

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

PRINTED: 12/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER SCI-EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 338 COOPER DRIVE WINTERVILLE, NC 28590	
(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 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to address independent skills in relation to eyeglass tolerance for 3 of 5 audited clients (#4, #6 and #10). The findings are:</p> <p>A. During observations in House 1 on 11/29/22 between 3:00pm to 4:00pm, client #4 was observed participating in group activity, without glasses.</p> <p>Record review on 11/29/22 of client #4's Individual Program Plan (IPP) dated 8/4/22 revealed he was prescribed eyeglasses and should be encouraged to put them on.</p> <p>Interview on 11/30/22 with the Habilitation Manager (HM) revealed client #4 has eyeglasses in good repair and staff on 3rd shift, who assist with dressing, may need to remind him to put them on.</p> <p>B. During observations in House 1 on 11/29/22 between 3:00pm-4:00pm, client #6 was observed participating in group activity, without glasses.</p> <p>Record review on 11/29/22 of client #6's IPP</p>	W 242	<p>W 242</p> <p>The interdisciplinary team will meet and develop a training plan for independent skills in relation to eyeglasses tolerance for Clients #4, #6, and #10 as well as any other clients that have this need.</p> <p>In the future, when an individual program plan is being developed, the QP will assure that the client's program will include, if the client lacks them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs) unless it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>All staff will receive training on plans to promote independence in eyeglasses usage that are developed by team.</p> <p>The Director or Hab Coordinator will monitor client independence in eyeglass usage three times a week. The RQP will monitor client independence in eyeglass usage once weekly. The Executive Director (Corporate Office) will monitor client independence in eyeglass usage twice monthly and individual program plan development once monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p>	1/30/2023

DHSE - Mental Health

DEC 19 2022

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Seslie Ragatz

TITLE

Chief Operations Officer

(X6) DATE

12/16/2022

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 242	Continued From page 1 dated 6/9/22 revealed he wore eyeglasses and that he needed verbal prompts to complete some activities of daily living skills. Interview on 11/30/22 with the HM revealed client #6's eyeglasses are in good repair and staff should remind him if he forgets to wear them. Interview on 11/30/22 with the Executive Director (ED) revealed client #6 was normally compliant wearing his glasses. C. During dinner observations in House 2 on 11/29/22 from 4:00pm to 6:30pm, client #10 was observed not wearing eyeglasses and was seen squinting her eyes at the dinner table, look at the television. Record review on 11/30/22 of client #10's IPP dated 3/17/22 revealed she had a service goal for the team to continue monitoring eyeglass wear due to her experiencing problems with depth perception. Interview on 11/30/22 with the HM revealed client #10 has eyeglasses in good repair and would sometimes removed her eyeglasses, stating her eyes hurt. The HM acknowledged staff should remind clients needing eyeglasses to wear them.	W 242			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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	W 249			

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W 249	<p>Continued From page 2 objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 5 audit clients (#3) received a continuous active treatment program consisting on needed interventions and services as identified in the individual program plan (IPP) in the areas of durable medical equipment and positioning. The finding is:</p> <p>Observations in House 2 on 11/29/22 from 4:00pm to 6:30 pm revealed client #3 wearing house slippers with no shoe inserts and not wearing compressed socks. When client #3 was observed to sit in the recliner, she did not elevate her feet, which appeared to be swollen at the ankles. Staff B, Staff C and the Habilitation Coordinator were on duty and interacting with client #3 and were not observed reminding her to use the durable medical equipment or to elevate her feet.</p> <p>Record review on 11/29/22 on client #3's IPP dated 10/27/22 revealed she was diagnosed with flat feet and should wear shoe inserts for support. The IPP also identified client #3 should wear compressed stockings during the day and should elevate her legs when sitting due to edema in legs, ankles and feet.</p> <p>Interview on 11/30/22 with the Habilitation Manager (HM) revealed client #3 received assistance from staff when dressing and should get help putting on compressed stockings and</p>	W 249	<p>W249</p> <p>All staff will receive training on:</p> <ul style="list-style-type: none"> • Client #3's durable medical equipment (compressed socks and shoe inserts) and positioning (leg elevation). • All client's durable medical equipment and positioning guidelines. <p>The Director or Hab Coordinator will monitor Durable Medical Equipment usage and positioning three times a week.</p> <p>The RQP will monitor Medical Equipment usage and positioning once weekly. The Executive Director (Corporate Office) will monitor Medical equipment usage and positioning of clients twice monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p>	1/30/2023	

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W 249	Continued From page 3 using shoe inserts. The HM acknowledged he was aware client #3 did not like to always wear her stockings because she would complain they were too tight. The HM also stated that client #3 was not always compliant elevating her feet when sitting.	W 249		
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations in House 2, record review and interviews, the facility failed to provide the prescribed modified diets for 3 of 5 audit clients (#3, #5 and #10). The findings are:</p> <p>A. During dinner observations in the home on 11/29/22 from 5:45pm to 6:30pm, client #3 was observed eating cheese pizza and cream of mushroom soup. Client #3 initially received 1.5 slices of pizza and a cup of soup. Client #3 asked Staff C if it was okay to get another slice of pizza and was told yes. Client #3 consumed a full 2nd slice of cheese pizza.</p> <p>Review on 11/29/22 of client #3's Individual Program Plan (IPP) dated 10/27/22 revealed she was on a calorie controlled regular diet and should not receive 2nd servings of bread.</p> <p>Interview on 11/30/22 with the Habilitation Manager (HM) revealed the menu portions suggested that 1 slice of pizza equaled a serving.</p>	W 460	<p>W460</p> <p>All staff will receive training on all client diets. This training will include diet orders and consistencies. The Director or Hab Coordinator will monitor diet orders and diet consistencies three times a week. The RQP will monitor diet orders and diet consistencies once weekly. The Executive Director (Corporate Office) will monitor diet orders and diet consistencies twice monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p>	1/30/2023

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W 460	<p>Continued From page 4</p> <p>Interview on 11/30/22 with the Executive Director (ED) revealed that pizza is a form of bread.</p> <p>B. During dinner observations in the home on 11/29/22 from 5:45pm to 6:30pm, client #5 was observed refusing her meal and was prompted by Staff B to make another selection in the kitchen. Client #5 chose a blueberry muffin. Staff B cut the blueberry muffin into finger food size pieces. Client #5 consumed her meal without any noticeable problems.</p> <p>Review on 11/29/22 of client #5's IPP dated 8/10/22 revealed she should receive a ground diet, low in fat and low in carbs diet to promote weight loss.</p> <p>Interview on 11/30/22 with the ED confirmed that a muffin prepared as a finger food was not a ground consistency diet.</p> <p>C. During dinner observations in the home on 11/29/22 from 5:45pm to 6:30pm, client #10 was observed eating 2 slices of pizza and 3 cups of cream of mushroom soup.</p> <p>Review on 11/30/22 of client #10's IPP dated 3/17/22 revealed she was on a calorie controlled regular diet.</p> <p>Interview on 11/30/22 with the HM revealed the menu portions suggested 1 slice of cheese pizza equaled a serving and the blue ladle used for dinner last night, equaled 8 oz/1 cup. The HM acknowledged client #10's diet was not followed.</p>	W 460		