

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

PRINTED: 08/02/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540</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 263	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>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.</p> <p>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 1 of 3 audit clients (#5). The finding is:</p> <p>Review on 8/1/22 of client #5's individual program plan (IPP) dated 11/10/21 revealed he has target behaviors of aggression, property destruction and inappropriate verbalizations. Further review of the IPP revealed client #5 has a behavior support program (BSP) dated 8/11/21 to address these target behaviors which incorporates the use of exclusionary time out, Abilify 30 mg. and Clonidine 1mg. BID. Additional review of the IPP revealed client #5 has been adjudicated incompetent and assigned a Guardian of the Person, which is his Father.</p> <p>Review on 8/1/22 of client #5's BSP revealed no written informed consent from his legal guardian in his record.</p> <p>Interview on 8/2/22 with the qualified intellectual disabilities professional (QIDP) revealed the team had failed to secure written informed consent for client #5's BSP from his Legal Guardian of the Person.</p>	W 263			
W 368	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure</p>	W 368			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540</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 368	<p>Continued From page 1</p> <p>that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 3 clients (#3) observed receiving medications. The finding is:</p> <p>During observations of the medication administration pass on 8/2/22 at 6:28am, staff F administered the following medications to client #3: Carbamazepine 200mg. (3), Clonidine Extended Release 0.1 mg (2), Folic Acid 1 mg. (1), Hydrochlorothiazide 5 mg. (2), Metformin 500mg. (1), Multivitamin (1), Vascepa 1 gram (1), Vitamin E 2,000mg. 91), Ziprasidone 5 mg. 91), Klonopin 2 mg. (1) and Mometasone nasal spray (1) spray to each nostril. These medications were taken with applesauce. After administering these medications, staff F retrieved client #3's glucometer, prepped his right second finger with an alcohol wipe and stuck his finger to measure his blood glucose at 6:35am. The glucometer indicated client #3's blood sugar was 126.</p> <p>Review on 8/2/22 of client #3's physician orders dated 2/12/22 revealed, " Check fasting blood sugars once daily before breakfast."</p> <p>Interview on 8/2/22 with staff F revealed she normally checks client #3's blood sugars with his glucometer first before administering his medications.</p> <p>Interview on 8/2/22 with the qualified intellectual disabilities professional (QIDP) confirmed client #3's blood sugars should be checked before he</p>	W 368			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540</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 368	Continued From page 2 eats any food in the morning, which includes supplements given with medications.	W 368			
W 369	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure all medications were administered without error. This affected 3 of 3 audit clients (#3, #5 and #6) observed receiving medications. The findings are:</p> <p>A. During observations of the medication administration pass on 8/2/22 at 6:18am staff F administered the following medications to client #6: Abilify 5 mg. (1), Escitalopram 10 mg. (1) and Lorazepam 0.5 mg. (1).</p> <p>Review on 8/2/22 of the medication administration record (MAR) revealed these medications for client #6 are ordered by the physician to be administered at 8:00am.</p> <p>Review on 8/2/22 of client #6's physician's orders dated 4/26/22 revealed Abilify 5 mg. (1), Escitalopram 10 mg. (1) and Lorazepam 0.5 mg. (1) are ordered to be administered at 8:00am.</p> <p>Interview on 8/2/22 with the qualified intellectual disabilities professional (QIDP) confirmed the facilities medication administration policy is that medications can be administered either an hour before or an after the time ordered by the physician.</p>	W 369			

