

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

PRINTED: 11/15/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/09/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTHRIDGE ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 SOUTHRIDGE RD JAMESTOWN, NC 27282</b>	
(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
W 331	<p><b>NURSING SERVICES</b> 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: The facility failed to provide services to address client needs relative to health and safety for 1 of 3 sampled clients (#2 ) as evidenced by interview and review of records. The finding is:</p> <p>Observations in the group home during 11/7-8/21 survey revealed client #2 to transition from one area of the home to the next with some hand over hand assistance. Continued observations revealed client #2 to place cups on the table, take his dishes to the kitchen area following dinner and breakfast meals and load the dishwasher. Further observations revealed client #2 to walk to the medication closet to participate in medication administration and clean the living room windows. At no time during observation was client wearing a gait belt or utilizing a walker.</p> <p>Review of incident reports from 1/21 - 10/21 revealed five incidents relative to client #2 falling while transitioning from one area to the next. Continued review of incident reports did not reveal any injuries noted during the incidents, however documentation to monitor client #2 closely and prompt for him to slow down during transitions are noted.</p> <p>Review of record for client #2 revealed a person centered plan (PCP) dated 3/1/21. Continued review of PCP revealed client #2 had an increase in falls because of his unsteadiness. The occupational therapist (OT) recommended the use of a gait belt and a standing walker which would be presented to his primary physician for</p>	W 331	<p style="text-align: center;"><b>RECEIVED</b> <b>DEC 01 2021</b> <b>DHSR-MH Licensure Sect</b></p> <p>The Residential Team Lead, Residential Manger, and/or Occupational Therapist will in-service Developmental Specialists on Person Specifics to include the health and safety needs relative to "client #2" as well as changes made in needs/services for individuals supported as they arise.</p> <p>Client #2 will be reassessed for the need of a gait belt and team will follow up accordingly if determined that the gait belt is needed. This will be completed by the Occupational Therapist.</p> <p>The Residential Manager will obtain the discontinue order for the walker by primary care physician. The order will be uploaded to Credible (electronic medical records system).</p> <p>As updates, changes in needs and/or services or programming arise, the information will be documented in the form of a treatment team meeting note, QP, nursing, OT, or PT note. Notes will be completed by the responsible party (i.e., OT note for changes or recommendations from the Occupational Therapist).</p>	<p>January 9, 2022</p> <p>January 9, 2022</p> <p>January 9, 2022</p> <p>Ongoing</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Jessie Winstead, RN, Compliance Specialist* 11-24-2021

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 331	<p>Continued From page 1</p> <p>approval. Further review of the record revealed a signed consent from the human rights committee (HRC) approving the use of a walker dated 5/21. Subsequent review of client #2's record did not reveal evidence of a physician order, implementation or in-service of staff training relative to the use of a walker and gait belt. Additional review did not reveal documentation of team meetings, nursing notes, OT, or physical therapy (PT) relative to the health and safety of client #2's needs.</p> <p>Interview with the residential manager (RM) on 11/9/21 confirmed client #2 did have a walker and it was discontinued by his primary physician. Continued interview with the RM revealed the walker was discontinued because the client was regressing with use while transitioning. Further interview with the QIDP confirmed there is no evidence of written discontinuation, implementation or physician orders relative to client's walker or gait belt.</p>	W 331		
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