

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

PRINTED: 12/22/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G301 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/14/2021 |
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| NAME OF PROVIDER OR SUPPLIER CHESTERFIELD GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 2287 HARTLAND ROAD MORGANTON, NC 28655 |
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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 129 | <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 provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the facility failed to assure the right to privacy for 1 of 4 sampled clients (#3) related to the use of a sound monitor. The finding is:</p> <p>Observation in the group home throughout the 12/13-14/21 survey revealed an audio monitor to sit on a side table in the living room. Continued observation revealed the audio monitor to remain on while all clients were engaged in various leisure activities in the common areas of the group home on both days of survey. Further observation revealed the audio monitor was related to seizure monitoring for client #3.</p> <p>Review of records for client #3 on 12/14/21 revealed an IPP dated 5/26/21. Review of the IPP for client #3 revealed a diagnosis of severe intellectual disability, autism and seizure disorder. Continued review of records for client #3 revealed a consent for a rights restriction with the use of a monitor/intercom in the bedroom during sleep hours for seizure precaution. Additional review of records for client #3 revealed no guidelines for use of the audio monitor for client #3 with exception of the consent for a rights restriction.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 12/14/21 verified client #3 has an audio monitor due to seizures. Continued interview with the QIDP revealed client #3's audio monitor should be turned off when the client is not in his room.</p> | W 129 | <p>RECEIVED JAN 28 2022 DHSR-MH Licensure Sect</p> <p>The QP, Program Specialis and House Manager will in-service staff on the need to turn on the monitor/intercom for Client 3's room only during sleep hours, when the Client is in his room and asleep. At all other times during the day, whether or not Client 3 is in their room, the monitor is to be kept off in order to maintain privacy. This standard will be ensured through direct observation in the home done by the QP and /or House Manager at least weekly.</p> | 2/14/22 |

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 129 | Continued From page 1 Subsequent interview with the QIDP verified client #3 did not have guidelines to address the use of the sound monitor and he was unsure of the last time staff had been provided training regarding the use of client #3's audio monitor to ensure client #3's privacy during awake hours. | W 129 | | |
| W 242 | INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the team failed to ensure the individual program plan (IPP) for 1 of 4 sampled clients (#4) included objective training to address observed needs relative to getting dressed. The finding is: Observation in the group home on 12/14/21 at 8:18 AM revealed client #4 to exit a hallway bathroom and to walk to the kitchen. Continued observation revealed client #4's underwear to be pulled up above the waistline of the client's pants and for the underwear to be backwards. Interview with staff C on 12/14/21 revealed client #4 always wears his underwear backwards and will not allow staff assistance with properly wearing his underwear. Review of records for client #4 on 12/14/21 revealed an IPP dated 5/13/21. Review of the | W 242 | | |

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| W 242 | Continued From page 2 IPP for client #4 revealed training objectives to address household chores, cleaning his grooming basket, eating, oral hygiene, laundry skills, unpack lunch, exercise and gait safety. Continued review of client #4's IPP revealed no training objectives relative to getting dressed. Subsequent review of records for client #4 revealed a skill assessment dated 3/21/21 to indicate minimal independence with dressing. Additional review of the 3/2021 skill assessment revealed client #4 to have minimal independence with putting on and taking off underwear with the ability to perform some but not all of the task, needs prompting. Interview with the qualified intellectual disabilities professional (QIDP) on 12/14/21 verified client #4 had no objective training to address the need for support with getting dressed. Interview with the habilitation specialist on 12/14/21 verified client #4 is able to get dressed with some independence and needs prompts from staff to ensure clothing is worn properly. Continued interview with the QIDP and habilitation specialist verified client #4 could benefit from training to address independence with getting dressed as they did not know the client prefers to wear his underwear backwards. | W 242 | The QP will consult with direct care staff and the clinical team to assess if there are any health or safety reasons as to why client #4 should not be allowed to wear their underwear backwards if that is their preference. If there are no reasons as to why client #4 should not be allowed to wear their underwear as preferred, then it will be added to their plan to be allowed as their preference. The QP will consult with the habilitation specialist to address client #4's needs with regard to clothing themselves through formal programming. Once a program has been developed it will be in-serviced with staff in the home for implementation. This standard will be ensured through direct observation in the home done by the QP, House Manger, and/or Program Specialist at least weekly. | 2/14/22 |
| W 247 | INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide opportunities for choice and | W 247 | | |

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| W 247 | <p>Continued From page 3</p> <p>self-management for 1 of 4 sampled clients (#4) residing in the home relative to leisure choice. The finding is:</p> <p>Observation in the group home on 12/13/21 at 5:08 PM revealed client #4 to exit his bedroom holding a music CD that the client walked down the hallway and brought to the surveyor. Continued observation revealed the client to stand in the living room of the group home holding the music CD. Further observation revealed staff to address client #4 with "I know you like your CD, but your music player is broken".</p> <p>Review of records for client #4 on 12/14/21 revealed an individual program plan dated 5/13/21. Continued review of records for client #4 revealed a clinical note by the qualified intellectual disabilities professional (QIDP) dated review period 10/1/20-1/1/21. Review of the QIDP review revealed the note to reference client #4 continues to enjoy his favorite activities in the home that includes listening to music in his room.</p> <p>Interview with staff A on 12/13/21 revealed client #4 likes to listen to music in his room and his CD player was broken and had been for about 6 months. Continued interview with staff A revealed client #4 broke his CD player one night when he fell out of bed. Interview with the QIDP on 12/14/21 verified client #4 enjoys listening to music in his room and a 6 month delay in replacing the client's preferred leisure item, after it was broke, was untimely.</p> | W 247 | <p>On 12/14/21, the House Manager procured for client #4 two new CD players, one for their immediate use and another to serve as an immediate back up in the event that the first one becomes damaged or otherwise disabled.</p> <p>Staff in the home will be in-serviced on the need for clear communication with the QP, House Manager, or other clinical staff on when individuals' personal property becomes damaged and in need of either repair or replacement. Staff will be instructed that this needs to be communicated in a timely manner so that clinical staff can make arrangements to either replace or repair said possessions quickly and within a reasonable amount of time. This standard will be ensured through direct observation in the home done at least weekly by the QP or House Manager, as well as belongings inventories done at least every 6 months.</p> | 2/14/22 | |