

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

PRINTED: 03/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHERWOOD PARK HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>126 ROBINHOOD LANE ABERDEEN, NC 28315</b>
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(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
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services identified in the individual program plan (IPP) in the areas of mealtime guidelines for 3 of 5 audit clients (#7, #11 and #14) as well as assisting 1 of 5 audit clients (#7) with wearing diabetic equipment. The findings are:</p> <p>During observations in the home on 3/1/22 at 12:15pm and at 5:20pm, client #7 was at the table wearing athletic shoes and ankle socks. On the table, client #7's food was served in a high sided plate with the spoon placed on the right side of her plate. In both observations, client #7 picked up the spoon with her right hand and placed it in left hand so she could begin eating. The following morning, on 3/2/22 at 8:45am, client #7 arrived in the dining room wearing diabetic shoes with regular knee high socks. Her food was placed in a divided sectioned plate with inner lip. Her spoon was placed on the right side of her plate and client #7 picked up the spoon and moved to left hand to begin eating. There</p>	W 249		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Quisha Denise Reed* TITLE *Administrator* (X6) DATE *3/18/2022*

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 249	<p>Continued From page 1</p> <p>was no evidence of a non-slip mat being used at any of the meals.</p> <p>Review on 3/1/22 of client #7's IPP dated 2/17/22 revealed her adaptive equipment included inner lip plate, non-slip mat under plate, place cup and spoon on left side of plate due to left handed, and to wear diabetic shoes and diabetic stockings.</p> <p>Interview on 3/2/22 with the Habilitation Specialist (HS) revealed the non-slip mat should be used at meals for client #7 to keep plate from sliding. Also stated the staff who get client #7 up on first shift were responsible for putting diabetic compression socks on legs and diabetic shoes on feet. The HS checked client #7's legs and confirmed that she was not wearing compression socks.</p> <p>Interview on 3/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that whoever serves the meal is responsible to ensure the clients receive the proper adaptive equipment at table. The QIDP also stated that client #7's diabetic equipment should be worn daily.</p> <p>B. During observations in the home on 3/1/22 at 12:11pm, client #14 was observed eating lunch. Client #14 was observed using a high sided colored plate, a regular spoon, a fork with a colored handle, and two colored cups.</p> <p>Additional observations in the home on 3/1/22 at 5:28pm revealed client #14 eating dinner. Client #14 was observed using a high sided colored plate, a regular spoon, a fork with a colored handle, and two colored cups.</p> <p>Observations in the home on 3/2/22 at 8:37am revealed client #14 eating breakfast. Client #14</p>	W 249		
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W 249	<p>Continued From page 2</p> <p>was observed using a high sided colored plate, a regular spoon, a fork with a colored handle, and two colored cups.</p> <p>Review on 3/1/22 of client #14's IPP dated 7/9/21 revealed client #14 is supported with the use of adaptive dining equipment which consists of a high sided colored plate, colored cup, spoon and fork with colored handles, non-slip mat and clothing protector.</p> <p>Interview on 3/2/22 with the QIDP confirmed client #14 should have also been utilizing a spoon with a colored handle, non-slip mat and clothing protector.</p> <p>C. During observations in the home on 3/1/22 at 12:11pm, client #11 was observed eating lunch. Client #11 was observed using a regular spoon and a fork with a colored handle.</p> <p>Additional observations in the home on 3/1/22 at 5:28pm revealed client #11 eating dinner. Client #11 was observed using a regular spoon and a fork with a colored handle.</p> <p>Further observations in the home on 3/2/22 at 8:37am revealed client #11 eating breakfast. Client #11 was observed using a regular spoon and a fork with a colored handle. .</p> <p>Review on 3/1/22 of client #11's IPP dated 12/14/21 revealed client #11 is supported with the use of adaptive dining equipment which consists of a non-slip mat and a spoon and fork with thick colored handles.</p> <p>Interview on 3/2/22 with the QIDP confirmed client #11 should have also been utilizing a spoon</p>	W 249		



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W 436	Continued From page 4 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 client #11 was taught to use and make informed choices about the use of his eyeglasses. This affected 1 of 5 audit clients. The finding is:  During observations in the home throughout the survey on 3/1/22 - 3/2/22, client #11 was not wearing eyeglasses. At no time during the survey was client #11 prompted to wear eyeglasses.  Review on 3/1/22 of client #11's individual program plan (IPP) dated 12/14/21 revealed client #11 wears eyeglasses to increase clarity of vision daily.  Interview on 3/2/22 with the Habilitation Specialist revealed client #11 should be wearing glasses and if he chooses not to, staff should prompt him throughout the day to wear them.  Interview on 3/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #11 should be wearing eyeglasses.	W 436			

**PROGRAM IMPLEMENTATION**

Each client will continuously receive active treatment which consist of needed interventions and services as identified in the individual program plan (IPP) by the QP and/or Habilitation Specialist. After review of all aspects of each IPP, emphasis will be placed on the following, in the areas of meal prep, adaptive equipment use and self-help skills

QP/Habilitation Specialist will re-in-service staff on active treatment encouraging all people supported in the home to have the opportunity to be as independent as possible in the areas of food prep and family style dining with choices and self-management.

