

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

PRINTED: 06/10/2022
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 C 06/09/2022
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NAME OF PROVIDER OR SUPPLIER MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
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W 000	INITIAL COMMENTS	W 000		
W 224	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>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 record review and interviews, the facility failed to ensure client #1's individual program plan (IPP) included assessment of his adult living skills which included: bathing, dressing, toileting and grooming. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>Review on 6/9/22 of client #1's individual program plan (IPP) dated 8/1/21 revealed diagnoses of Profound Intellectual Disabilities, Cerebral Palsy, Scoliosis and Severe Osteoporosis. Further review of client #1's IPP revealed he uses a wheelchair for mobility, his communication is very limited and that he receives his nutrition via a gastrostomy tube. Additional review of client #1's record revealed no assessment of his daily living skills such as: bathing, dressing, grooming and toileting.</p> <p>Further review on 6/9/22 of client #1's IPP revealed 2 formal objectives to communicate choices of activities and to hold his toothbrush.</p> <p>Interview on 6/9/22 with the qualified intellectual disabilities professional (QIDP) revealed each client's adult living skills are assessed using an</p>	W 224	<p><i>See Attached</i></p> <p>DHSR - Mental Health</p> <p>JUN 27 2022</p> <p>Lic. & Cert. Section</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Brad Secrest</i>	TITLE <i>QP</i>	(X6) DATE <i>6.22.22</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.

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W 224	Continued From page 1	W 224			
W 260	adaptive behavior inventory which he or the residential manager (RM) are responsible for completing. Further interview confirmed the ABI for client #1 has not been completed. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)	W 260			
	At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Individual Program Plan (IPP) for 1 of 4 audit clients (#3) was updated as appropriate at least annually. The finding is: Review on 6/9/22 of client #3's record revealed her individual program plan (IPP) was dated 3/5/21. Further review of client #3's IPP revealed her guardian representative was from a local Department of Social Services. There was not updated information to confirm client #3's IPP had been updated since 3/5/21.				
W 262	Interview on 6/9/22 with the qualified intellectual disabilities professional (QIDP) confirmed client #3's IPP had not been updated since 3/5/21. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)	W 262			
	The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior support				

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W 262	<p>Continued From page 2</p> <p>plans (BSP's) for 3 of 4 audit clients (#2, #3 and #4) were reviewed and monitored by the human rights committee (HRC). The findings are:</p> <p>A. Review on 6/9/22 of client #2's individual program plan (IPP) dated 8/1/21 revealed she has targeted inappropriate behaviors of vocal agitation, physical aggression and property destruction. Further review of the IPP revealed these inappropriate target behaviors are addressed by a behavioral support program (BSP).</p> <p>Review on 6/9/22 of client #2's BSP dated 8/20/18 revealed this program incorporates the use of Vraylar, Clonazepam, Divalproex , Neudesta, Trazedone and Risperidone. Further review of this BSP revealed no review by the HRC for this program.</p> <p>Interview on 6/9/22 with the qualified intellectual disabilities professional (QIDP) confirmed the HRC had not met for several months because of the recent pandemic and he could not locate HRC consent for client #2's BSP.</p> <p>B. Review on 6/9/22 of client #3's IPP dated 3/5/21 revealed she has targeted inappropriate behaviors of non-compliance, lying and self injurious behaviors (SIB). Further review of the IPP revealed these inappropriate target behaviors are addressed by a behavioral support program (BSP).</p> <p>Review on 6/9/22 of client #3's BSP revealed this program incorporates the use of Sertraline, Risperidone, Cogentin, Topiramate and Divalproex. Further review of this BSP revealed no review by the HRC for this program.</p>	W 262			

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W 262	Continued From page 3 Interview on 6/9/22 with the qualified intellectual disabilities professional (QIDP) confirmed the HRC had not met for several months because of the recent pandemic and he could not locate HRC consent for client #3's BSP. C. Review on 6/9/22 of client #4's IPP dated 8/6/21 revealed she has targeted inappropriate behaviors of non-compliance. Further review of the IPP revealed these inappropriate target behaviors are addressed by a behavioral support program (BSP). Review on 6/9/22 of client #4's BSP revealed this program incorporates the use of Trazedone, Risperidone and Fluoxetine. Interview on 6/9/22 with the qualified intellectual disabilities professional (QIDP) confirmed the HRC had not met for several months because of the recent pandemic and he could not locate HRC consent for client #4's BSP.	W 262			
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 3 of 4 audit clients (#2, #3 and #4). The findings are:	W 263			

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W 263	<p>Continued From page 4</p> <p>A. Review on 6/9/22 of client #2's individual program plan (IPP) dated 8/1/21 revealed she has targeted inappropriate behaviors of vocal agitation, physical aggression and property destruction. Further review of the IPP revealed these inappropriate target behaviors are addressed by a behavioral support program (BSP). Additional review revealed client #2 has been adjudicated incompetent and a local Department of Social Services (DSS) has been appointed as her guardian.</p> <p>Review on 6/9/22 of client #2's BSP dated 8/20/18 revealed this program incorporates the use of Vraylar, Clonazepam, Divalproex , Neudexta, Trazedone and Risperidone. Further review of this BSP revealed no written informed consent by the guardian for client #2 for this program.</p> <p>Interview on 6/9/22 with the qualified intellectual disabilities professional (QIDP) confirmed he could not locate written informed consent for client #2's BSP since the facility was purchased by another company in November 2021. Another written informed consent prior to November 2021 also could not be located.</p> <p>B. Review on 6/9/22 of client #3's IPP dated 3/5/21 revealed she has targeted inappropriate behaviors of non-compliance, lying and self injurious behaviors (SIB). Further review of the IPP revealed these inappropriate target behaviors are addressed by a behavioral support program (BSP). Additional review revealed client #2 has been adjudicated incompetent and a local Department of Social Services (DSS) has been appointed as her guardian.</p>	W 263			

