

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

PRINTED: 10/06/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  10/05/2021
NAME OF PROVIDER OR SUPPLIER  MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
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W 104	<p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body failed to ensure furniture in the home was sanitary and maintained in good condition. The finding is:</p> <p>During observations in the home throughout the survey on 10/4 - 10/5/21, the cushions on a couch in the day room of the home were torn with numerous open rips about the size of the palm of a hand. Additional observations of the dining and living areas of the home revealed six chairs. One of the chairs was broken and could not be used while the seats of two of the chairs in the living area had cuts throughout with exposed cushion. The seat of one chair at the dining room table was severely ripped and had exposed foam over half of the seat. Further observations revealed one of the chairs was a plastic outdoor lawn chair. The back of the lawn chair was loose and partially detached from the frame which caused it to move slightly when utilized.</p> <p>Interview on 10/4/21 and 10/5/21 with the Home Manager (HM) indicated she did not know how old furniture in the home was but it was there when she started working two years ago. The HM also revealed at least one client in the home has had toileting accidents on the furniture.</p> <p>Interview on 10/5/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she has</p>	W 104			

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

*[Signature]*

TITLE

*[Signature]*

(X6) DATE

10/15/21

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 104	Continued From page 1 not observed the furniture in the home and was not sure what condition it was in. The QIDP acknowledged if a toileting accident occurred on the ripped furniture, it could become unsanitary.	W 104			
W 224	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)  The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3's Comprehensive Functional Assessment (CFA) included an assessment of her independent living skills. This affected 1 of 3 audit clients. The finding is:  During dinner observations in the home on 10/4/21 at 4:34pm, client #3 served herself a whole piece of Salisbury steak. The steak was approximately the size of the palm of a small hand. Client #3 utilized the edge of her spoon to cut the meat into bite size pieces. The client was not encouraged to use a knife to cut her meat and no knives were available at the table.  Review on 10/5/21 of client #3's record revealed no assessment of her independent living or self-help skills.  Interview on 10/5/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no functional assessment of client #3's independently living skills was available for	W 224			

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W 224	Continued From page 2 review.	W 224		
W 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2's Individual Program Plan (IPP) included specific information to support the use of her eyeglasses. This affected 1 of 3 audit clients. The finding is:</p> <p>During afternoon observations in the home on 10/4/21 from 11:40am - 1:00pm, client #2 wore eyeglasses while completing various activities and tasks. During additional observations in the home on 10/4/21 from 3:30pm - 5:41pm, client #2 did not wear eyeglasses. The client was not prompted or assisted to wear eyeglasses during evening observations in the home on 10/4/21.</p> <p>Interview on 10/5/21 with Staff E revealed client #2 should wear her eyeglasses "all the time".</p> <p>Review on 10/5/21 of client #2's vision examination report dated 5/6/21 indicated the client has "(plus) 1.50 readers". Additional review of the client's IPP dated 8/1/21 did not include any information regarding the use of her eyeglasses.</p> <p>During an interview on 10/5/21, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged no specific information was included in client #2's IPP regarding her</p>	W 240		

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W 240	Continued From page 3 eyeglasses.	W 240			
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: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#2 and #3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation. The finding is:  During morning observations in the home on 10/5/21 from 6:23am - 6:51am, Staff E and the Home Manager completed various cooking tasks without client involvement. For example, the staff retrieved bagels, placed the bagels on a pan, spread butter on the bagels, placed the bagels in the oven, added grits to a pot of water, stirred the grits consistently, poured water into a pitcher, retrieved apples from the pantry, washed two apples, cut up the apples and placed the apples into a bowl. Throughout the cooking observations, client #2 and client #3 stood in the kitchen talking with the staff. With the exception of client #2 washing one apple, the clients were not prompted	W 249			



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W 249	Continued From page 4 or encouraged to participate with cooking tasks.  Interview on 10/5/21 with Staff E revealed the clients do not do anything in the kitchen that involves the stove and the clients don't assist with cooking grits because it can "pop" on them. The staff stated client #2 and client #3 can pour and stir or place items on a pan.  Review on 10/5/21 of client #2's Annual Comprehensive Functional Assessment dated 3/31/20 revealed she can use a knife for cutting, can use a stove or microwave with assistance, can prepare items that require mixing and cooking with assistance and can measure items for cooking.  Review on 10/5/21 of client #3's IPP dated 3/5/21 revealed she knows how to perform many household chores and likes "cooking". Additional review of the plan identified an objective to make a salad.  Interview on 10/5/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 and client #3 can perform many cooking tasks "with assistance".	W 249			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.  This STANDARD is not met as evidenced by: Based on observations, record review and	W 288			

