

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

PRINTED: 04/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G135		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/11/2023	
NAME OF PROVIDER OR SUPPLIER SCOTLAND FOREST HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 21760 ANDREW J. HWY MAXTON, NC 28364			
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W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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 record review and interviews, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific objectives to meet his needs as identified in the comprehensive functional assessment. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations at the day program on 4/10/23, client #3 shredded paper and picked up trash at the facility.</p> <p>Interview on 4/10/23 with Staff A revealed client #3 gets paid for his work tasks at the day program.</p> <p>Review on 4/10/23 of client #3's IPP dated 2/28/23 revealed objectives to clean the toilet, clean the pantry, clean trashcans and a behavioral objective. No other objectives were identified. Additional review of the IPP noted the client has trained on and met criteria for objectives to dry between his toes, apply lotion, identify coins/dollars, budget money, and carry money since 2009. Additional review of the client's Adaptive Behavior Inventory (ABI) last reviewed on 10/19/22 indicated various needs in the area of self-care, grooming, dressing and money management.</p> <p>Interview on 4/11/23 with the Home Manager (HM) confirmed client #3 continues to have needs in daily living skills and money management;</p>			W 227			

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 227	Continued From page 1	W 227			
W 340	<p>however, the team has not considered additional training in these areas.</p> <p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to wear latex gloves appropriately and implement protocols to prevent the potential spread of infections. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The findings are:</p> <p>A. During evening observations in the home on 4/10/23 from 4:47pm - 5:48pm, client #6 assisted Staff B in the kitchen with meal preparation tasks. After washing his hands, the staff assisted the client to put on gloves. During this time, client #6 assisted with placing raw turkey burgers on a pan. Upon completion of this task, the staff removed their gloves but prompted the client to continue wearing his gloves. Client #6 continued to perform various tasks in the kitchen while wearing the same gloves.</p> <p>B. During dinner observations in the home on 4/10/23 at 6:05pm, various staff assisted clients to pour drinks, pass serving bowls and serve themselves. The staff were noted to wear gloves as they stood around the table and assisted the clients.</p>	W 340			

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W 340	<p>Continued From page 2</p> <p>C. During morning observations in the home on 4/11/23 from 7:00am - 7:29am, client #4 and client #6 assisted Staff J in the kitchen with meal preparation tasks. The clients were assisted to put on gloves after washing their hands. Both clients continued to wear the same gloves while touching various surfaces, door knobs, handles, etc. The clients were not prompted or assisted to change their gloves as needed.</p> <p>D. During breakfast observations in the home on 4/11/23 at 7:38am, client #6 coughed directly into his right hand. Shortly afterwards, Staff C passed the client a pitcher of water which he retrieved with his right hand, poured his drink and passed the pitcher to a client next to him. Client #6 also picked up a bowl on the table, served himself and passed the bowl to a client next to him. Although Staff C stood next to the client at the table and at least four other staff were standing around the table, the client was not prompted or encouraged to wash and/or sanitize his hands after coughing.</p> <p>Interview on 4/10/23 with Staff E revealed they really don't have to wear gloves while assisting clients at meals. Additional interview indicated only the staff working in the kitchen needs to wear gloves.</p> <p>Interview on 4/11/23 with Staff J indicated clients and staff should be wearing gloves while working in the kitchen. The staff noted this keeps the clients from having wash their hands so much. Additional interview revealed clients should be changing their gloves when touching their face or other surfaces.</p> <p>Interview on 4/11/23 with Staff C indicated she</p>	W 340			

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W 340	<p>Continued From page 3</p> <p>was aware of client #6 coughing into his hand at the table and noted he frequently coughs in the morning possibly due to allergies. When asked if the client should have been prompted to wash or sanitize his hands, the staff asked the surveyor if this was something they need to "start doing".</p> <p>Review on 4/11/23 of the facility's Infection Control policy (revised March 2017) revealed, "Hand washing is the single most effective way to prevent infections. In order to prevent the spread of infections, staff is required to wash their hands after each direct or indirect contact for which hand washing is indicated by acceptable standards of practice." The policy noted hands should be washed, "After situations during which microbial contamination of hands is likely to occur i.e....sneezing, coughing, blowing nose,...etc." Further review of the policy also indicated, "An alcohol-based hand sanitizer may be used as a means of hand washing unless the hands are visibly soiled."</p> <p>Additional review of the Infection Control policy noted, "Wear gloves when touching blood, body fluids, secretions, and contaminated items. Put on clean gloves, just before touching mucous membranes or non-intact skin. Change gloves between tasks and procedures on the same individual after contact with material that may contain high concentration of microorganisms. Remove gloves promptly, before touching non-contaminated items and environmental surfaces and before going to another individual and wash hands to avoid transfer of microorganisms to other individual or environments."</p> <p>Interview on 4/11/23 with the facility nurse</p>	W 340			

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W 340	Continued From page 4 confirmed staff should be following the infection control policy. The nurse acknowledged gloves do not need to worn while assisting at meals or in the kitchen unless touching raw meat. Additional interview confirmed client #6 should have been assisted to wash and/or sanitize his hands after coughing at the meal.	W 340			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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 #6 was taught to use and make informed choices regarding the use of his eyeglasses. This affected 1 of 3 audit clients. The finding is: During observations throughout the survey on 4/10 - 4/11/23, client #6 did not wear eyeglasses. The client was not prompted or encouraged to wear eyeglasses. Interview on 4/11/23 with Staff C revealed client #6 does have eyeglasses; however, he broke them and they are waiting for his new ones to arrive. Additional interview indicated client #6 breaks his eyeglasses at least one or more times a year due to his behaviors. Review on 4/11/23 of client #6's Individual Program Plan (IPP) dated 3/14/23 confirmed the client wears eyeglasses. Additional review of the	W 436			

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W 436	Continued From page 5 IPP revealed no objectives regarding his inappropriate use of his eyeglasses or training to teach the client to make informed choices about the use of his eyeglasses. Interview on 4/11/23 with the Home Manager (HM) confirmed client #6 wears eyeglasses; however, they have not come in yet. Additional interview confirmed the client will break his eyeglasses during behavior episodes. The HM indicated no training has been implemented to address his inappropriate use of his eyeglasses.	W 436			