

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

PRINTED: 03/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/14/2023
NAME OF PROVIDER OR SUPPLIER SHERWOOD PARK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 126 ROBINHOOD LANE ABERDEEN, NC 28315		
(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	W 000			
W 130	<p>A recertification and complaint survey was completed on March 14, 2023 for Intake #NC00198963. No deficiencies were cited in relation to the complaint. However, deficiencies were cited as a result of the recertification.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and staff interviews, the facility failed to ensure privacy for 1 of 6 (#13) audit clients, during treatment and care of personal needs. The finding is:</p> <p>During lunch observations on 3/13/23 from 11:55AM until 12:20PM, client #13 sat in wheelchair at dining room table with a catheter bag hooked to the rear of his seat cushion. In the catheter bag, urine was collected and in view of other clients eating their meals.</p> <p>Interview on 3/14/23 with the nurse revealed that client #13 recently started wearing a catheter after a hospitalization. The nurse stated that used to have a supply of catheter covers, but she ran out of supply. The nurse acknowledged that catheter covers should be used when clients are in public.</p>	W 130			
W 192	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p>	W 192			

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 192	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review and staff interviews, the facility failed to ensure staff were sufficiently trained in infection control to prevent cross contamination. This had the potential to affect all clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #15). The findings are:</p> <p>A. During observations in the home on 3/13/23 at 4:30PM, Staff A was observed wearing yellow isolation gown while pushing client #5 in wheelchair to living room. Staff A returned to the residential hallway, wearing the same gown.</p> <p>Interview on 3/13/23 with Staff A revealed it was a habit to wear the gown when he passed medications at 4:00PM.</p> <p>B. During observations in the home on 3/14/23 from 6:45AM until 7:15AM, Staff F and Staff G were observed wearing yellow isolation gowns going in and out of multiple clients rooms, to get them up for breakfast and medications. Staff F remained in her gown from 7:00AM until 8:00AM, while she assisted to feed client #6 in the dining room. Staff G removed her gown by 7:30AM, transporting clients to the dining room in their wheelchairs.</p> <p>Interview on 3/14/23 with Staff F revealed that she normally changed her gown at the end of her shift. Staff F acknowledged that she worked last night on 3rd and had stayed over to work 1st shift. Staff G revealed staff have been trained to change gowns when they leave clients rooms.</p> <p>Policy review on 3/12/23 of the facility's Infection Control Policy revised October 2018, revealed to</p>	W 192		

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W 192	Continued From page 2 prevent cross contamination, hand wash, change gloves or when performing tasks where cross contamination occurs. Handle linens so as to prevent the spread of infection through linens. Interview on 3/14/23 with the nurse revealed the isolation gowns were mainly used for quarantine or if providing direct patient care, where exposure to body fluids. The nurse stated staff had been trained to change gowns between clients and should really remove gown before leaving the bedroom.	W 192			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure 1 of 6 audit clients (#9) individual program plan (IPP) included effecting training to meet the client's needs for tolerating bed linens. The finding is: During observations in the home on 3/14/23 at 6:43AM, client #9 was observed lying on top of a vinyl mattress in his room, with no bed linens in sight. Review on 3/14/23 of client #9's IPP dated 1/23/23 revealed he was not identified as having problems sleeping in bed with linens. Interview on 3/14/23 with Staff F revealed client #9 did not like to sleep with any bed linens and will automatically remove them from his bed.	W 227			

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W 227	Continued From page 3	W 227			
W 260	<p>Interview on 3/14/23 with the Habilitation Specialist (HS) revealed that client #9 was admitted to the facility in 2009. The HS revealed client #9 was never known to tolerate bed linens or to have a formal program to address it. The HS stated that client #9 had been known to take off bed linens after his bed is made and to take linens to laundry room. The HS revealed she considered client #9 stripping his bed linens as a behavior but that staff should at least attempt to make sure he has covers when he laid in bed.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to update the current individual program plan (IPP) to reflect the current dining skills for 1 of 6 (#6) audit clients. The finding is:</p> <p>During observations in the home on 3/13/23 at 12:00PM and 5:30PM, Staff H fed client #6 a pureed consistency meal for lunch and dinner, using a small spoon. An additional observation on 3/14/23 at 7:30AM, Staff F fed client #6 his breakfast, using a small spoon.</p> <p>Review on 3/13/23 of client #6's occupation therapy assessment dated 5/9/22 revealed client #6 was dependent in feeding and used a regular teaspoon.</p> <p>Review on 3/13/23 of client #6's IPP dated</p>	W 260			

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W 260	<p>Continued From page 4</p> <p>7/26/22 revealed adaptive equipment of curve spoon or fork. The IPP revealed client #6 was on a regular pureed diet with thinned liquids.</p> <p>Review on 3/13/23 of client #6's ABI (Adaptive Behavior Inventory) assessment dated 9/15/22 revealed he could partially use a fork and spoon to feed himself and was totally independent with finger foods.</p> <p>Review on 3/13/23 of client #6's nutritional evaluations dated 1/6/22 and 1/31/23 revealed client #6 was on a ground consistency diet and used a left handed spoon.</p> <p>Interview on 3/13/23 with Staff H revealed client #6 must be fed at meals, but he was still able to hold his sippy cup to drink.</p> <p>Interview on 3/14/23 with Staff f revealed client #6 did not have the fine motor skills to grasp a utensil but he could hold larger items such as his sippy cup. Staff F revealed that client #6 must always be fed at meals.</p> <p>Interview on 3/14/23 with Staff E who prepared client #6's meals revealed client #6 does not use a curved spoon to eat because staff feed him.</p> <p>Interview on 3/14/23 with the Habilitation Specialist revealed she completed the ABI assessment and had forgotten to update the equipment when client #6 went from a ground consistency to pureed consistency meal.</p>	W 260			
W 369	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure</p>	W 369			

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W 369	<p>Continued From page 5</p> <p>that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 6 audit clients (#11) observed receiving medications. The finding is:</p> <p>During observations of medication administration on 3/13/23 at 5:45PM, client #11 was observed to receive one Diltiazem 30mg tablet, one Chlorpromaz 50 mg tablet, one Risperidone 1 mg tablet, one Benztropine 0.5 mg tablet, and one can of Twocal HN Liquid. The tablets were crushed and administered via G-tube with 30CC water flush before and after administration.</p> <p>Review on 3/14/23 of client #11's physician's orders dated 12/9/22 revealed an order for one Diltiazem 30mg tablet and and one can of Twocal HN Liquid to be administered at 6:00PM. In addition, one Benztropine 0.5 mg tablet, Chlorpromaz 50 mg tablet, one spray of Deep Sea Nasal Spry 0.65%, one Diltiazem 30 mg tablet, one Midodrine 10 mg tablet, one Risperidone 1 mg tablet, and 25ML via G-tube Valproic ACD Sol 250/5ML to be administered at 8:00PM.</p> <p>Interview on 3/14/23 with the facility nurse confirmed that the Benztropine 0.5mg, Chlorpromaz 50 mg, and the Risperidone 1mg tablets should have been given within one hour of 8:00PM as indicated by physician's orders.</p>	W 369			