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W 288	<p>Continued From page 5</p> <p>Interviews, the facility failed to ensure a technique to address client #2's and client #3's inappropriate behavior was included in a formal active treatment plan. This affected 2 of 3 audit clients. The finding is:</p> <p>During evening observations in the home on 10/4/21 at 5:02pm, Staff D retrieved a used tube of toothpaste from the office and brought it to client #2 in her bedroom. Immediate interview with the staff revealed client #2 does not have her toothpaste in her bedroom because she will misuse it.</p> <p>Interview on 10/5/21 with Staff E revealed client #3 will eat toothpaste from other client's rooms and this is why their toothpaste is kept in the office.</p> <p>Interview on 10/5/21 with the Home Manager (HM) confirmed client #2's toothpaste is kept in the office because client #3 will take it from their bedroom and eat it.</p> <p>Review on 10/4/21 of client #2's Behavior Intervention Plan (BIP) dated 8/20/20 revealed an objective to reduce the frequency of defined tantrum behavior episodes to 9 or less per month for 6 consecutive months. The BIP included target behaviors for aggression, vocal agitation and property abuse/destruction. The plan defined property abuse/destruction as "Anytime [Client #2] is observed misusing property or hygiene items such as smearing toothpaste on wall, etc." Additional review of the BIP did not include a technique of removing client #2's toothpaste from her possession to address inappropriate behaviors.</p>	W 288			

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W 288	Continued From page 6 Review on 10/5/21 of client #3's BIP dated 2/10/21 revealed an objective to address behaviors of non-compliance with hygiene and chores, lying, physical/verbal aggression, self-injurious behavior, stealing, manipulation and attention seeking. Additional review of the BIP did not include a technique of removing client #3's toothpaste from her possession to address inappropriate behaviors.	W 288			
W 340	Interview on 10/5/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed none of the client's toothpaste should not be removed from their bedrooms to address inappropriate behaviors.  <b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #3's weights were documented on a consistent basis. This affected 1 of 3 audit clients. The finding is:  During observations throughout the survey on 10/4 - 10/5/21, client #3 was noted to be overweight.  Review on 10/5/21 of client #3's Individual Program Plan (IPP) dated 3/5/21 revealed the	W 340			

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W 340	Continued From page 7 client receives a heart healthy, low carbohydrates diet. The plan also identified an objective to walk several days a week. Additional review of the IPP noted the client was 5'6" tall and weighted 185 lbs at the time of her planning meeting. Further review of the record indicated the only other documented weight was 213 lbs which was taken at her physical examination visit on 8/19/21.  Interview on 10/5/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 is overweight; however, no other weights were available as she had not taken any. The QIDP acknowledged client #3's weight should be taken on a monthly basis especially since she is overweight.	W 340			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 3 audit clients (#2). The findings is:  During afternoon observations in the home on 10/4/21 at 4:29pm, Staff C was observed to administer Famotidine to client #2. Client #2 began eating at 4:32pm.  Review on 10/5/21 of client #2's physician's orders dated 8/15/21 revealed an order for	W 368			



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W 368	Continued From page 8 "Famotidine 20 mg. Take 1 tablet by mouth twice daily. Drink a full glass of water. Take 30 minutes before meals".  Interview on 10/5/21 with Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 should have received Famotidine tablet 30 minutes prior to meal.	W 368			
W 381	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(1)  The facility must store drugs under proper conditions of security.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure drugs were stored under secure conditions. The finding is:  During observations of medication administration in the home on 10/5/21 client #3 ingested Clonazepam 0.5mg. After administering the Clonazepam, the House Manager placed the medication back into client #3's box and back into the medication cabinet. The Clonazepam was not double locked.  Interview on 10/5/21 with the Home Manager (HM) revealed Clonazepam is a controlled medication. Additional interview indicated all medication's including controlled substances are kept in each client's individual boxes and secured behind the lock on the cabinet door.  Interview on 10/5/21 with the Qualified Intellectual	W 381			

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W 381	Continued From page 9 Disabilities Professional (QIDP) confirmed that all controlled medications should be double locked. Additional interview revealed all controlled medications are required to be kept locked in a secured lock box and then locked inside the medication cabinet.	W 381		
W 481	<p><b>MENUS</b> CFR(s): 483.480(c)(2)</p> <p>Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure food substitutions and foods actually served were documented. The finding is:</p> <p>During lunch observations in the home on 10/4/21 at 11:47pm, clients consumed a turkey sandwich, choice of chocolate pudding or applesauce, choice of pretzels or chips, juice and water.</p> <p>During breakfast observations in the home on 10/5/21 at 7:00am, clients consumed grits, half of a bagel, apple slices, juice and water.</p> <p>Review on 10/4/21 of the lunch menu posted in the kitchen revealed the following: 2 slices of roast beef, 1 kaiser roll, 1 tsp low fat mayonnaise, 1 slice of tomato, lettuce, 1 oz pretzels, 15-20 grapes, 1 cup of beverage, 1 cup of water.</p> <p>Review on 10/5/21 of the breakfast menu posted in the kitchen revealed the following: 1/2 cup of juice, 1 cup cream of rice cereal, 1/2 bagel, 2 tsp jam or jelly, 1 tsp of margarine, 1 cup of milk, 1 cup of water.</p>	W 481		

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W 481	<p>Continued From page 10</p> <p>Review of the substitutions list located in the back of the menu book revealed no documentation on substitutions for 10/4-10/5/21.</p> <p>Interview on 10/5/21 with the Home Manager (HM) revealed food substitutions are not documented in the home.</p> <p>Interview on 10/5/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff in the home are supposed to be documenting food substitutions.</p>	W 481		
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## My Place Group Home Plan of Correction

W104 – By December 3, 2021, My Place Group Home will have furniture that is in good condition and sanitized. The couch cushions and chairs will be covered in vinyl that can be easily sanitized in the event of an accident. The group home manager will remove all broken furniture from the home by December 3, 2021. Management will purchase chairs appropriate for the dining room and replace the lawn chair. The group home manager will conduct a weekly walk through to observe all furniture in the home and ensure that it is functional and in good condition.

