

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

PRINTED: 02/22/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G152</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>STRICKLAND BRIDGE HOMES A &amp; B</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 STRICKLAND BRIDGE ROAD FAYETTEVILLE, NC 28304</b>		
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W 000	INITIAL COMMENTS	W 000			
W 436	<p>A recertification and complaint survey was completed on 2/21/23 for intake #NC00198449. No deficiencies were cited.</p> <p><b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)</p> <p>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 #12's wheelchair was free of odor. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations throughout the survey on 2/20 - 21/23, client #12's wheelchair smelled of urine. Further observations revealed each time the surveyor walked past client #12's wheelchair there was a strong smell of urine.</p> <p>During an interview on 2/21/23, Staff C who is assigned to work on third shift stated all wheelchairs; including client #12's are deep cleaned on Wednesday.</p> <p>Review on 2/21/23 of the third shift duty book, did not reveal any information about when or how client #12's wheelchair is cleaned.</p> <p>During an interview on 2/21/23, the Occupational/Physical Therapist Assistant revealed client #12's wheelchair is deep cleaned during third shift on Wednesday. Further</p>	W 436			

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 436	Continued From page 1 interview revealed staff are suppose to lift the seat cushion of client #12's wheelchair and clean underneath.	W 436			
W 455	<p><b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected 3 of 6 clients in the home. The finding is:</p> <p>During dinner observations in the home on 2/20/23, client #1 consumed mashed potatoes with his spoon. Client #1 then put his spoon in the serving dish of meatloaf, that was near him. Further observations revealed client #7 consumed mashed potatoes with his spoon. Additional observations revealed client #7 then put his spoon in the serving dish of meatloaf, that was passed to him. Further observations then revealed the serving dish was then passed to client #3 who served herself the meatloaf with hand over hand assistance from Staff A using a serving spoon.</p> <p>During an interview on 2/20/23, Staff A revealed they were unaware clients #1 and #7 personal spoons were being used to serve themselves the meatloaf.</p> <p>During an interview on 2/21/23, the Qualified Intellectual Disabilities Professional (QIDP) stated</p>	W 455			

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W 455	Continued From page 2 serving spoons should have been used by clients #1 and #7 to serve themselves meatloaf and not their personal spoons.	W 455			
W 460	FOOD AND NUTRITION SERVICES 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 each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 1 of 4 audit clients (#1). The finding is:  During dinner observations in the home on 2/20/23 at 5:56pm, Staff A allowed client #1 have a second helping of meatloaf, mashed potatoes and cabbage. Further observations revealed client #1 consumed the second helpings of all three items.  Review on 2/20/23 of client #1's Individual Program Plan dated 12/28/22 (IPP) stated, "...No seconds..."  Review on 2/20/23 of the homes' diet list revealed, "[Client #1's name]...No seconds..."  Review on 2/21/23 of client #1's Nursing Evaluation dated 12/12/22 indicated, "...No seconds".  Review on 2/21/23 of client #1's Nutritional	W 460			

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W 460	<p>Continued From page 3</p> <p>Evaluation dated 10/18/21 revealed, "...no seconds".</p> <p>During an interview on 2/21/23, Staff A knew client #1 was not suppose to get any seconds during meals. Further interview revealed Staff A was unsure why he allowed client #1 to get seconds during dinner.</p> <p>During an interview on 2/20/23, Staff B confirmed the homes' diet list is correct and client #1 should not receive seconds during any of his meals.</p> <p>During an interview on 2/21/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 does not receive seconds during meals.</p>	W 460			