

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

PRINTED: 07/14/2022
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G239 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 07/13/2022 |
| NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303 | | |
| (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 000 | INITIAL COMMENTS A revisit was conducted on 7/13/22 for all previous deficiencies cited on 4/26/22. Some deficiencies were corrected and no new non-compliance was found.. | W 000 | | | |
| {W 263} | PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 3 audit clients (#1 and #3). The findings are: A. Review on 4/25/22 of client #1's behavior support program (BSP) dated 3/6/17 revealed has an objective statement to decrease episodes of inappropriate behavior to 15 or less a month for 4 consecutive months. His target behaviors were listed as: non-compliance, aggression, self-injurious behavior, public masturbation and food stealing. Further review of this program revealed it incorporates the use of Fluoxetine and Quetiapine Fumarate. Review of the consent for this program revealed the written informed consent from client #1's legal guardian was signed on 10/8/20. Interview on 4/25/22 with the qualified intellectual disabilities professional (QIDP) confirmed the corporation that assumed ownership of the facility assumed responsibility in December 2021. Further interview confirmed the corporation was | {W 263} | | | |

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 263} | <p>Continued From page 1</p> <p>in the process of updating all BSP consents for the clients. Additional interview confirmed that client #1's BSP consent had not been updated since 10/8/20.</p> <p>Review on 7/13/22 confirmed the facility had not obtained written informed consent for client #1's BSP.</p> <p>B. Review on 4/25/22 of client #3's record revealed she has a BSP dated 3/4/17 that addresses non-compliance and attention seeking behaviors that incorporates the use of Citalopram, Clonazepam and Trazedone. A recent informed written consent for this program could not be located.</p> <p>During observations on 4/25/22 the guardian representative from a county Department of Social Services that is client #3's legal guardian visited the facility and visited with client #3 at 4:10pm. However, the QIDP had just left the facility a few minutes earlier and was not there to obtain client #3's written informed consent.</p> <p>Interview on 4/26/22 with the QIDP revealed he could not locate recent written informed consent for client #3's BSP and he had intended to get the updated written informed consent for client #3 when the guardian representative visited on 4/25/22, however he was unable accomplish this. Further interview confirmed the corporation that assumed ownership of the facility assumed responsibility in December 2021. Further interview confirmed the corporation was in the process of updating all BSP consents for the clients.</p> <p>Review on 7/13/22 confirmed the facility had not</p> | {W 263} | | | |

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| {W 263} | Continued From page 2 obtained written informed consent for client #3's BSP. | {W 263} | | | |