W224 – By December 3, 2021, the Qualified Professional will complete a comprehensive functional assessment for each client in the facility. The assessment will include self-help skills. The staff will be re-trained on Active Treatment and will allow each consumer to complete tasks independently and/or provide hands on assistance. If the consumers have food that requires cutting, the staff will assist them with cutting the food into bite size pieces. If the comprehensive functional assessment indicates that they are able to cut food independently then the staff will observe while they cut the food. The group home manager will observe the staff once a week during meal times to ensure they are allowing the consumers to use their independent living skills.

W240 – By December 3, 2021, the Interdisciplinary Team will meet to review all Habilitation Plans and make sure they include the use of eyeglasses. The consumers who have been prescribed eyeglasses will be encouraged to wear them at all times. By December 3, 2021, the staff will be in-serviced on any changes made to the Habilitation Plans. The group home manager will observe the staff and consumers weekly to ensure they are following the Habilitation Plans and wearing their eyeglasses as prescribed.

W249 – By December 3, 2021, the staff will be trained on Active Treatment and will allow the consumers to assist during mealtimes. The group home manager will observe the staff weekly to ensure they are encouraging and allowing the consumer to assist with various tasks in the home. The consumers will assist based on their skills assessed in the comprehensive functional assessment.

W288 – By December 3, 2021, all behavior plans will be reviewed by a psychiatrist and updated as needed. The behavior plan will include target behaviors and strategies to reduce those behaviors. The staff will be trained on any changes made to the behavior plan. Staff will document any behaviors and strategies used with the consumers. The group home manager will observe the staff and consumers weekly to ensure they are following the behavior plan.

W340 – Starting October, 1, 2021, the agency nurse will record all of the consumer's weights monthly. Documenting weights will allow the physicians to see if the dietary guidelines are effective. The qualified professional will review charts weekly to see if the weights have been documented.

W368 – All staff will be re-trained in medication administration by December 3, 2021. The training will include following physician's orders and the appropriate time frames to administer medications. The group home manager or qualified professional will observe a medication pass weekly to ensure the medications are being administered correctly.

W381 – By November 1, 2021, all medications will be stored properly. Any controlled medications in the home will be double locked at all times. The agency will purchase a secured lock box for controlled medications. The medication administration training will review the storage of medications. The group home manager or qualified professional will observe the medication storage closet while completing the weekly inspection of the home.

W481 – By December 3, 2021, the staff will review the menu and be in-serviced on documenting food substitutions. A food substitution form will be placed in the menu book. The dietician will review the menu book and food substitutions quarterly and make changes to the menu as needed.



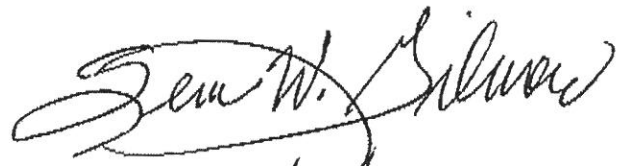
My Place Group Home

Plan Of Correction

11/9/21

W240... REVISED

By December 3, 2021 The Interdisciplinary team will meet to review all Habilitation plans to ensure they include the use of eyeglasses and all other relevant interventions needed to support both client#2 and all other clients towards their independence. By December 3, 2021 the staff will be in-serviced on changes made to the Habilitation plans. The group home manager will observe the staff and consumers weekly to ensure they are following the Habilitation plans as written.

  
11/9/21

PRO-STATE REALTY SYSTEMS INC.  
Phone 910-484-3717  
Fax 910-484-4318

2721 Logans Rd, Hope Mills, NC 28348

**FAX**

DYHIS

To: WILMUT From: J. Gilmore

Fax: 919-715-8078 Fappt:

Phone: Date: 11/9/21

Re: Remission Ed:

Urgent  For Review  Please Comment  Please Reply

Wilmu,  
My Place Remission  
and  
Thomas S Decature  
Remission  
Thank you  
J. Gilmore

ProStateCoverSheets.net

E. 2) Busy  
E. 4) No facsimile connection

Reason for error  
1) Hang up or line fall  
2) No answer  
3) Exceeded max. E-mail size  
4) mmm  
5) mmm

Date/Time: Nov. 11, 2021 11:46AM

File No. Mode Destination  
3136 Memory TX 9197158078

Pg(s) Result Page Not Sent  
P. 7 E-(3)(3)31 P. 1-7

\* \* \* Communication Result Report (Nov. 11, 2021 11:59AM) \* \* \*

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