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FAX COVER SHEET

To: DHHS- Mental Health Licensure and Certification Section

Fax Number: (919) 715-8078

From: Debbie Klein - West Main St. Facility

Date: 7/29/22

Pages (including cover sheet): 8

Message:

Attn: Esther Moore

Plan of correction for West Main St. Facility (Carrboro group home). Please let me know if you need anything else.

Thanks,

Debbie Klein
dklein@rsi-nc.org
(919) 368-1293

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

PRINTED: 07/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G116	A. BUILDING _____ B. WING _____	R 07/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST MAIN STREET FACILITY-CARRBORO	1003 W MAIN STREET CARRBORO, NC 27510

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W 000	INITIAL COMMENTS A revisit was conducted on 7/12/22 for all previous deficiencies cited on 4/21/22. The following deficiencies have been corrected: W249, W263, W369 and W508. The facility remained out of compliance with W340 and W440, new deficiencies were cited. A complaint survey was also conducted on 7/12/22 for Intake #NC00190762. The complaint was substantiated with deficiency.	W 000		
{W 340}	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 and interviews, the facility failed to ensure staff were sufficiently trained regarding the appropriate use of latex gloves. The finding is: During meal preparation observations throughout the survey in the home on 4/21/22, various staff wore latex gloves while preparing food. For example, during breakfast preparation, Staff B wore latex gloves. The staff placed a soft burrito shell on five plates and added eggs to the shells. After preparing the plates of food, the staff left the kitchen wearing the gloves and knocked on the bedroom doors of two clients before turning the door knob and going inside. Staff B then returned to the kitchen and removed silverware from drawers and retrieved bottles of water from the pantry with the same gloves on. During	{W 340}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Klein
TITLE: Director of ICF/IID Services
(X6) DATE: 7/29/22

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 340}	Continued From page 1 observations of lunch preparation, the staff completed various cooking tasks, including manipulating and cutting up fruit, while wearing latex gloves. The staff continued to wear the gloves while touching various objects, surfaces and devices in the kitchen. Interview on 4/21/22 with Staff B revealed she had been told to wear gloves during food preparation, cleaning tasks and helping with baths. The staff noted she should change the gloves after completing tasks in those different areas. Interview on 4/21/22 with the facility's nurse revealed staff have been trained to wear latex gloves only when exposure to and contact with "blood and bodily secretions" is involved. The nurse noted this would generally be during personal care and with applying topicals during medication administration. Additional interview revealed staff have not been trained to wear gloves during meal preparation tasks. The nurse stated, "They would not need gloves" during meal preparation but should be practicing proper hand washing and other health and safety precautions for preparing food. Interview on 4/21/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should not be wearing gloves during meal preparation and latex gloves should be worn as previously stated by the nurse. A. Observations in the home on 7/12/22 at 6:35am revealed neither Staff A or Staff B asked the surveyor to record temperature or ask screening questions.	{W 340}	Screening procedures are being reviewed by Pandemic Team. Retraining on the screening process will be completed by the RSI nurse with staff at an upcoming staff meeting. The Supervisor of Support Services will be responsible for ensuring staff follow procedures for screenings through observations for at least two different shifts weekly and ensuring ongoing training to new employees is completed. The Director of ICF/IID Services will ensure all employees have received the retraining and monitoring is being completed.	9/1/22

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{W 340}	Continued From page 2 B. According to a review on 7/12/22 of the facility's Screening and Sign In form for COVID-19, it revealed all employees and visitors will be screened and asked to wear a facemask and use hand sanitizer prior to each entry/visit. The employee who answers the door will complete the screening and will document the information below. C. Based on the facility plan of correction, the QIDP would be responsible for completing observations at least monthly to ensure proper health and hygiene methods are being used. D. Interview on 7/12/22 with the nurse revealed staff were expected to have temperature taken by another staff if available and answer screening questions regarding possible COVID-19 signs, symptoms and exposures when entering the facility. The nurse stated that all visitors should be screened the same.	{W 340}	Type text here	
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, policy review and staff interviews, the facility failed to ensure medications remained secured when the medication technician was not present. This potentially affected all clients in the home (#1, #2, #3, #4 ,#5 and #6). The findings are: During observations in the home on 7/12/22 at 8:10am, Staff C unlocked the medication cabinet and removed the lockbox with a combination	W 382	Retraining on the policies for security and access to medications will be completed by the RSI nurse with staff at an upcoming staff meeting. The Supervisor of Support Services will be responsible for ensuring staff follow the policies and procedures for medication security through observations and ensuring ongoing training to new employees is completed. The Director of ICF/IID Services will ensure all employees have received the retraining and monitoring is being completed.	9/1/22

