

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

PRINTED: 11/30/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G006</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/29/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BEAR CREEK</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5840 GREENWOOD AVENUE</b> <b>LA GRANGE, NC 28551</b>			
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W 000	INITIAL COMMENTS			W 000			
W 252	<p>PROGRAM DOCUMENTATION</p> <p>CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all data relative to the accomplishment of specified objectives was documented in measurable terms. This affected 3 of 4 audit clients (#1, #2 and #3). The findings are:</p> <p>A. Review on 11/29/22 of client #1's individual program plan (IPP) dated 2/22/22 revealed the following formal objectives: point to his name 70% of trials for 3 consecutive months, will correctly identify penny with no errors 60% of trials for 3 consecutive months, will say alphabet A-F with 2 or less errors 50% of trials for 2 consecutive months.</p> <p>Review on 11/29/22 of the progress summaries for client #1's formal objectives revealed the following:</p> <p>1) Point to his name 70% of trials for 3 consecutive months: No data since 7/2021</p> <p>2) Will identify penny correctly with no errors 60% of trials for 3 consecutive months: No data since</p>			W 252			

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 252	<p>Continued From page 1</p> <p>5/2021</p> <p>3) Will say alphabet A-F with 2 or less errors 50% of trials for 3 consecutive months: No data since 5/2021</p> <p>Interview on 11/29/22 with the qualified intellectual disabilities professional (QIDP) confirmed no additional data or progress summaries could be located for client #1's formal programs.</p> <p>B. Review on 11/29/22 of client #2's IPP dated 6/21/22 revealed the following formal objectives: Will identify her name without errors 65% of trails for 3 consecutive months, Will count by rote to 5 with 1 or less errors 65% of trials for 3 consecutive months, Will recite her alphabet A-D 65% of trials for 3 consecutive months.</p> <p>Review on 11/29/22 of the progress summaries for client #2's formal objectives revealed the following:</p> <p>1) Will identify her name without errors 65% of trails for 3 consecutive months: No data since implementation on 7/2021.</p> <p>2) Will count by rote to 5 with 1 or less errors 65% of trials for 3 consecutive months: No data since implementation on 7/2021.</p> <p>3) Will recite her alphabet A-D 65% of trials for 3 consecutive months: No data since implementation on 7/2021.</p> <p>Review on 11/29/22 of a note (undated) by the habilitation specialist revealed, " No date due to [client #2] refusing to do her objectives." and an additional entry(undated) indicated, "[Client #2] is going into behaviors and refusing to do her programming...even with the help of staff she is still refusing. Will continue to work with her to see</p>	W 252			

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W 252	<p>Continued From page 2 if some progress can be made."</p> <p>Interview on 11/29/22 with the qualified intellectual disabilities professional (QIDP) confirmed no additional data or progress summaries could be located for client #2's formal programs.</p> <p>C. Review on 11/29/22 of client #3's IPP revealed an objective, "Throughout his day, [Client #3] will have the best possible health as evidenced by zero need for medical attention to address pica related behaviors for 24 out of 24 consecutive months by February 28, 2024." Additional review of the objective noted, "[Client #3] has a history of having evidence of non-edibles in his stool...He may be at risk for repeating pica related behavior. The swallowing of non-edibles is considered a life threatening behavior and warrants close monitoring." Further review of plan noted, "Staff will document the following: - scheduled opportunities to visually sweep the areas where [Client #3] will be during his day/night...- any evidence of pica related symptoms."</p> <p>Review on 11/29/22 of client #3's data sheets for the documentation of environmental/room checks throughout each day revealed the following:</p> <p>October '22 - 21 days of missing and/or incomplete documentation</p> <p>November '22 (up to 11/29/22) - 26 days of missing and/or incomplete documentation</p> <p>Interview on 11/29/22 with the Behavior Specialist (BS) confirmed several days of documentation were incomplete. The BS acknowledged staff</p>	W 252			

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W 252	Continued From page 3 needed retraining on client #3's data collection procedures.  Interview on 11/29/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated several new staff have begun working on the unit in recent months and they may require additional training.	W 252			
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, record review and interviews, the facility failed to ensure all staff were sufficiently trained regarding the facility's COVID-19 guidelines regarding procedures for wearing face masks. The findings is:  Observations on 11/29/22 in the Fox's Den unit from approximately 9:33am - 10:20am, revealed Staff A, Staff C and Staff D wearing a single mask. While Staff A and Staff C wore a single surgical mask covering their nose and mouth, Staff D wore a single cloth mask covering only her mouth.  Review on 11/29/22 of the facility's COVID-19 proof of vaccination and approved exemptions for employees revealed numerous staff, including Staff A, Staff C and Staff D, had been approved for an exemption and were not vaccinated against COVID-19.	W 340			

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W 340	Continued From page 4  Review on 11/29/22 of the facility's COVID-19 vaccination policy indicated, "...Employees granted a medical or religious exemption are required to wear additional PPE, such as double surgical masks and/or a surgical mask and faceshield..."  Interviews on 11/29/22 with Staff C and Staff D confirmed they have an approved exemption from the COVID-19 vaccination. Additional interview revealed they have not been informed that they need to wear double surgical masks while working in the facility. Further interview with Staff A indicated she has asthma and wearing the surgical mask affects her condition. Staff A revealed she had made her supervisor aware of this; however, she has not been given any specific instructions regarding wearing face masks while working in the facility.  Interview on 11/29/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not aware that unvaccinated staff with approved exemptions need to wear double surgical masks.  Interview on 11/29/22 with the Facility Administrator confirmed staff with approved exemptions from the COVID-19 vaccination should wear double surgical masks.	W 340			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1)  The facility must provide a sanitary environment to avoid sources and transmission of infections.	W 454			

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W 454	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure needed cleaning was completed in the facility's bathroom areas. The finding is:</p> <p>During observations in the facility on 11/29/22 a random selection of bathrooms were observed for cleanliness. The following bathroom observations and findings are included:</p> <p>Bathroom in the detached classroom area: toilet covered with fecal matter and stuffed with toilet paper. No soap or paper towels available. Bathroom 303 (Orange Wing): toilet dirty with stain around rim, sink stained and mirror smeared with some substance. Bathrooms 206 (Green unit): toilet dirty with stain around seat and rim, mirror smeared with some substance. Bathroom 210 (Green unit) toilet with fecal matter around rim, stain in toilet, sink dirty and mirror smeared with toothpaste. Bathroom 236 (Blue unit): toilet dirty with stain around rim, stain in bathroom sink. Bathroom 238 (Blue unit): sink and floor were stained.</p> <p>Interview on 11/29/22 with staff E revealed the bathrooms in the detached classroom area are often dirty and that housekeeping has not been over to this area to clean in over a week. Further interview revealed client #2 received daily programming at the detached programming area.</p> <p>Interview on 11/20/22 with staff G revealed the bathrooms in the detached classroom area are often dirty and she is not certain who is responsible for cleaning the bathroom.</p>	W 454			

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W 454	Continued From page 6  Interview on 11/29/22 with staff F revealed keeping the facility bathrooms clean had been an ongoing problem and that housekeeping had been trying to catch up due to staffing issues.  Interview on 11/29/22 with the housekeeping supervisor confirmed there were issues trying to keep up with staffing issues. He stated currently the housekeeping staff try to clean the bathroom areas on each residential wing three times weekly. Further interview confirmed he was unaware that the detached classroom area had a bathroom that needed to be cleaned.	W 454			