs or follow up on orders to assure adaptive equipment is in place weekly.</p> <p>The RQP will monitor programs to assure adaptive equipment is in place at least monthly.</p> <p>The Executive Director (corporate office) will monitor programs to assure adaptive equipment is in place at least quarterly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p> <p>The facility nurse will receive training from an RN on the Nursing Policy for Medication Administration and Physician Orders. In the future, when a medication order changes, the nurse will read the order back to the medical provider to assure accuracy and clarification of the order. The nurse will immediately note the change on the MAR.</p> <p>An RN will monitor physician orders and MARS monthly. All monitoring will be documented. Any concerns will be followed up on.</p>	02-14-2022
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W 331	<p>Continued From page 4</p> <p>Nurse also reveals he knew Client #5 is supposed to be using a right wrist splint but is unsure what happened to it.</p> <p>Interview on 12/14/21 with the residential director (RD) reveals she was unaware of recommendations as she was not the director at the time the recommendations were made. The RD acknowledged that Client #5 needs more in place for safety. The RD tried to locate the hand splint but was unable to find it in the home and was unsure when the last time Client #5 used it.</p> <p>B. During observations in House #2 on 12/13/21 at 4:28 PM during medication administration, the nurse gave Client #9 a 12.5mg dose of Buspirone in pudding.</p> <p>Review on 12/13/21 of Client #9's of a telephone order dated for 11/12/21 revealed 5mg of Buspirone was ordered for 2:00 PM. It was to be combined with the 7.5mg of Buspirone which was ordered for 4:00 PM on 6/6/19.</p> <p>Review on 12/14/21 of the facility's December 2021 Nursing Policy and Procedure Manual revealed: Medications must be checked for the right dose and time before administering.</p> <p>Interview on 12/14/21 with the nurse revealed that the new order for Buspirone was reduced from 15mg three times a day to 12.5mg. The original order administered Buspirone at 8:00 AM, 4:00 PM and 8:00 PM and he did not realize that the December 2021 physician order's changed the time to 2:00 PM. The nurse acknowledged that</p>	W 331			

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W 331	Continued From page 5 the medication was given late based on the current orders and because he failed to clarify the new order with the physician.	W 331		
W 348	DENTAL SERVICES CFR(s): 483.460(e)(1) The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to make a dental referral for 1 of 5 audit clients (#8) who required further treatment. The finding is: Review on 12/13/21 of Client #8's dental evaluation dated 5/5/21 recommended that client needed to be referred to a dental school for more invasive treatment. The dentist had determined that none of Client #8's teeth were salvageable. Interview on 12/14/21 with the nurse revealed the local dentist who examined Client #8 in May, could not do extensive oral surgery. The nurse was unable to schedule an appointment with the dental schools because they were not taking new clients due to a backlog of appointments. The nurse acknowledged that since seeking services initially, he forgot to follow up with finding a dentist to treat Client #8.	W 348	W348 Client #8 will be referred to a dental school for more invasive treatment as recommended. In the future, when a client is recommended for further dental treatment, the facility medical personnel will make a referral to the appropriate medical professional. If the referral is unable to be accepted, referrals will be made to other providers. If the providers cannot accept the client, the team will meet to discuss other options to meet the needs of the client for dental services. An RN will monitor dental services and assure that dental needs are followed up on at least quarterly. The RQP will monitor recommendations to meet the needs of the client for dental services at least once quarterly. All monitoring will be documented. Any concerns will be followed up on.	02-14-2022
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)	W 382		

