

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

PRINTED: 03/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/28/2023
NAME OF PROVIDER OR SUPPLIER COLLEGE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LAKE DRIVE LAURINBURG, NC 28352		
(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	
E 036	<p>EP Training and Testing CFR(s): 483.475(d)</p> <p>§403.748(d), §416.54(d), §418.113(d), §441.184(d), §460.84(d), §482.15(d), §483.73(d), §483.475(d), §484.102(d), §485.68(d), §485.542(d), §485.625(d), §485.727(d), §485.920(d), §486.360(d), §491.12(d), §494.62(d).</p> <p>*[For RNCHIs at §403.748, ASCs at §416.54, Hospice at §418.113, PRTFs at §441.184, PACE at §460.84, Hospitals at §482.15, HHAs at §484.102, CORFs at §485.68, REHs at §485.542, CAHs at §486.625, "Organizations" under 485.727, CMHCs at §485.920, OPOs at §486.360, and RHC/FHQs at §491.12:] (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.</p> <p>*[For LTC facilities at §483.73(d):] (d) Training and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p>	E 036			

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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E 036	<p>Continued From page 1</p> <p>*[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(i).</p> <p>*[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be evaluated and updated at every 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to develop a Emergency Preparedness (EP) training and testing program. This potentially affected clients #1, #2, #3, #4, #5, #5, and #6. The finding is:</p> <p>Review on 3/27/23 of facility's EP manual did not include any information on training or testing of the facility's staff.</p> <p>During an interview on 3/28/23, the Qualified Intellectual Disabilities Professional (QIDP) stated</p>	E 036			

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E 036 W 252	Continued From page 2 she was unaware that staff needed to be tested on the EP Plan. PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 3 audit clients (#3) data for their goal was documented. The finding is: During observations in the home on 3/27/23 client #3 was observed hitting her head with her closed and open hand. Further observations client #3 hitting the wall in the living and kitchen area. Staff were observed calling her name or telling her to stop. Review on 3/28/23 of client #3's Behavior Support Plan (BSP) Data Sheets revealed there was no documentation about the behaviors client #3 was having. Review on 3/28/27 of client #3's BSP dated 7/22/22 stated. "Target Behaviors:...Self-Injurious Behavior: Striking herself or other deliberate actions that may cause injury". Further review revealed. "DOCUMENTATION: Staff shall document all episodes of target behavior and other behaviors of clinical concern on the form that accompanies this plan".	E 036 W 252			

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W 252	Continued From page 3 During an interview on 3/28/23, Staff B revealed whenever client #3 is displaying target behaviors they are to document it on the BSP Data Sheet. During an interview on 3/28/23, the Behaviorist stated staff have been trained to document all target behaviors that client #3 displays.	W 252			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) 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: Based on observations, record review and staff interviews, the facility failed to ensure medications were administered without error for 1 of 3 clients (#3) observed during the administration of medications. The finding is: During medication administration observations in the home on 3/28/23 at 8:09am, client #3 consumed six pills. During further observation of the pill bubble packs, the surveyor noticed one of the bubble packs for client #3's SM2/TMP TAB 800-160 stated, "Take 1 Tablet by mouth on Monday, Wednesday and Friday". During an interview on 3/28/23, Staff A confirmed client #3 should not have received her SM2/TMP on Tuesday. Review on 3/28/23 of client #3's physician's orders (1/1/23 - 4/1/23) indicated client #3 should receive her SM2/TMP tablet on Monday, Wednesday and Friday.	W 369			

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W 369	Continued From page 4 During an interview on 3/28/23, the facility's nurse confirmed Staff A should not have given client #3 her SM2/TMP tablet on Tuesday.	W 369			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is: During observations in the home on 3/28/23, Staff A took down a tackle box from off the top of a cabinet in the medications room. Further observations revealed Staff A open an unlocked yellow colored part of the tackle box and take out a key. Additional observations revealed Staff A open the locked part of the tackle box with the unsecured key. During an interview on 3/28/23, Staff A reported the facility nurse told the staff to keep the key there. Further interview revealed the staff has been working in the home for about one year. During an interview on 3/28/23, the facility's nurse stated she never told staff to put the key in the unsecured part of the tackle box. Additional interview revealed the nurse believed the key was broken.	W 383			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by:	W 441			

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W 441	Continued From page 5 Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is: Review on 3/27/23 revealed three fire drills were conducted on third shift at: 11:26pm; 12:40am and 12:05am. During an interview on 3/28/23, the Qualified Intellectual Disabilities Professional (QIDP) revealed the third shift hours in the home are from 11pm until 7am. The QIDP confirmed he fire drill conducted on third shift in the home were not conducted within varied times.	W 441			
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 3 audit clients (#3). The finding is: During dinner observations in the home on 3/27/23, client #3 consumed two chicken wings for dinner. At no time was client #3 redirected not to eat the second chicken wing. During observations in the home the surveyor observed that two chicken wings weighed 7 ounces.	W 460			

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W 460	Continued From page 6 Review of the menu book for the facility stated any clients on an 1800 calorie diet should consume one chicken wing that weighs four ounces. Review on 3/27/23 of client #3's Nutrition Evaluation dated 11/22/22 stated, "Diet:... 1800 cal...May have a healthy low cal snack including fruit if still hungry". During an interview on 3/28/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's diet should have been followed correctly.	W 460			