

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

PRINTED: 11/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOST CHILDREN'S CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5300 HIGHWAY 200</b> <b>CONCORD, NC 28025</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 000	INITIAL COMMENTS	W 000			
W 104	<p>A complaint survey was completed on November 2, 2022 for intake #NC00193910. No deficiencies were cited.</p> <p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure the exterior of the facility was sanitary and orderly. The finding is:</p> <p>Observations during the 11/1/22-11/2/22 survey revealed several items to be stored on a screened porch attached to the facility. Continued observations revealed the following items to be stored on the screened porch: a hospital bed, a washing machine with exposed wires, a recliner chair, an open box of fill syringes, several wheelchairs and wheelchair parts. Further observation revealed the items on the screened porch to be covered with dust, dead bugs and spider webs.</p> <p>Interview with the home manager (HM) on 11/2/22 revealed she was uncertain why the items were stored on the screened porch for a significant period of time. Interview with the qualified intellectual disabilities professional (QIDP) on 11/2/22 revealed the maintenance staff has stored the items on the screened porch for at least three months. Continued interview with the QIDP revealed the Physical Therapist (PT) would</p>	W 104			

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 104	Continued From page 1 need to look at the items prior to discarding anything to determine if any items could be salvaged. Further interview with the HM and QIDP verified that the items should not be stored inappropriately on the screened porch, leaving the items susceptible to weathering, mold and mildew.	W 104			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all interventions to manage inappropriate behavior were incorporated into an active treatment program for 1 of 3 sampled clients (#4). The finding is:  Observations during the 11/1/22-11/2/22 survey revealed client #4's clothing to hang on a clothing rack in the laundry room alongside several other clients' clothing items with the door locked. Continued observations on 11/2/22 at 7:45 AM revealed staff to go to the laundry room and unlock the door to offer client #4 a choice of two different outfits for the day. Further observations at 8:30 AM revealed client #4 to have on the same clothing as the previous day. Observations also revealed client #4's room closet to be empty with only one pair of shoes in the closet.  Review of the record for client #4 revealed a plan of care (POC) for client #4 dated 7/15/22. Continued review of the poc for client #4 revealed	W 288			

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W 288	<p>Continued From page 2</p> <p>the following program goals: complete directions relative to the iPad, pull her pants down and sit on toilet to get changed with staff assistance, package 10 corkscrews in a container and respond to 6 questions relative to a TEACCH schedule. Further review of the record for client #4 revealed a behavior support plan (BSP) dated 1/10/22 which indicated the following target behaviors: uncooperating, agitation/anxiety, aggressiveness, food searching and inappropriate toileting. Review of the BSP did not reveal target behaviors relative to destroying or misplaced clothing.</p> <p>Interview with the home manager (HM) and qualified intellectual disabilities professional (QIDP) on 11/2/22 revealed they were unaware that keeping client #4 and other clients' clothing in the locked laundry room would be restricting the clients from access to their clothing. Interview with the HM and QIDP revealed client #4 has been exhibiting behaviors such as destroying and misplacing her clothing for quite some time. The timeframe client #4's clothing has been stored in the locked laundry room alongside two additional clients could not be determined. Continued interview with the HM and QIDP also revealed client #4 does not have any formal programs relative to destroying or misplaced clothing. Interview with the QIDP revealed all of client #4's program goals and interventions are current. Further interview with the HM and QIDP revealed they were unaware that keeping client #4's clothing outside of her room and in a locked area needs written approval from the human rights committee (HRC) and legal guardian. Interview with the HM and QIDP also revealed they were unaware that restricting client #4's clothing to a locked area must be associated with a formal</p>	W 288			

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W 288  W 340	Continued From page 3 program and listed in the client's BSP. <b>NURSING SERVICES</b> 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 reviews and interviews, nursing services failed to provide staff training to ensure privacy during medication administration for 1 of 3 sampled clients (#5). The finding is:  Observations in the group home on 11/1/22 at 4:40 PM revealed staff B to transition client #3 in his wheelchair to the medication room to prepare for medication administration. Continued observation revealed staff B to prepare client #3's medication while the door remained open. At no point during the observation did staff ensure the privacy of client #3 during medication administration.  Subsequent observation on 11/1/22 at 5:30 PM revealed staff B to transition client #5 in his wheelchair to the medication room to prepare for medication administration. Continued observation revealed the door to remain open while client #5 participated in medication administration. Further observation revealed staff to enter the medication room twice and interrupt the medication administration for client #5. Observations at 5:35 PM also revealed client #4 to stand in front of the medication room as client	W 288  W 340			

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W 340	Continued From page 4  #5 participated in medication administration. At no point during the medication administration did staff ensure privacy of client #5 during the medication administration.  Interview with the home manager (HM) on 11/2/22 revealed all clients have the option of receiving medication administration in their rooms or the medication room with the door closed to ensure privacy. Interview with the qualified intellectual disabilities professional (QIDP) on 11/2/22 revealed all staff should ensure the privacy of all clients during medication administration.	W 340			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure adaptive equipment was in good repair relative to client #5 and client #6's wheelchairs. The findings are:  Observations in the facility on 11/1/22 at 4:35 PM revealed client #5 to be in his bedroom and sitting in his wheelchair with his IPAD. Continued observations revealed client #5's wheelchair with an uncovered control box behind the head rest with exposed wires and torn left arm rest with foam exposed. Further observations on 11/1/22 at 5:25 PM revealed client #5 to participate in medication administration.	W 436			

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W 436	<p>Continued From page 5</p> <p>Subsequent observations in the facility on 11/1/22 at 4:39 PM revealed client #6 to go outside on the front walkway with staff. Continued observations at 5:21 PM revealed staff A to assist client #6 to the dining room table. Further observations revealed client #6's wheelchair to have tape around the foot supports and both arm rests to have black gauze tape to cover the exposed foam.</p> <p>Interview with group home director revealed that maintenance would typically do minor repairs and install ordered parts; however, there was no documentation found for repair work during the survey. Continued interview with the group home director revealed that client #6 needed wheelchair repairs for approximately 2 weeks and no known status for client #5.</p>	W 436			