

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

PRINTED: 06/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/27/2023
NAME OF PROVIDER OR SUPPLIER SILO DRIVE FACILITY-CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 111 SILO DRIVE CHAPEL HILL, NC 27514		
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to document in the medication administration record (MAR). The finding is:</p> <p>During morning medication administration observations in the home on 6/27/23, beginning at 7:04am and ending at 7:26am Staff A signed the MAR prior to three clients consuming their medications.</p> <p>During an interview on 6/27/23, Staff A stated she signs the MAR as the pills are punched out by the clients. Further interview revealed Staff A has always signed the MAR prior to the clients consuming their medications.</p> <p>During an interview on 6/27/23, the facility's nurse revealed the MAR is suppose to be signed by staff after the clients consume their medications. Additional interview revealed staff have been trained to sign the MAR after the clients consume their medications.</p>	W 189			
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</p>	W 242			

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 242	Continued From page 1 of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, record review and interview the interdisciplinary team failed to assure objective training to meet identified needs relative to care of eyeglasses were implemented for 1 of 4 audit clients (#3). The finding is: During morning medication administration in the home on 6/27/23 at 7:25am, client #3's eyeglasses were removed from the locked medication closet by Staff A. During interview on 6/27/23, Staff A stated client #3's eyeglasses are kept locked in the medication closet because he will break them. Staff A was unsure if client #3 has ever had training relative to the care of his eyeglasses. During an interview on 6/27/23, the Qualified Intellectual Disabilities Professional (QIDP) reported in the three years that he has been working at the group home, client #3 has never had training relative to the care of his eyeglasses.	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 objectives identified in the individual program plan.	W 249			

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W 249	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 4 audit clients (#2 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas meal preparation and hand over hand assistance. The findings are: A. During morning observations in the home on 6/27/23, Staff B cut client #2's peanut butter toast and banana. Further observations revealed Staff Staff B pouring client #2's cereal into a bowl, pouring milk into the bowl and pouring milk into a cup. Client #2's plate was on the table from 8:02am until 8:14am; before he began eating. At no time was client #2 given the opportunity to participate in hand over hand assistance with his breakfast. During an interview on 6/27/23, Staff B revealed they had never been trained how to do hand over hand assistance with the clients. Review on 6/27/23 of client #2's Direct Support Evaluation dated 5/9/23 revealed, "Food cutting: [Client #2's name] is unable to use a knife to cut his food so he will need full assistance from staff. Drink pouring: [Client #2's name] will need hand over hand help to pour drinks to prevent spills from happening. Food serving: [Client #2's name] will need hand over hand assistance from staff to help with fixing his plate". During an interview on 6/27/23, the Qualified Intellectual Disabilities Professional (QIDP)	W 249			

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W 249	Continued From page 3 confirmed client #2 needs hand over hand assistance with cutting his food, pouring his drink and fixing his plate. B. During dinner observations in the home on 6/26/23, Staff B cut client #4 peanut butter toast and apples. Staff B placed all the food items on client #4's plate for him. Staff B also poured client #4's milk into his cup and into his cereal. Client #4 was not given the opportunity to participate in hand over hand assistance with his breakfast. Review on 6/27/23 of client#4's Individual Personal Plan dated 5/9/23 revealed: Client #4 "will need full hand over hand assistance to pour his drink to prevent spills, Food serving: [client #4] will need full hand over hand assistance with plate serving."	W 249			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 4 audit clients (#3). The finding is:	W 263			

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W 263	Continued From page 4 Review on 6/26/23 of client #3's Behavior Support Plan (BSP) updated 2023 revealed it was last signed by his guardian on 5/8/22. Further review revealed there was not a current BSP consent signed by his guardian.	W 263			
W 440	During an interview on 6/27/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's BSP had expired. EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills, per shift, at least quarterly. The finding is: Review on 6/26/23 of the facility's fire drill evacuation reports, revealed for the time period of August 2022 through November 2023, no fire drills were conducted for Quarter #3 on any shift.	W 440			
W 454	Interview on 6/27/23 with the Qualified Professional indicated fire drills should be performed on each shift quarterly. INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected clients #4 and client #5. The	W 454			

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W 454	Continued From page 5 findings are: During the breakfast observation on 6/27/23 at 7:47am, client #4 put his hands in the bowl of cereal that was place in front of him to eat. Client #4 then told staff he did not want milk in his cereal. Staff A gave the bowl of cereal to client #5 who consumed the bowl of cereal.	W 454			
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 observation, record review and interview, the facility failed to ensure client #4 received his specially-prescribed diet as indicated. This affected 1 of 4 audit clients. The finding is: During mealtime observation in the home throughout the survey on 6/26-6/27/23, client #4 received cut size pieces and regular food consistency food items. Interview on 6/27/23 with Staff A revealed she was not sure of client #4's diet consistency. Interview on 6/27/23 with Staff B revealed he was not aware of client #4's diet.	W 460			

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W 460	Continued From page 6 Review on 6/26/23 of client #4 Individual Program Plan (IPP) dated 5/9/23 revealed diet/type soft/chopped. Interview on 6/27/23 with the Qualified Professional indicated client #4 was on a soft/chopped diet.	W 460			