

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2023
NAME OF PROVIDER OR SUPPLIER MALLARD LANE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 142 MALLARD LANE ROCKINGHAM, NC 28379		
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W 218	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #4 was assessed for her use of adaptive dining utensils. This affected 1 of 3 audit clients. The finding is:</p> <p>During 2 of 3 mealtime observations in the home during the survey on 3/6 - 3/7/23, client #4 consumed her food using a regular utensil. At both meals, a built-up curved spoon was also located at her place setting; however, the client only used the regular utensil. Client #4 used the regular spoon without difficulty.</p> <p>Interview on 3/7/23 with Staff B revealed client #4 is usually given a choice of which type of utensil she would like to use. Additional interview indicated she does not like to use her adaptive spoon at meals.</p> <p>Review on 3/6/23 of client #4's IPP dated 5/24/22 revealed she uses "curved utensils".</p> <p>Interview on 3/7/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 was admitted to the facility about 2 years ago and came to them with curved utensils. Additional interview indicated did not know if client #4 had been assessed for the use of her adaptive utensils.</p>	W 218			
W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual</p>	W 240			

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 240	<p>Continued From page 1 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 him at meals. This affected 1 of 3 audit clients. The finding is:</p> <p>During breakfast observations in the home on 3/7/23 at 8:03am, client #1 began eating his breakfast meal. The client scooped spoonfuls of food and quickly put them into his mouth. The client coughed briefly. While standing next to him, Staff D provided verbal prompts to "slow down" and asked the client "Do you want something to drink? " The client ignored the prompts and continued to eat quickly. After client #1 had almost finished eating with only a small amount of food left on his plate, the staff removed the spoon from his hand and gave him a drink.</p> <p>Interview on 3/6/23 and 3/7/23 with Staff B and Staff D revealed client #1 eats fast, needs prompts to slow down and will cough at meals.</p> <p>Review on 3/7/23 of client #1's IPP dated 4/25/22 revealed, "Staff will prompt [Client #1] to take small bites /sips, eat slowly and monitor him for signs of difficulty." Additional review of the plan did not provide specific information to follow when client #1 does not respond to verbal prompts.</p> <p>Interview on 3/7/23 with the Qualified Intellectual Disabilities Professional (QIDP) indicated staff should also provide physical assistance for client #1 to put his spoon down and drink if he does not respond to verbal prompts. The QIDP acknowledged the client's IPP should also include this information.</p>	W 240			

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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 reviews and interviews, the facility failed to ensure 2 of 3 audit clients received a continuous active treatment program consisting of needed interventions and services as identified in the areas of adaptive equipment use and self-help skills. The findings are:</p> <p>A. During lunch observations at the day program on 3/6/23 at 12:15p, client #1 consumed his food from an adaptive sectioned plate with no non-slip mat underneath the plate. At the meal, client #1's plate shifted as he scooped his food. Client #4 was noted to consume her food from a paper plate with no non-slip mat underneath the plate.</p> <p>Review on 3/6/23 of client #1's Individual Program Plan (IPP) dated 4/25/22 listed use a non-slip mat included on her list of adaptive equipment.</p> <p>Review on 3/6/23 of client #4's IPP dated 5/24/22 revealed a non-slip mat on her list of adaptive equipment.</p>	W 249			

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W 249	Continued From page 3 Interview on 3/7/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 and client #4 should utilize a non-slip mat underneath their plates at meals. B. During lunch and dinner observations in the home on 3/6/23, staff cleared client #1's dishes from the table after meals the meals. Client #1 was not prompted or assisted to clear his dishes. During lunch and breakfast observations in the home on 3/6/23 and 3/7/23, staff cleared client #4's dishes from the table after the meals. Client #4 was not prompted or assisted to clear her dishes. Interview on 3/7/23 with Staff A revealed a bin is used to assist client #1 and client #4 with clearing their place setting after meals. Review on 3/7/23 of client #1's IPP dated 4/25/22 revealed, "A bus boy pan is brought to [Client #1] at mealtime to allow him to put his dishes in it." Review on 3/7/23 of client #4's IPP dated 5/24/22 revealed, "Staff will bring a designated tub to [Client #4], so she can place her plate, cup and utensils in after meals." Interview on 3/7/23 with the QIDP confirmed client #1 and client #4 can clear their place setting with the use of a bin.	W 249			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a	W 263			

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W 263	Continued From page 4 minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure written informed consent from guardians was obtained for restrictive programs. This affected 2 of 3 audit clients (#1 and #4). The findings are: Review on 3/6/23 of client #1's Behavior Support Plan (BSP) dated 2/13/23 revealed an objective to exhibit 2 or fewer challenging behaviors per month for 12 consecutive months. Additional review of the plan identified the use of Celexa, Klonopin and Risperdal. Further review of the record did not include a current written informed consent from client #1's guardian. Review on 3/6/23 of client #4's BSP dated 2/2/23 revealed an objective to exhibit 2 or fewer challenging behaviors per month for 11 months. Additional review of the plan identified the use of Zyprexa and Cogentin. Further review of the record did not include a current written informed consent from client #4's guardian. Interview on 3/7/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current written informed consent from client #1 and client #4's guardians had been obtained.	W 263			
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:	W 460			

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W 460	<p>Continued From page 5</p> <p>Based on observations, record review and interviews, the facility failed to ensure client #1's modified diet was followed as indicated. This affected 1 of 3 audit clients. The finding is:</p> <p>During lunch observations in the home on 3/6/23, client #1 consumed pureed meat and cut up bread. The client consumed the food with a cough noted.</p> <p>During breakfast observations in the home on 3/7/23, client #1 consumed pureed oatmeal, applesauce and a ground up slice of cheese toast. Closer observation of the cheese toast noted it was crumbly and dry. The client consumed the meal with a slight cough noted.</p> <p>Interview on 3/6 - 3/7/23 with Staff A, Staff B and Staff D revealed client #1 consumes a pureed diet. Additional interview noted the food should look like "baby food". Staff B indicated liquid should be added to food which is not already moist. All staff indicated client #1 coughs at any meal regardless of what he eats.</p> <p>Review on 3/6/23 of client #1's Individual Program Plan (IPP) indicated he consumes a pureed diet with nectar thick liquids.</p> <p>Additional review of training documents dated 5/13/22 noted pureed foods "consists of foods that are easy to swallow because they are blended, whipped, or mashed until they are a lump-free puree texture."</p> <p>Interview on 3/7/23 with the Qualified Intellectual Disabilities Professional (QIDP) and Residential Manager (RM) confirmed client #1 ingests a pureed diet and his food should be smooth with</p>	W 460			

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W 460	Continued From page 6 liquid added as needed.	W 460			