

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

PRINTED: 01/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2022
NAME OF PROVIDER OR SUPPLIER STRICKLAND BRIDGE HOMES A & B			STREET ADDRESS, CITY, STATE, ZIP CODE 1818 STRICKLAND BRIDGE ROAD FAYETTEVILLE, NC 28304		
(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 130	Continued From page 1 are exercised...RHA provides staff with training on how to treat individuals with respect."	W 130			
W 249	<p>Interview on 1/19/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should ensure client #3's privacy during personal care by closing the bathroom as the client is not able to close the door on her own.</p> <p>PROGRAM IMPLEMENTATION 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 2 of 5 audit clients (#3 and #10) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation and self-help skills. The findings are:</p> <p>A. During evening observations in the Strickland Bridge B home on 1/18/22 from 4:28pm - 5:07pm, client #10 sat in the kitchen as Staff F completed various cooking tasks such as cutting up vegetables, cooking a pot of rice, rinsing, cutting and seasoning chicken strips, frying chicken in a</p>	W 249			

DHSR - Mental Health
FEB 04 2022
Lic. & Cert. Section

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W 130	<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 ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3's right to privacy during care of her personal needs. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations in the Strickland Bridge B home on 1/19/22 from 7:01am - 7:08am, client #3 was seated on the toilet in a back hall bathroom. During this time, the bathroom door remained open as a male client repeatedly walked pass the door. As Staff H went in and out of the bathroom gathering items, the door remained open and client #3 was visible to anyone in the hallway as she sat on the toilet. Throughout this time, two other staff (male and female) went to the bathroom door and began holding brief conversations with Staff H.</p> <p>Interview on 1/19/22 with Staff H revealed client #3 relies on staff to ensure her privacy during personal care. Additional interview indicated she had left the door opened because she needed to monitor the client.</p> <p>Review on 1/19/22 of client #3's Individual Program Plan (IPP) dated 2/17/21 revealed she "requires assistance with ADL's from staff." Additional review of the client's Adaptive Behavior Inventory (ABI) last updated 2/15/21 indicated she has no independence with closing the bathroom door to ensure her privacy. Further review of the client's record noted, "RHA provides training on rights and ensures all individual rights</p>	W 130		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Samantha J...</i>	TITLE <i>BS OP</i>	(X6) DATE <i>1/29/22</i>
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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.

The Safety Committee Chair/QMRP/Home Manager will increase fire drills for 3 consecutive months. The Safety Committee Chair will review the Fire Drills monthly to ensure that drills are being conducted under various conditions.

Completion: March 19, 2022.

Shakitta McLeod BS, OP

STRICKLAND BRIDGE A&B 2022

W 130 PROTECTION OF CLIENTS RIGHTS

The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.

The Qualified Professional will inservice the Direct Care Staff on ensuring the service user # 3 rights to privacy during personal care is met.

The Interdisciplinary Team will conduct interaction assessment twice a month for two consecutive months to ensure that all Direct Care Staff are implementing Client Rights practices.

W 249 PROGRAM IMPLEMENTATION

The Facility will ensure that all clients receive 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.

The Hab Spec will re-inservice Direct Care Staff on client #3 and client #10 ABI's skills to ensure each individual is given the opportunity to participate in meal preparation including clearing dishes and pouring drinks.

The IDT will monitor and conduct meal assessments 3x per month for 2 consecutive months.

W 336 NURSING SERVICES

The Facility will ensure clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.

The RN will implement a quarterly nursing assessment schedule to the completion date. The LPN will ensure quarterly nursing assessments are accurate and current for client #10 and client #12.

The IDT will monitor and conduct monthly chart reviews per RHA chart review schedule.

W 441 EVACUATION DRILLS

The facility will ensure fire evacuation drills are conducted at varied times/conditions.

The Administrator/ Safety Committee Chair/ and QMRP will re-implement a fire schedule to include varied times on all shifts.