

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

PRINTED: 02/09/2023  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G053</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>02/07/2023</b> |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MYRON PLACE</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 MYRON PLACE<br/>SALISBURY, NC 28144</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<br><br>A complaint survey was completed on February 7, 2023 for intake #NC00196974. No deficiencies were cited.   | W 000   |   |   |
| W 249  | PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the person centered plan (PCP) for 1 sampled client (#5). The finding is:<br><br>Morning observations in the group home on 2/7/23 at 7:10 AM revealed client #5 to sit at the dining table to prepare for the breakfast meal. Continued observations at 7:20 AM revealed client #5 to ingest a piece of paper as staff was in the kitchen area. Surveyor alerted staff to assist client #5 in the dining room. Further observation at 7:29 AM revealed client #5 to ingest a second piece of paper from the dining table as staff were not in the dining room area. Surveyor again alerted staff to assist client #5 in the dining room. Observations at 7:30 AM revealed staff to | 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  | Continued From page 1<br>accompany client #5 until breakfast was served at 7:45 AM.<br><br>Review of the record for client #5 revealed a PCP dated 8/4/22 which indicated the following diagnoses: I/DD severe, Tourette's Syndrome, PICA, Trichotillomania, history of choking, cataracts, Gilles De La Tourettes, chronic constipation, Diabetes Mellitus, Hyperlipidemia, allergic rhinitis, gastroesophageal reflux and hip replacement. Continued review of the record for client #5 revealed a behavior support plan (BSP) dated 7/24/21 which indicated the following target behaviors: PICA, loud vocalizations, hair pulling, physical aggression, stereotypic body movements and inappropriate touching. Further review of the 7/2021 BSP revealed client #5 requires close monitoring during waking hours due to PICA diagnosis. Encourage engagement in activities so that she won't get bored. PICA behaviors are considered self-stimulatory due to having nothing to do. Offer choices for preferred leisure activities. If client #5 ingests any inedible objects, contact nursing and complete an incident report.<br><br>Interview with the facility nurse on 2/7/23 revealed she was not made aware that client #5 ingested paper several times during the morning routine. Continued interview with nursing revealed they will follow up with client #5 and staff. Interview with nursing and the Program Manager revealed staff should follow client #5's BSP when she is exhibiting PICA related behaviors. Further interview with the Program Manager revealed staff have been trained to follow client #5's BSP when she exhibits target behaviors. | W 249   |   |                      |   |
| W 369  | DRUG ADMINISTRATION<br>CFR(s): 483.460(k)(2)  | W 369   |   |                      |   |

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| W 369  | <p>Continued From page 2</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by:<br/>Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 sampled clients (#6). The finding is:</p> <p>Morning observations on 2/7/23 at 7:45 AM revealed client #6 to ambulate to the dining room to participate for the breakfast meal. Continued observations at 8:05 AM revealed client #6 to ambulate to the medication room to prepare for medication administration. Further observations revealed client #6 to receive the following medications: Levothyroxine 75 mcg, Benefiber, fruit butter, Docusate Sodium 100 mg (3) tablets, Sertraline 50 mg and corn huskers lotion for callous on feet. Additional observations at 8:15 AM revealed client #6 to complete medication administration and ambulate to his room.</p> <p>Review of the record for client #6 revealed a person-centered plan dated 9/2/22. Continued review of the record for client #6 revealed a physician's order dated 2/7/23 indicated the following orders: Levothyroxine 75 mcg, take one tablet by mouth every morning at 8:00 AM for Hypothyroidism (30 minutes before other medications or meals).</p> <p>Interview with the facility nurse on 2/7/23 revealed client #6 should have been administered Levothyroxine 75 mcg prior to the breakfast meal. Continued interview with nursing revealed staff have been trained on medication administration for all clients. Further interview with nursing</p> | W 369   |   |                      |   |

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| W 369  | Continued From page 3<br>revealed client #6 should have all medications administered as prescribed.   | W 369   |   |                      |   |
| W 436  | SPACE AND EQUIPMENT<br>CFR(s): 483.470(g)(2)<br><br>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:<br>Based on observations, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 non-sampled client (#2) relative to a gait vest. The finding is:<br><br>Observations in the facility during the recertification survey from 2/6/23-2/7/23 revealed client #2 to participate in various activities to include ambulating to the bathroom, kitchen, dining area and her bedroom with an unsteady gait. At no point during the observation period did staff put on client #2's gait vest or back brace to aid in mobility.<br><br>Review of the record for client #2 on 2/7/23 revealed a person-centered plan (PCP) dated 7/22/22. Continued review of the record for client #2 revealed a PT evaluation dated 8/5/22 which indicates the client needs a gait vest to aid in safety during mobility. Staff should walk with client holding the gait vest from behind her while walking beside her and taking her hand if she offers it. Use the gait vest and contact guard assistance to encourage a more upright posture and guide her when ambulating. Review of the PT | W 436   |   |                      |   |

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| W 436  | Continued From page 4<br>evaluation also revealed client should wear a back brace and provided recommendations for a larger size gait vest.<br><br>Interview with the facility nurse and program manager on 2/7/23 revealed client #2 should have her gait vest on during waking hours. Continued interview with the program manager revealed staff have been trained on client #2's adaptive equipment to include wearing the gait vest. Further interview with the program manager revealed staff should assist client #2 with wearing her adaptive equipment as prescribed. | W 436   |   |                      |   |