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

PRINTED: 08/02/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540</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 369	<p>Continued From page 3</p> <p>B. During observations of the medication administration pass on 8/2/22 at 6:28am, staff F administered the following medications to client #3: Carbamazepine 200mg. (3), Clonidine Extended Release 0.1 mg (2), Folic Acid 1 mg. (1), Hydrochlorothiazide 5 mg. (2), Metformin 500mg. (1), Multivitamin (1), Vascepa 1 gram (1), Vitamin E 2,000mg. 91), Ziprasidone 5 mg. 91), Klonopin 2 mg. (1) and Mometasone nasal spray (1) spray to each nostril. These medications were taken with applesauce. After administering these medications, staff F retrieved client #3's glucometer, prepped his right second finger with an alcohol wipe and stuck his finger to measure his blood glucose at 6:35am. The glucometer indicated client #3's blood sugar was 126.</p> <p>Review of the medication administration record dated 8/1/22 for client #3 revealed Carbamazepine 200mg. (3), Clonidine Extended Release 0.1 mg (2), Folic Acid 1 mg. (1), Hydrochlorothiazide 5 mg. (2), Metformin 500mg. (1), Multivitamin (1), Vascepa 1 gram (1), Vitamin E 2,000mg. 91), Ziprasidone 5 mg. 91), Klonopin 2 mg. (1) and Mometasone nasal spray (1) spray to each nostril as well as his glucometer check to measure his blood glucose are ordered before breakfast at 8:00am.</p> <p>Review of client #3's physician orders dated 2/12/22 revealed Carbamazepine 200mg. (3), Clonidine Extended Release 0.1 mg (2), Folic Acid 1 mg. (1), Hydrochlorothiazide 5 mg. (2), Metformin 500mg. (1), Multivitamin (1), Vascepa 1 gram (1), Vitamin E 2,000mg. 91), Ziprasidone 5 mg. 91), Klonopin 2 mg. (1) and Mometasone nasal spray (1) spray to each nostril as well as his glucometer check to measure his blood glucose are ordered before breakfast at 8:00am.</p>	W 369			

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

PRINTED: 08/02/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540</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 369	<p>Continued From page 4</p> <p>Interview on 8/2/22 with the QIDP confirmed the facilities medication administration policy is that medications can be administered either an hour before or an after the time ordered by the physician.</p> <p>C. During observations on 8/2/22 of the medication administration pass at 6:49am client #5 received the following: Gravilex Powder (17 grams), Fluticasone nasal spray (2 sprays to each nostril), Abilify 30mg. (1), Clonidine Extended Release 0.1 mg (1), Finasteride 5 mg. (1), Omeprazole 40mg. (1), Prenatal Vitamin (1), Tamulosin 0.4 mg. (1) and Vascepa 1 gram (2) which were taken with water.</p> <p>Review on 8/2/22 of the MAR dated 8/1/22 for client #5 revealed Gravilex Powder (17 grams), Fluticasone nasal spray (2 sprays to each nostril), Abilify 30mg. (1), Clonidine Extended Release 0.1 mg (1), Finasteride 5 mg. (1), Omeprazole 40mg. (1), Prenatal Vitamin (1), Tamsulosin 0.4 mg. (1) and Vascepa 1 gram (2) are ordered to be administered at 8:00am.</p> <p>Review of client #5's physician orders dated 2/12/22 revealed Gravilex Powder (17 grams), Fluticasone nasal spray (2 sprays to each nostril), Abilify 30mg. (1), Clonidine Extended Release 0.1 mg (1), Finasteride 5 mg. (1), Omeprazole 40mg. (1), Prenatal Vitamin (1), Tamsulosin 0.4 mg. (1) and Vascepa 1 gram (2) are ordered to be administered at 8:00am.</p> <p>Interview on 8/2/22 with the QIDP confirmed the facilities medication administration policy is that medications can be administered either an hour before or an after the time ordered by the</p>	W 369			

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

PRINTED: 08/02/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540</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 369	Continued From page 5	W 369			
W 382	<p>physician.</p> <p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: The facility failed to assure all medications were secured appropriately as required as evidenced by observations and interviews. This potentially affected all clients in the facility (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>During observation of the medication administration pass on 8/2/22, staff F administered medications to client #6 at 6:18am and afterwards assisted him back to the dining room area. As staff F walked away from the office area, she left the medication room unlocked. During continued observations at 6:49am staff F walked out of the office area after administering medications to client #5 leaving his Gravilex and medication bucket with packages of medications on the desk with the door to the office open.</p> <p>Immediate interview with staff F on 8/2/22 revealed The facility nurse has instructed staff in medication administration training to always secure the medication cabinet if they leave the area for any reason.</p> <p>Interview on 8/2/22 with the qualified intellectual disabilities professional (QIDP) revealed staff should always secure the medication cabinet if they are administering medications and leave the cabinet for any reason.</p>	W 382			