

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

PRINTED: 02/02/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER CHESTERFIELD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2287 HARTLAND ROAD MORGANTON, NC 28655		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure 2 of 3 sampled clients (#2 and #5) were provided with a continuous active treatment program to meet their communication needs as evidenced by observations, interviews and record verification. The findings are:</p> <p>A. Afternoon observations in the group home on 1/30/23 beginning at 3:45 PM revealed client #2 to be non-verbal, blind and dependent on staff to move him in his wheelchair. Staff were observed to talk to the client and take outside with his peers and then back inside to clip his fingernails. Client #2 was noted to be very vocal and appear to be agitated after his nail cutting program at 4:15 PM so staff was observed to move him into his room to listen to music and calm for 35 minutes. This process was repeated throughout the rest of the survey when client #2 expressed agitation with loud vocals, biting his fingers, lightly tapping his head and upper body movements with staff removing the client from the area either to his bedroom or outside for a short roll around the group home.</p>	W 249			

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 249	<p>Continued From page 1</p> <p>Interview with the group home manager and staff revealed the client does not do well in loud environments and moving the client to a different area when agitated helps him to calm. Further interviews, substantiated by further observations, revealed the client also stays calmer when using headphones with Christmas music playing. Continued observations revealed the client used and had access to his headphones throughout the survey.</p> <p>Review of client #2's individual program plan (IPP) dated 7/11/22 revealed the client to have a behavior support plan to address hand chewing/biting and head hitting. Further review of the IPP revealed a 7/10/22 psychological evaluation update which noted the client needs to increase his communication skills to assist with his behaviors. Continued review of the IPP revealed the client to currently have a communication objective to demonstrate attention to auditory stimuli during snack. Subsequent observations in the home during the 1/30-31/23 survey revealed the client did not eat snack during observations and the client's communication objective was not expanded to other meals or activities in the home.</p> <p>Review of client #2's progress on this communication objective revealed no data is available to measure the client's progress since 7/22. The facility failed to assure a continuous active treatment program to meet the client's communication needs by failing to include objective training to increase his communication attempts throughout the day, incorporate a means to for the client to learn to communicate his agitation appropriately and by failing to train and monitor the client's program on a consistent</p>	W 249			

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W 249	Continued From page 2 basis. B. Observations of client #5 during the 1/30-31/23 survey revealed the client to be non-verbal and communicate through a series of gestures including her favorite of waving to peers and staff in the group home to get their attention. Review of client #5's IPP dated 2/15/22 revealed the client to have a communication program to model the manual sign for "more." Further observations revealed no training of this objective or use of any other manual signs by staff during the survey. In addition, review of program progress for this objective revealed no data since 9/22 has been available to evaluate the client's progress with this objective. The facility failed to assure a continuous active treatment program regarding the client's communication needs has been implemented.	W 249		