

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

PRINTED: 06/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-DUPLIN HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 ORVILLE STREET WARSAW, NC 28398</b>		
(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 159	<p><b>QIDP</b> CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record review and interview, the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure the Behavior Support Plan (BSP) for 1 of 3 audit clients (#1) was sufficiently monitored to ensure monthly progress notes were written as indicated. The finding is:</p> <p>Review on 6/12/23 of client #1's Individual Program Plan (IPP) dated 9/26/22 revealed, "Target Behaviors Defined: During depressive episodes, [Client #1] has a history or task refusal, crying, screaming, waving her arms, biting her fingers, picking her skin, pulling on her toenails, and/or hitting or ramming others with her wheelchair."</p> <p>Review on 6/13/23 of client #1's BSP dated 12/8/20 revealed, an objective to display symptoms of depression at a frequency of six or fewer per month for nine out of twelve calendar months. The BSP included the use of Zoloft. Additional review of the BSP noted, "Psychologist will review data for this information on a minimum monthly basis and enter monthly data based program notes in the goal section of client's record." Further review of documents provided revealed only three progress notes were completed for January, February and March of 2023. No other progress notes were available for review.</p> <p>Interview on 6/13/23 with the QIDP and the Director indicated the BSP notes should be</p>	W 159			

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.

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

PRINTED: 06/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-DUPLIN HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 ORVILLE STREET WARSAW, NC 28398</b>		
(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 159	Continued From page 1	W 159			
W 249	<p>completed monthly by the Psychologist.</p> <p><b>PROGRAM IMPLEMENTATION</b> 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 review and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of implementation of mealtime guidelines and use of adaptive dining equipment. This affected 1 of 3 audit clients (#6). The findings are:</p> <p>A. During 3 of 3 mealtime observations in the home on 6/12 - 6/13/23, client #6's mealtime guidelines were not followed as written. For example, during lunch observations in the home on 6/12/23 at 12:08pm, client #6 consumed three food items from three small containers including tomato soup, pears cut into chunks and a turkey meat sandwich cut into bite-size pieces. A plate was not provided. Client #6's sandwich and pears were cut prior to being served to her. The client consumed her food quickly with sporadic prompts to "slow down" from Staff A and other staff in the</p>	W 249			

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

PRINTED: 06/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-DUPLIN HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 ORVILLE STREET WARSAW, NC 28398</b>		
(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 249	<p>Continued From page 2 room.</p> <p>During dinner observations in the home on 6/12/23 at 5:42pm, client #6 was assisted to serve chicken fingers, mashed potatoes, Cole slaw, and hush puppies. All food items were in stacks on her plate. The chicken fingers and hush puppies were served whole and the client was assisted to cut them into smaller pieces at the table. From 5:52pm - 5:57pm, Staff E periodically removed the client's plate and drinks out of her reach and/or touched the hand which held her utensil while prompting her to slow down. Client #6 continued to eat her food quickly and place several spoonfuls in her mouth with infrequent prompts to slow her rate of eating.</p> <p>During breakfast observations in the home on 6/13/23 at 8:10am, client #6 was assisted to serve herself sausage, toast, oatmeal, and a banana. While the banana was served whole and the client assisted to cut it into smaller pieces, the sausage and toast were served already cut into bite-size pieces. The client's banana pieces were mixed with her oatmeal and all food items were portioned out in stacks on her plate. Throughout the meal, Staff A provided prompts for the client to periodically take sips of her drinks, wipe her mouth and put her spoon down. The staff also physically prompted the client at her shoulder or upper arm to sit up and back in her chair.</p> <p>Interview on 6/13/23 with Staff A revealed client #6 has a tendency to eat quickly at meals and they try to slow her down by sitting beside her and prompting her to stop and chew. Additional interview indicated they follow the guidelines noted in her plan.</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-DUPLIN HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 ORVILLE STREET WARSAW, NC 28398</b>		
(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 249	<p>Continued From page 3</p> <p>Interview on 6/13/23 with the Direct Support Personnel/Administrator (DSPA) indicated client #6 should consume her food in bite-size pieces and her food should be spread over her plate to help slow her down since she eats too fast and she should also be prompted to take sips throughout the meal.</p> <p>Review on 6/13/23 of client #6's IPP dated 1/31/23 revealed Mealtime Guidelines dated 3/1/12. Additional review of the guidelines indicated, "...The following guidelines should be followed at all meals and snacks. During meals and snacks, staff should encourage L to use appropriate table manners. Teaching cues should be used when appropriate. Putting too much food in her mouth:...[Client #6] will use a 1/2 teaspoon to help control the amount of food she can scoop up...Prevent overfilling of utensils: Staff should make sure that food is spread over her plate to prevent overfilling when scooping (easier to put a lot of food on utensil when food is dumped in one area). Eating too fast: Staff should cue [Client #6] when she is eating too fast. Ask [Client #6] to place her fork on the table in between bites, wipe her mouth or take a drink. [Client #6]..."</p> <p>Interview on 6/13/23 with the Director indicated client #6 continues to have mealtime guidelines in place which should be followed by staff at meals.</p> <p>B. During 3 of 3 mealtime observations in the home throughout the survey on 6/12 - 6/13/23, client #6 consumed food items which were in bite-size pieces. At the lunch meal on 6/12/23 12:08pm, all food items were previously cut prior to being served to client #6. At dinner on 6/12/23 5:42pm, client #6 was assisted to cut up her chicken and hush puppies using a butter knife.</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-DUPLIN HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 ORVILLE STREET WARSAW, NC 28398</b>		
(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 249	<p>Continued From page 4</p> <p>Although a knife fork was located at her placesetting, the client was not prompted or assisted to use it. During breakfast observations in the home on 6/13/23 at 8:10am, client #6's sausage and toast were served already cut up. Although a knife fork was located at her place setting, the client was assisted to cut up her banana using her spoon.</p> <p>Interview on 6/13/23 with the DSPA revealed client #6's food should be in bite-size pieces and she can assist with cutting by using an adaptive "cutter fork". Additional interview on 6/13/23 with Staff A confirmed client #6 uses an adaptive fork with a cutting edge to assist with cutting her food at meals.</p> <p>Review on 6/12/23 of client #6's IPP dated 1/31/23 revealed she consumes her food cut into bite-size pieces. Additional review on 6/13/23 of client #6's Mealtime Guidelines dated 3/1/12 revealed, "...a knife fork has been added for [Client #6] to cut her food to the appropriate size...Cutting: [Client #6's] diet is regular consistency. That means it isn't cut prior to her eating. If [Client #6] has food that needs cutting, staff should assist [Client #6] to cut foods appropriate."</p> <p>Interview on 6/13/23 with the Director confirmed client #6 uses a knife fork as indicated in her Mealtime Guidelines.</p>	W 249			