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W 263	<p>Continued From page 5</p> <p>Review on 6/9/22 of client #3's BSP dated 2/10/21 revealed this program incorporates the use of Sertraline, Risperidone, Cogentin, Topiramate and Divalproex. Further review revealed the previous written consent was signed for this BSP on 3/5/21.</p> <p>Interview on 6/9/22 with the qualified intellectual disabilities professional (QIDP) confirmed he could not locate written informed consent for client #3's BSP since the facility was purchased by another company in November 2021.</p> <p>C. Review on 6/9/22 of client #4's IPP dated 8/6/21 revealed she has targeted inappropriate behaviors of non-compliance. Further review of the IPP revealed these inappropriate target behaviors are addressed by a BSP. Additional review of the IPP revealed client #4's sister has been appointed as her legal guardian.</p> <p>Review on 6/9/22 of client #4's BSP dated 8/20/20 revealed this program incorporates the use of Trazedone, Risperidone and Fluoxetine. Further review of this program confirmed the previous consent had been signed by client #4's legal guardian on 10/20/20.</p> <p>Interview on 6/9/22 with the qualified intellectual disabilities professional (QIDP) confirmed he could not locate written informed consent for client #4's BSP since the facility was purchased by another company in November 2021.</p>	W 263			
W 435	<p>SPACE AND EQUIPMENT</p> <p>CFR(s): 483.470(g)(1)</p> <p>The facility must provide sufficient space and equipment in dining, living, health services,</p>	W 435			

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W 435	<p>Continued From page 6</p> <p>recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure an adequate supply of recreational/leisure materials were available for informal active treatment programs to be implemented. This effected 1 of 4 audit clients (#1). The finding is:</p> <p>Review on 6/9/22 of client #1's individual program plan (IPP) dated 8/1/21 revealed diagnoses of Profound Intellectual Disabilities, Cerebral Palsy, Scoliosis and Severe Osteoporosis. Further review of client #1's IPP revealed he uses a wheelchair for mobility and his communication is very limited. Further review of client #1's IPP revealed training programs to require him to make a choice of activities that he wanted to participate in with 100% accuracy and to reach out and hold his toothbrush.</p> <p>During observations in the facility on 6/9/22 from 10:30am-11:15am, clients #2 and #4 were sitting at the dining room table working on a arts and crafts activity. Staff B assisted client #1 to the table in his wheelchair. Staff A and B actively worked on assisting clients #2 and #4 to use markers, glitter, glue and scissors to cut out designs and create decorative cards. Client #1 sat in his wheelchair as a passive observer throughout this activity.</p>	W 435			

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W 435	Continued From page 7 During observations in the facility on 6/9/22 from 9:00am-10:25am, client #1 was in his bedroom lying in bed watching a movie on his personal television. Staff A stated this is client #1's personal preference and that he especially enjoys watching preferred DVD's when he is in his bedroom. Observations on 6/9/22 at 10:50am of the leisure closet at the facility revealed several games, arts and crafts activities, blocks, playdough, blackboard chalk and puzzles. There were not leisure activities that involved sensory stimulation or tactile activities in the leisure closet. Interview on 6/9/22 with the the residence manager (RM) confirmed given client #1's skills and abilities it not possible for him to actively participate in arts, crafts, board games, puzzles and playdough activities. Further interview revealed part of client #1's active treatment program is getting him out of his bedroom in his wheelchair into common areas of the facility with the other clients for periods of time during the day. Additional interview revealed management has not worked to identify additional leisure materials that are compatible with client #1's interests and abilities.	W 435			

Plan of Correction for My Place Complaint Survey completed 6.9.2022

W 224 The QP or HM will complete Client #1's Comprehensive Functional Assessment (CFA). In the future, the CFA will be reviewed at least annually by the team and adjusted accordingly. This correction will be made by 8.8.2022.

W 260 The team to complete Client #3's annual habilitation plan. In the future, the IDT will review Client #3's chart at least quarterly to ensure the annual plan and consents are up to date. This correction will be made by 8.8.2022.

W 262 The team will meet with the Human Rights Committee (HRC) to discuss and approve Clients #2, 3, & 4 Behavior Support Plans. In the future, the team will review charts at least quarterly to ensure the HRC has approved these and any new or revised Behavior Support Plans. This correction will be made by 8.8.2022.

W 263 The team will review and update (if necessary) Client #2, 3, & 4's BSPs and consents. In the future, the team will review client charts at least quarterly to ensure these are completed according to regulations. This correction will be made by 8.8.2022.

W 435 The team will provide leisure time/recreational materials with which client #2 will be willing and able to interact. In the future, the team will review the leisure-time/recreational materials availability at least quarterly with inspections of the home environment to include the availability of leisure/recreational materials for everyone living in the group home. This correction will be made by 8.8.2022.