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W 382	<p>Continued From page 6</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the nurse failed to ensure all medications were kept locked except during drug administration. This had the potential to affect 1 of 5 clients in House #2 (#1, #2, #6, #8 and #9). The finding is:</p> <p>During observations in House #2 on 12/13/21 at 4:28 PM, the nurse handed the surveyor each blister pack of medication for Client #9 in order to record each prescription. The surveyor placed the stack of 6 blister packs on the table outside of the medication room. Before retrieving the blister packs, the nurse held the cup of juice and a medication cup in each hand, closed the medication room door and walked toward Client #9 seated in the living room. The nurse gave Client #9 all of her pills and returned to the medication room to get the eye drops at 4:36 PM. Before entering the room, the nurse took the stack of blister packs into the medication room and returned them to the cabinet.</p> <p>Review on 12/14/21 of the facility's Nursing Policy and Procedural Manual dated December 2021 revealed: Medications shall be stored in a securely locked medication storage area.</p> <p>Interview on 12/14/21 with the nurse acknowledged that he should have gotten the blister packs from the surveyor to lock up before taking medications to Client #9.</p>	W 382	<p>W382</p> <p>In the future, all drugs and biologicals will be stored in the medication room in the locked cabinet. All medications will be returned to the medication room locked cabinet after medication preparation. An RN will provide training to all nurses and med monitors on the Nursing policy for Medication Administration and Medication Storage.</p> <p>An RN will monitor medication administration and medication storage at least quarterly. All monitoring will be documented. Any concerns will be followed up on.</p>	02-14-2022
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p>	W 436		

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W 436	<p>Continued From page 7</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 interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#5 and #9) were furnished a splint as identified in the Individual Program Plan (IPP). The finding is:</p> <p>A. During observations in House #1 on 12/13/21 at 3:50 PM, Client #5 was going to take medications. Client #5's right hand was contracted. He used his left hand to take medications and consume fluids. Client #5 did not have the right wrist splint on throughout observations in the home from 12/13/21 through 12/14/21.</p> <p>Review on 12/13/21 of the Occupational Therapy Evaluation dated 6/8/19 recommended a Roylan wrist support to aid in keeping wrist extended and prevent any further flexion of the wrist.</p> <p>Review on 12/13/21 of the Individual Program Plan (IPP) dated 8/24/21 revealed Client #5 has a splint listed under adaptive equipment.</p> <p>Interview on 12/13/21 with the nurse revealed that he has not observed Client #5 wearing a wrist splint for months and acknowledges Client #5 should be wearing the splint..</p> <p>Interview on 12/13/21 with the qualified intellectual disabilities professional (QIDP)</p>	W 436	<p>W436</p> <p>Client # 5 and Client #9 will both be furnished a wrist splint and /or palm protector as recommended by the team. A core team meeting will be held to discuss ways to implement the use of a wrist splint/ palm protector for each client. All staff will be trained on these guidelines. All clients will be assessed to assure that any equipment identified by the team is provided and guidelines for use are developed. Staff will receive training on any equipment or program plans for using equipment.</p> <p>In the future, if equipment is missing or not in good repair the Director will assure a replacement is obtained and follow up weekly until implementation.</p> <p>The Director will monitor equipment implementation twice weekly. The RQP will monitor equipment use twice monthly. The Executive Director (Corporate Office) will monitor equipment usage once monthly. All monitoring will be documented.</p>	02-14-2022
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W 436	<p>Continued From page 8</p> <p>revealed she could not remember the last time she saw Client #5 wearing the splint and after searching the client's room and storage closets she was unable to locate the splint.</p> <p>B. During observations in House #2 on 12/13/21-12/14/21, Client #9 had contractures in hands and wrist and did not wear a splint on them.</p> <p>Review on 12/14/21 of Client #9's individual program plan (IPP) dated 1/5/21 revealed Client #9 wore a padded hand and wrist splint to keep her right hand in the appropriate position and to prevent moisture build up and to maintain skin integrity on the inside of wrist area. A palm and wrist protector should be used.</p> <p>In addition, a review on 12/14/21 of Client #9's physical therapy evaluation dated 3/17/21 revealed the client holds arms in a high-guard posture, hands and fists clenched, elbow flexed and shoulders retracted.</p> <p>Interview on 12/14/21 with the nurse revealed that he has not seen the palm protector for Client #9 in a year.</p> <p>Interview on 12/14/21 with the residential director revealed the occupational therapist was aware that the palm protector was missing and stated that another would need to be made. The residential director was not aware of anyone following up to ensure that the palm protector was replaced.</p>	W 436		
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