

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

PRINTED: 08/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/18/2022
NAME OF PROVIDER OR SUPPLIER GRANVILLE ICF/MR GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5509 DORSEY ROAD OXFORD, NC 27565		
(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 {W 249}	<p>INITIAL COMMENTS</p> <p>A revisit was conducted on 8/18/22 for deficiencies previously cited on 5/9 - 5/10/22. Three deficiencies have been corrected, two deficiencies were recited and a new deficiency was cited. The facility remains out of compliance.</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 each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of food preparation and mealtime guidelines. This affected 2 of 3 audit clients (#1 and #4). The finding is:</p> <p>A. During morning observations in the home on 8/18/22 from 7:12am - 8:17am, Staff A and/or Staff C completed all necessary cooking and food/drink preparation tasks to prepare the breakfast meal. The meal consisted of instant oatmeal for one client, cereal, sliced ham, biscuits and juice. The staff were noted to gather</p>	W 000 {W 249}			

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 249}	<p>Continued From page 1</p> <p>necessary items, make a pitcher of juice, slice the ham and place it on a pan, pour cereal into individual bowls, and place biscuit dough on a pan. Although client #1 was in the kitchen area the majority of this time with the exception of going to get his medication, no clients were not prompted or encouraged to assist with food preparation tasks.</p> <p>Interview on 8/18/22 with Staff A indicated clients can assist with cooking tasks by stirring, putting food onto a pan or making juice. Staff C noted she does not normally perform cooking tasks in the home and has "never had them (the clients) cooking or anything."</p> <p>Review on 8/18/22 of client #1's Adaptive Behavior Inventory (ABI) dated 11/10/21 indicated he can identify fruits and vegetables independently and requires partial assistance to identify dairy products, meats, breads/cereals. The ABI also noted the client has had objective training in the past to identify various food groups. Further review of the ABI revealed client #1 can independently prepare beverages requiring mixing but he has needs in the areas of preparing sandwiches and salads, using an electric can opener and identifying kitchen equipment.</p> <p>During an interview on 8/18/22, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged clients should be assisting with food preparation tasks.</p> <p>B. During breakfast observations in the home on 8/18/22, client #4 was served all food items in the same quantity and serving size as other clients at the table.</p>	{W 249}			

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{W 249}	Continued From page 2 Review on 8/18/22 of client #4's IPP dated 6/9/22 and physician's orders dated April 2022 revealed the client's diet consisted of "...6 small meals per day, split breakfast, lunch, dinner - give 1/2 of the meal and wait 30 minutes to give the other half." Interview on 8/18/22 with Staff revealed client #4 eats six "split" meals per day due to regurgitation. During an interview on 8/18/22, the QIDP acknowledged client #4's meals should continue to be split up.	{W 249}			
{W 252}	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data relative to the accomplishment of criteria specified in Individual Program Plan (IPP) objectives were documented in measurable terms. This affected 1 of 3 audit clients (#5). The finding is: Review on 8/18/22 of client #5's Individual Program Plan (IPP) dated 5/4/22 revealed the client wears an elbow splint and a hand splint. The plan noted use of client #5's palm protector/splint as OSG #5. Additional review of OSG #5 dated 5/12/21 and client's Occupational Therapy evaluation dated 4/11/22 indicated, "This therapist recommends that client continue using	{W 252}			

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{W 252}	<p>Continued From page 3</p> <p>elbow splints to provide slow, gentle stretch for elbow extension for at least 1 hour each elbow daily...This therapist reommends that client begin using a Comfy Terry cloth splint for right hand. Client should wear this splint for two wearing sessions of 3 hours each (i.e. between breakfast and lunch and between lunch and dinner). Client should begin by wearing the splint for 1 hour twice daily and build up his tolerance to 3 hour wear twice daily. Staff should place a rolled washcloth in client's hand at night and leave it there while he's sleeping to give a low load stretch..." The service goal included a note which indicated, "Please make sure you document what time you put on palm protector and when it's taken off!"</p> <p>Review on 8/18/22 of client #5's data collection sheets revealed no documentation for the use of his elbow splint. Additional review of data sheets for his palm protector/splint use from 7/11 - 7/31/22 to 8/1 - 8/17/22 revealed the following:</p> <p>July '22 - No documentation of rolled cloth use 22 days missed for palm protector/splint use</p> <p>August '22 - No documentation of rolled cloth use 7 days missed so far for palm protector/splint use</p> <p>Interview on 8/18/22 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Specialist (HS) indicated they could not be sure if staff were documenting the use of client #5's elbow splint; however, his soft splint and rolled washcloth should be used and documented daily.</p>	{W 252}			

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W 340 W 340	Continued From page 4 NURSING SERVICES 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 interviews, the facility failed to ensure all staff were sufficiently trained to implement the facility's COVID-19 protocols and procedures. This potentially affected all clients residing in the home (#1, #2, #4, #4 and #5). The finding is: Upon arrival to the home on 8/18/22 at 6:28am, Staff B answered the door. The staff was not wearing a face covering of any kind. Staff B invited the surveyor into the home; however, no temperature check was performed and no COVID-19 screening questions were asked. Staff B continued to interact with clients in the home without a face covering. Staff A and Staff C arrived at the home at 7:08am and 7:35am. These staff were wearing disposable face masks; however, the staff did not take their temperatures or perform any COVID-19 screening of themselves. After the arrival of Staff A, Staff B immediately applied a disposable mask over her nose and mouth. Interview on 8/18/22 with Staff B revealed masks are worn in crowds and when visitors come into the home. The staff stated, "it ain't really recommended now." Additional interview indicated they used to have sheets for everyone to complete when they come in but she could not	W 340 W 340			

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W 340	<p>Continued From page 5 find any.</p> <p>Interview with Staff C revealed they no longer do any screening or temperature checks in the home; however, face masks are still required.</p> <p>Review of the facility's COVID-19 policy for Protocol Changes (dated 3/11/22) indicated, "All employees working in facilities, group homes, Vocational centers and offices where patient care is provided should continue to wear surgical masks regardless of vaccination status." Additional review of the facility's COVID-19 protocols noted visitors should be screened upon arrival and persons with temperatures greater than or equal to 100.0 and COVID-19 like symptoms should not enter the home.</p> <p>Interview on 8/18/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff and visitors should continue screening for COVID-19 including temperature checks and answering screening questions.</p>	W 340			