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W 382	Continued From page 3 padlock that contained controlled medications. She removed Lacosomide 200mg from the blister pack and gave to client #6 to ingest. The lockbox was stored on a file cabinet next to the refrigerator or on top of the desk inside of the medication office. The medication room did not have a door to lock and prevent access. An additional observation at 8:30am, revealed Staff C return to the medication room, to unlocked the lockbox and count the controlled medications to record in the notebook. During an observation in the home on 7/12/22 at 10:09am, the qualified intellectual disabilities professional (QIDP) unlocked the medication closet to handle some medications. After placing the bin back in the closet, the QIDP left the medication closet door open and left the room to go to the common area of the home. The surveyor remained sitting in the room. Staff B was observed at 10:10am, walking into the medication room. Staff B pushed the opened medication closet door out of the way, so that she could use the exterior door to exit the home. The door remained opened when Staff B went outside. An additional observation at 10:29am revealed the QIDP reenter the medication room to hand the surveyor some papers. The QIDP then got up to close the medication room door and pushed a button on the keypad to lock it the door. Review on 7/12/22 of the facility's Medication Review procedures revised 01/06 revealed staff were instructed to not leave medications laying around. Interview on 7/12/22 with the QIDP revealed she had conducted training on 6/29/22 with staff and advised them that all medications should be	W 382		

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W 382	Continued From page 4 secured. Interview on 7/12/22 with the nurse revealed that medications should remain locked at all times unless attended. The nurse added that controlled medications must be double locked.	W 382		
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that only one authorized staff had access to medications. The finding is: During observations in the home on 7/12/22 from 7:30-8:30am, Staff C was in charge of passing the medications in the home. Staff used a keypad to unlock the door to the medication closet and used a combination to unlock the lockbox for controlled medications. During observations in the home on 7/12/22 from 8:45-8:48am, Staff B unlocked the medication closet using a keypad. Staff B then used a combination to removed the controlled medications from the lockbox to count. Staff B returned the lockbox to the closet and pushed a button on the keypad to lock the door. During observations in the home on 7/12/22 at 10:05am, the qualified intellectual disabilities professional (QIDP), opened the door to the medication closet using a keypad. Interview on 7/12/22 with the QIDP revealed that staff use their individual badge numbers on the	W 383	Retraining on the policies for security and access to medications will be completed by the RSI nurse with staff at an upcoming staff meeting. The Supervisor of Support Services will be responsible for ensuring staff follow the policies and procedures for medication security through observations and ensuring ongoing training to new employees is completed. The Director of ICF/IID Services will ensure all employees have received the retraining and monitoring is being completed.	9/1/22

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W 383	Continued From page 5 keypad to open the medication closet. The combination lock to the lockbox is shared by all staff. The QIDP explained even though all certified staff passing medications had access to the medication closet, only the staff passing meds should be in/out of the closet. The QIDP stated they had a way to track who opened the medication closet. Interview on 7/12/22 with the nurse revealed that certified staff had access to the medication closet and the facility had a way to track authorize use, if securing the medications ever became a problem. The nurse did acknowledge that staff not passing medications should not have access to the lockbox while on duty. The nurse stated that two staff were supposed to count narcotics at the end of a shift and then there would not be the need for anyone else to access the medication closet. The nurse stated that they might have to review their current system.	W 383		
{W 440}	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were held at least quarterly for each shift. This potentially affected all clients residing in the home. The finding is: Review on 4/21/22 of facility fire drills revealed documentation for drills completed on 4/22/21, 2/23/22, 3/30/22 and 3/31/22 . No other fire drill reports were available for review. Interview on 4/21/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed	{W 440}	The Director of ICF/IID Services will complete training on expectations for frequency of fire drills. The Supervisor of Support Services will ensure the drills are scheduled on the house calendar and monitor completion as drills are scheduled and ensure all new staff are trained on expecationas for evacuation drills. The Director will monitor completion of scheduled drills monthly.	9/1/22

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{W 440}	Continued From page 6 several fire drills were missed over the previous quarters. 1. According to a review of the facility's fire drill records on 7/12/22, it revealed the facility did not schedule a third shift fire drill between April-June, 2022. 2. Based on the facility's plan of correction, the facility listed they would retrain all employees on the expectations of fire drill frequency. The QIDP was supposed to monitor the completion of fire drills each quarter for each shift. The QIDP asserted that if a drill was not conducted, she would be responsible for going in and leading the fire drill. 3. Interview on 7/12/22 with the QIDP revealed the current staff working night shift had not been trained on how to conduct a fire drill.	{W 440}		