QP/ Habilitation Specialist will re-in-service all DSA's on client #7 and on all others prescribe diabetic equipment which consist of being dressed daily in diabetic shoes and diabetic stockings (compressions socks).

Monitoring of adherence to usage of adaptive equipment will occur through a minimum of daily observations throughout the day to ensure client #7 and all other individuals adaptive equipment are being utilized through Interaction Assessments (1) time a month for (2) consecutive months. Observations of adaptive equipment prescribed diabetic equipment will be completed by interdisciplinary team either of the following: QP, Habilitation Specialist, OT/PT assistant, Administrator, Home Manager, Vocational Coordinator, or the Nurse.

QP/Habilitation Specialist will re-in-service all DSA's on client #7 food for mealtime with the use of meals being served in an inner lip plate accompanied by a small bowled spoon and non-slip mat under plate to keep from sliding. Client #7 small bowled spoon and cup will be placed on the left side of her plate due to client #7 being left-handed. Client #7 and all other individuals in the home with have the use of all adaptive equipment for each meal being served.

Monitoring of adherence to usage of Mealtime Assessments to promote independence with dining will occur through a minimum of (3) Mealtime Assessments per month for (2) consecutive months. The Mealtime Assessments and general observations will be completed by interdisciplinary team either of the following: QP, Habilitation Specialist, OT/PT assistant, Administrator, Home Manager, Vocational Coordinator, or the Nurse.

QP/Habilitation Specialist will re-in-service all DSA's on client #14 and all other individuals on having meals supported with the use of appropriate adaptive equipment, to include a high sided colored plate, colored cup, spoon and fork with colored handles, non-slip mat and clothing protector for each meal being served.

QP/Habilitation Specialist will re-in-service all DSA's on client #11 and all other individuals on the use of meals being supported with appropriate adaptive equipment to include a non-slip mate and a spoon and fork with thick colored handles for each meal being served.

Monitoring of adherence to usage of adaptive equipment during Mealttime Assessments to promote independence with dining will occur through a minimum of (3) Mealttime Assessments per month for (2) consecutive months. The Mealttime Assessments and general observations will be completed by interdisciplinary team either of the following: QP, Habilitation Specialist, OT/PT assistant, Administrator, Home Manager, Vocational Coordinator, or the Nurse.

Target Date 5/9/2022

#### **W 368**

#### **DRUG USAGE**

Nursing will re-in-service all staff on client #13 and all other individuals medication as it pertains to each client physician's orders. Nursing will complete medication observations on client #13 and all other individuals on all shifts for (2) consecutive months to ensure staff is in compliance with physicians orders. Client #13 medication and all other individuals medication will be administered as written on physician's orders.

Monitoring to the adherence of drug usage will be monitored through documentation on the MAR weekly and (1) medication observation per month for (2) consecutive months. Client #13 and all other individuals will be monitored to ensure staff remains in compliance with physicians orders monthly by interdisciplinary team either of the following: QP, Habilitation Specialist, Administrator, OT/PT assistant, Behavior Specialist, Vocational Coordinator and the Nurse.

Target Date 5/9/2022

#### **W436**

#### **SPACE AND EQUIPMENT**

QP/Habilitation Specialist will re-in-service all DSA's on client #11 and all other individuals as it pertains to teaching clients to use and make informed choices regarding their adaptive equipment, to include wearing of eyeglasses. Client #11 will wear his eyeglasses as a measure to increase clarity of his daily vision. Client #11 and all other individuals will be prompted by staff throughout the day to wear adaptive equipment such as their eyeglasses as it pertains to their IPP.

Monitoring of adherence to usage of adaptive equipment as it pertains to Client #11 and all other individual will be to promote independence throughout the day for (2) consecutive months. Interaction assessments will be completed by interdisciplinary team either of the following: QP, Habilitation Specialist, OT/PT assistant, Administrator, Home Manager, Vocational Coordinator, or the Nurse.

Target Date 5/9/2022