

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

PRINTED: 12/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G170</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/06/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LYNN ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>515 LYNN ROAD DURHAM, NC 27707</b>		
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W 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 4 audit clients (#1 and #6) included objectives to meet their needs as identified in the comprehensive functional assessment. The findings are:</p> <p>A. Review on 12/5/22 of client #1's IPP dated 4/14/22 revealed he had completed an objective on 5/26/22 to brush his teeth thoroughly with verbal prompting 80% of the time for 2 consecutive review periods. Additional review of the client's Adaptive Behavior Inventory (ABI) dated 3/9/22 identified continued needs in the areas of grooming and dressing. Further review of the IPP did not indicate current objectives to address his self-help needs.</p> <p>Interview on 12/6/22 with Staff C revealed client #1 has some physical limitations with using his hands; however, the staff acknowledged the client is capable of assisting with minor tasks using his left hand.</p> <p>Interview on 12/6/22 with the Habilitation Specialist (HS) confirmed client #1 had completed his toothbrushing objective; however, no new training in the area of self-help had been implemented.</p> <p>Interview on 12/6/22 with the QIDP confirmed client #1 continues to have needs in the area of</p>	W 227			
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 227	Continued From page 1 self-help; however, no formal training has been identified.  B. Review on 12/5/22 of client #6's IPP dated 10/27/21 (most current plan available) revealed objectives to prepare mixed beverages, to brush his teeth thoroughly and to address inappropriate behaviors. No other objectives were identified. Additional review of the client's ABI dated 9/13/22 revealed various needs in the area of money management, including identifying a half dollar, counting money combinations, making change, saving money for special purchases, budgeting money, writing checks, maintaining a bank account, and making deposits and withdrawals. Further review of client #6's most current Individualized Education Program (IEP) noted the client is in the eleventh grade and after high school, "[Client #6] will seek paid community employment..." Client #6's IPP did not identify objectives to meet his money management needs.	W 227			
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)  The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1's Individual Program Plan (IPP) included specific information to support his use of his eyeglasses.	W 240			

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W 240	Continued From page 2 This affected 1 of 4 audit clients. The finding is:  During observations in the home throughout the survey on 12/5 - 12/6/22, client #1 did not wear eyeglasses. The client sat approximately 2 - 3 feet from his television playing a video game. He also simultaneously manipulated and scrolled through his cell phone located on the lap tray of his wheelchair. During the observations, the client's eye glasses were located in his bedroom on top of a dresser. Client #1 was not observed to be prompted to wear eyeglasses.  During an interview on 12/5/22, when asked when he wears his eyeglasses, client #1 indicated he wears his glasses at school.  Review on 12/5/22 of client #1's IPP dated 4/14/22 revealed he has eyeglasses which he uses "daily as needed". Additional review of the plan did not include specific information regarding when the client should be wearing his eyeglasses.  Interview on 12/6/22 with Staff D revealed client #1 wears his glasses at school.	W 240			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)  At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 260			

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W 260	Continued From page 3 failed to ensure the Individual Program Plan (IPP) for 1 of 4 audit clients (#3) was revised at least annually. The finding is:  Review on 12/5/22 of client #3's record revealed an IPP dated 7/28/21. No current IPP was available for review.  Interview on 12/6/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she had started working at the facility in August 2022 and she could not be sure if client #3's annual meeting had been held. Additional interview indicated the IPP dated 7/28/21 was the only plan she could locate.	W 260			
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, record review and interviews, the facility failed to ensure client #4 was taught to maintain his eyeglasses. This affected 1 of 4 audit clients. The finding is:  During evening observations in the home on 12/5/22 at 4:20pm, client #4's eyeglasses were removed from his face by staff, taken into a nearby office and cleaned as he sat in the living room. Client #4 was not prompted or encouraged to clean his glasses.  Review on 12/5/22 of client #4's IPP dated	W 436			

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W 436	Continued From page 4 2/16/22 revealed he wears eyeglasses daily. The plan also noted, "clean lenses as needed". The IPP did not include any current training for client #4 to learn to clean his own eyeglasses.	W 436			
W 460	Interview on 12/6/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed should could not be sure if client #4 has had training in the past to clean his eyeglasses.  <b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  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 (#1 and #5) received their modified diets as ordered. The findings are:  A. During dinner observations in the home on 12/5/22 at 5:30pm, client #1 consumed spaghetti with meat sauce, green peas and a slice of garlic bread. The garlic bread was approximately the size of the palm of an adult's hand and was cut in half. Client #1 consumed all food items without difficulty.  During breakfast observations in the home on 12/6/22 at 6:35am, client #1 consumed two pop tarts. The pop tarts were approximately the size of the palm of an adult's hand and were cut in half. Client #1 consumed the pop tarts without difficulty.	W 460			

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W 460	<p>Continued From page 5</p> <p>Interview on 12/6/22 with Staff C revealed client #1's food should be cut "in half".</p> <p>Review on 12/5/22 of client #1's Individual Program Plan (IPP), physician's orders dated 10/6/22 and a notebook in the kitchen of the home revealed he consumes a regular diet with food cut in "1/2 inches".</p> <p>Interview on 12/6/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1's food should be cut into 1/2 inch pieces which would resemble the size of "a nickel".</p> <p>B. During breakfast observations in the home on 12/6/22 at 5:48am, client #5 consumed a waffle and potatoes chips. Although his waffle was cut into small pieces, his potatoes chips remained whole. The client consumed the food items without difficulty.</p> <p>Interview on 12/6/22 with Staff C revealed client #5's meals are cut into "1/4 inch" pieces. However, the staff noted his snack food did not need to be cut up.</p> <p>Review on 12/5/22 of client #5's IPP dated 5/17/22, physician's orders dated 10/6/22 and a notebook located in the kitchen of the home revealed he consumes a regular diet with food cut in "1/4 inch" pieces.</p> <p>Interview on 12/6/22 with the QIDP confirmed client #5's food, including snack items, need to be cut into "1/4 inch" pieces which would resemble the size of "a penny".</p>	W 460			