

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2023
NAME OF PROVIDER OR SUPPLIER CHANDLER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 342 CHANDLER ROAD DURHAM, NC 27707		
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W 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain an initial Physical Therapy (PT) Evaluation assessment for 1 of 4 audit clients (#6). The finding is:</p> <p>Review on 8/7/23 of client #6's record revealed he had not received a PT evaluation. Further review revealed client #6 was admitted to the facility on 8/9/22.</p> <p>During an interview on 8/8/23, the Administrator confirmed client #6 had not received his initial PT evaluation.</p>	W 210			
W 217	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 4 audit clients (#6) received an initial Nutritional assessment. The finding is:</p> <p>Review on 8/7/23 of client #6's record revealed there was no Nutritional assessment. Further review revealed client #6 was admitted to the facility on 8/9/22.</p> <p>During an interview on 8/9/23, the Administrator revealed client #6 did not have a initial Nutritional assessment.</p>	W 217			

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 220	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 newly admitted client (#6) received his initial speech/language assessments within 30 days of admission. The finding is:</p> <p>Review on 8/7/23 of client #6's record revealed he had not received his initial speech/language assessment within 30 days of admission. Further review revealed client #6 was admitted to the facility on 8/9/22.</p> <p>During an interview on 8/8/23. the Administrator revealed client #6 did not have a speech/language assessment.</p>	W 220			
W 221	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an auditory examination for 1 of 4 audit clients (#6). The finding is:</p> <p>Review on 8/7/23 of client #6's record revealed he had not received an auditory examination. Further review revealed client #6 was admitted to the facility on 8/9/22.</p> <p>During an interview on 8/8/23, the Administrator confirmed client #6 had not received his auditory examination.</p>	W 221			
W 226	<p>INDIVIDUAL PROGRAM PLAN</p>	W 226			

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W 226	Continued From page 2 CFR(s): 483.440(c)(4) Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure each client received an Individual Program Plan (IPP) within thirty days after admission. This affected 1 of 4 audit clients (#6). The finding is: Record review on 8/7/23 of client #8's record revealed he was admitted to the home on 8/9/22. Further review revealed client #6 did not have an IPP completed. During an interview in 8/8/23, the administrator confirmed client #6 did not have a IPP within 30 days of their admission to the facility. Further interview revealed it is the QIDP's responsibility to ensure IPP's are completed for newly admitted clients.	W 226			
W 248	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure current Behavior Support Programs (BSP's) were available to all relevant staff. This affected 3 of 5 audit clients (#2, #3, and #6). The findings are:	W 248			

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W 248	Continued From page 3 A. During observations in the home during the survey on 8/7/23, the surveyor noticed one binder located in the home which were kept inside of container. Upon further examination the surveyor noticed the BSP for client #2 had a target date of 10/1/20. B. During observations in the home during the survey on 8/7/23, the surveyor noticed one binder located in the home which were kept inside of container. Upon further examination the surveyor noticed the BSP for client #3 had a target date of 4/1/21. C. During observations in the home during the survey on 8/7/23, the surveyor noticed one binder located in the home which were kept inside of container. Upon further examination the surveyor noticed the BSP for client #6 had a target date of 7/1/23. During an interview on 8/9/23, the Administrator confirmed the BSP for clients #2, #3 and #6 should have been updated for relevant staff who work in the home.	W 248			
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 4 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration. The finding is: During morning medication administration in the home on 8/8/23, Staff A punched out the pills for client #5. At no time was client #5 given the opportunity to punch out his own pills. During an interview on 8/8/23, Staff A stated he went ahead and punched client #5's pills to ensure they get in the medication cup. Further interview revealed client #5 can probably punch out his own pills without any assistance. Review on 8/9/23 of client #5's Nursing Evaluation dated 10/15/21 revealed, "Ability to Self-Administer Medications: "He independently...punching his pills...." During an interview on 8/8/23, th Administrator stated client #5 should have been given the opportunity to punch out his own pills.	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	W 263			

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W 263	Continued From page 5 failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 3 of 4 audit clients (#2, #5 and #6). The findings are: During observations in the home on 8/7/23, the surveyor noticed there were separate locks on the refrigerator, freezer and cabinets in the kitchen. During an interview on 8/7/23, Staff B revealed there is a client who will come into the kitchen and eat items which do not follow his diet consistency and that is why there are locks on the refrigerator, freezer and cabinets. A. Review on 8/7/23 of client #2's Individual Program Plan (IPP) dated 7/19/22 did not include a signed consent allowing for the refrigerator, freezer and cabinets to be locked. B. Review on 8/7/23 of client #5's IPP dated 1/23/23 did not include a signed consent allowing for the refrigerator, freezer and cabinets to be locked. C. Review on 8/7/23 of client #6's record did not include a signed consent allowing for the refrigerator, freezer and cabinets to be locked. During an interview on 8/7/23, the Behaviorist confirmed there were no signed consents from the legal guardians of clients #2, #5 and #6.	W 263			
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 6 Based on the review of the fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all the clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is: Review on 8/7/23 of the facility's fire drills revealed there were no fire drills held in September, November, December 2022 and January 2023. During an interview on 8/8/23, the Administrator confirmed there were no fire drills conducted in September, November, December 2022 and January 2023.	W 441			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected 2 of 6 clients (#1 and #3) in the home. The finding is: During breakfast observations in the home on 8/9/23 at 8:35am, client #1 took a bowl with scrambled eggs that was sitting in front of client #3 and began to eat from it. Further observations revealed Staff A took the bowl of eggs and gave it back to client #3 for which the eggs were meant for. Additional observations revealed client #3	W 455			

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W 455	Continued From page 7 then put the eggs in his plate and began to eat them. At no time was client #3 redirected not to eat the eggs until after the surveyor began asking questions. During an interview on 8/9/23, Staff A revealed he should not have given the bowl of eggs back client #3 who they were meant for. Further interview revealed the eggs should have been thrown out. During an interview in 8/9/23, the Administrator stated client #1 who began eating the eggs should have been allowed to finish eating the eggs and more eggs should have just been made for client #3 who they were meant for in the first place.	W 455			
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 4 audit clients (#3). The finding is: During breakfast observations in the home on 8/8/23 at 8:38am, client #3 picked up a whole muffin and bit into it. Further observations revealed 2 staff were standing directly behind client #3 when he bit into the muffin; but he was	W 460			

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W 460	<p>Continued From page 8 not redirected.</p> <p>During an interview on 8/8/23, Staff C revealed client #3's diet consistency is ground.</p> <p>Review on 8/8/23 of client #3's Nutritional Evaluation (no date) stated, "all foods should be modified to a ground consistency".</p> <p>Review on 8/8/23 of client #3's Physicians Orders revealed his diet is a ground consistency.</p> <p>During an interview on 8/9/23, the Administrator revealed client #3's diet is a ground consistency and all his food should be served this way.</p>	W 460			