

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

PRINTED: 06/29/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G058 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/28/2022 |
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| NAME OF PROVIDER OR SUPPLIER OLD FARM ROAD | STREET ADDRESS, CITY, STATE, ZIP CODE 409 OLD FARM ROAD RAEFORD, NC 28376 |
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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 observation, record review and interviews, the facility failed to ensure client #4 had the right to privacy during care of his personal needs. This affected 1 of 4 audit clients. The finding is:</p> <p>During morning observations in the home on 6/28/22 from 6:25am - 7:01am, client #4 sat on the toilet completely naked with the door wide open or was in the tub as Staff A gave him a bath while the bathroom door was half open. Throughout this time, Staff A either stood in the hallway across from the bathroom talking to client #4 with door open or left the area with the door wide open as other clients entered the hallway.</p> <p>Interview on 6/28/22 with Staff A revealed the bathroom door had been left opened so he could watch client #4 since he is blind.</p> <p>Review on 6/28/22 of client #4's Adaptive Behavior Inventory (ABI) updated 12/13/21 noted he has no independence with closing the bathroom door for privacy.</p> <p>Interview on 6/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #4 is dependent on staff to ensure his privacy while caring for his personal needs.</p> | W 130 | | |
| W 460 | <p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing,</p> | W 460 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha Scott, BSUP, Administrator TITLE: _____ (X6) DATE: 7/8/22

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 460 | <p>Continued From page 1 well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 4 audit clients (#4 and #5) received their specially-modified diets as indicated. The findings are:</p> <p>A. During meal preparation observations in the home on 6/28/22 at 9:09am, Staff B assisted client #4 to process a sausage patty, toast and chicken broth in a blender. Once finished, the mixture was moist and thick with visible chunks of food noted. Client #4 consumed the sausage mixture with a slight cough once finished.</p> <p>Interview on 6/28/22 with Staff B revealed client #4 consumes his food at a pureed consistency. The staff also referred to a food consistency list posted inside a kitchen cabinet which indicated pureed food should be "blended smooth".</p> <p>Review on 6/28/22 of client #4's Individual Program Plan (IPP) dated 1/6/22 and his current physician's orders signed April 2022 revealed he should receive an 1800 calorie pureed consistency diet.</p> <p>Interview on 6/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's food should be pureed to look like "baby food".</p> <p>B. During observations in the home on 6/27/22 at 6:32pm, client #5 was observed eating dinner</p> | W 460 | | | |

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| W 460 | Continued From page 2 which consisted of shrimp stir fry with mixed vegetables, mashed potatoes and a biscuit. Client #5 was served broccoli in pieces larger than 2 inches. Review on 6/27/22 of client #5's nutrition evaluation dated 2/15/22 revealed a diet that consists of 1800 calorie 1/2 - 1 inch consistency, NAS, Boost supplement for meal refusals, salty broth 1 cup at dinner, give 8 oz water to hydrate. Interview on 6/28/22 with Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 should not receive foods larger than 1/2 - 1 inch consistency and client #5 should have received salty broth with dinner. | W 460 | | | |
| 473 | MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all foods were served at an appropriate temperature. This potentially affected all clients in the home (#1, #2, #3, #4, #5, and #6). The finding is: During morning observations in the home on 6/28/22, oatmeal was cooked and removed from the pot at 8:35am. The oatmeal remained in a bowl with a thin piece of plastic wrap over it. Clients did not began serving themselves the oatmeal until 9:17am. The oatmeal was not reheated and the temperature was not taken. Review on 6/28/22 of the facility's menu book noted, "All hot food and beverages must be held at 140 or higher...Once items taken from heat | W 473 | | | |

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| W 473 | Continued From page 3 keeping and or cold keeping devices they must be served to clients within 15 minutes or reheated to 165, then served." Interview on 6/28/22 with Staff B confirmed food should be served at the temperatures indicated in the menu book and this is what they follow. Interview on 6/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed hot food should be served at at least 140 degrees. | W 473 | | | |
| W 508 | COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, | W 508 | | | |

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| W 508 | Continued From page 4 under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely | W 508 | | | |

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| W 508 | Continued From page 5 documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, | W 508 | | | |

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| W 508 | <p>Continued From page 6</p> <p>individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations, document review and interviews, the facility failed to implement their COVID-19 Vaccination Policy. The findings are:</p> <p>During lunchtime observations at the day program on 6/27/22, Staff E was assisting clients with preparing their lunches. Staff E wore a surgical face mask and was in close proximity to all clients.</p> <p>Review on 6/27/22 of the facility's COVID-19 Vaccination Policy Highlights dated 2/1/22 revealed:</p> <p>Employees granted a medical or religious exemption are required to wear additional personal protective equipment, such as double surgical masks and/or a surgical mask and face shield.</p> <p>Review on 6/27/22 of the facility's vaccine status list revealed Staff E was a direct care staff and</p> | W 508 | | | |

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| W 508 | Continued From page 7 had been granted a religious exemption on 5/24/22. Interview on 6/28/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed Staff E had been granted a religious exemption and the expectation is that she would wear a surgical mask and face shield or double surgical masks. | W 508 | | | |

OLD FARM

W130

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

The Hab. Specialist will re-inservice staff on client #4 privacy during personal care.

The IDT will conduct interactions assessments for three times per month for two consecutive months to ensure privacy is being maintained.

W460

The facility failed will ensure all clients receive their specially-modified diets as indicated.

The QP/dietician will re-inservice staff on client #3 and #4 diets per the physician orders.

The IDT will conduct meal assessments three times per month for two consecutive months.

W473

The facility will ensure all foods are served at an appropriate temperature.

The QP/dietician will re-inservice staff on the appropriate food temperatures when serving all people supported meals.

The IDT will conduct meal assessments three times per month for two consecutive months to ensure food is being served at the appropriate food temperature.

W508

The facility will develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19.

The QP/Home Manager/RN will re-inservice staff on RHA's policies and procedures for vaccinations and wearing PPE.

The IDT will conduct interactions assessments for three times per month for two consecutive months to ensure staff are wearing PPE per RHA policy.

Completion Date: August 27, 2022.

Samata Se B8 OP, Administrator