

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

PRINTED: 02/23/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2023
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NAME OF PROVIDER OR SUPPLIER YADKIN I	STREET ADDRESS, CITY, STATE, ZIP CODE 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020
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(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
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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: Based on observations, record review and interview, the facility failed to ensure 1 of 6 clients (#4) received a continuous active treatment program consisting of needed interventions relative to a target behavior. The finding is:</p> <p>Observations in the group home throughout the 2/21-22/23 survey revealed cleaning supplies in the form of Lysol spray and Clorox wipes to be accessible in the bathroom during both survey days. Continued observation on 2/22/23 revealed staff to lock the cleaning supplies in the cabinet under the kitchen sink when it was brought to their attention by the surveyor.</p> <p>Review of records for client #4 on 2/22/23 revealed a person-centered plan dated 11/22/22 which indicated client #4's diagnosis to include severe IDD, Autism Spectrum Disorder, and PICA. Continued review of client #4's record revealed a behavior support plan (BSP) dated 12/15/21 which indicated target behaviors of non-cooperation/resistance, self-injurious behavior, leaving a supervised area, aggression, and PICA behavior (eating non-edibles).</p>	W 249		
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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 Continued review of client #4's BSP revealed interventions for PICA behavior to include cleaning supplies should be kept out of the client #4's reach to avoid consumption. Interview with staff on 2/22/23 revealed cleaning supplies are kept locked under the kitchen sink due to client #3's history of swallowing non-food items. Interview with the nurse supervisor on 2/22/23 verified the house restriction on cleaning supplies is currently in place only for client #4, not client #3. Continued interview with the nurse supervisor confirmed it is staff's responsibility to ensure all cleaning supplies are kept out of their reach as indicated in client #4's BSP.	W 249			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure all drugs and biologicals were kept locked except when being prepared for administration. The finding is: Observations in the group home throughout the 2/21-22/23 survey revealed prescription medications to be accessible in the bathroom and client #4's bedroom during both survey days. Further observations revealed one medication in the bathroom to be prescribed to client #4, and two medications in client #4's bedroom to be prescribed to client #2. Continued observation on 2/22/23 revealed staff to take the medications to the medication room when it was brought to their attention by the surveyor.	W 382			

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W 382	Continued From page 2	W 382			
W 474	<p>Interview with the nurse supervisor 2/22/23 confirmed staff are responsible for ensuring all prescription medications are kept locked except when being prepared for administration.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure food was served in a form consistent with the developmental level of 3 of 6 clients (#1, #3, & #4). The finding is:</p> <p>Observations in the group home on 2/21/23 at 5:15 PM revealed the dinner meal to include Shepard's pie, dinner rolls, oatmeal creme pies, milk, and water. Continued observation revealed clients #1, #3, and #4 to consume the dinner meal in whole form.</p> <p>Review of records for client #1 on 2/22/23 revealed a person-centered plan (PCP) dated 12/14/22 which indicated the client's diet order to be 1/2-inch consistency. Review of records for client #3 on 2/22/23 revealed a PCP dated 12/14/22 which indicated the client's diet order to be 1/4-inch consistency. Review of records for client #4 on 2/22/23 revealed a PCP dated 11/2/22 which indicated the client's diet order to be 1/4-inch consistency.</p> <p>Interview with the nurse supervisor 2/22/23 verified each client's orders are current. Continued interview confirmed staff are</p>	W 474			

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W 474	Continued From page 3 responsible for ensuring all clients receive their diet orders as prescribed.	W 474			