

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-TRIANGLE HOUSE I</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1406 TYONEK DRIVE DURHAM, NC 27703</b>		
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W 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2 had the right to privacy during care of his personal needs. This affected 1 of 6 audit clients. The finding is:</p> <p>During observations in the home on 9/5/23 at 3:57pm, client #2 and Staff B were located in a bathroom in the back hallway of the home. The bathroom door was wide open as the client sat on the toilet with his pants down and around his ankles. At 3:58pm, the staff exited the bathroom briefly and closed the door. At 3:59pm, the staff returned to the bathroom as client #2 continued to sit on the toilet, and again left the door open. During this time, client #6 sat in a recliner in his bedroom located directly across from the bathroom.</p> <p>Immediate interview with Staff B revealed staff usually have to close the door for client #2 when assisting with toileting.</p> <p>Review on 9/6/23 of client #2's Individual Program Plan (IPP) dated 3/20/23 revealed, "He does require staff assistance with toileting...and assuring privacy."</p> <p>Interview on 9/6/23 with the Regional Qualified Intellectual Disabilities Professional (RQIDP) revealed staff should assist client #2 to close the bathroom door for privacy.</p>	W 130			
W 240	<b>INDIVIDUAL PROGRAM PLAN</b>	W 240			

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 240	Continued From page 1 CFR(s): 483.440(c)(6)(i)  The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure client #4's Individual Program Plan (IPP) included specific information to support his independence with processing his food to the appropriate consistency. This affected 1 of 6 audit clients. The finding is:  During observations in the home throughout the survey on 9/5 - 9/6/23, various staff operated a food processor to process food to a pureed consistency. No clients were observed to assist with this task.  Interview on 9/5/23 with Staff C revealed client #4 receives a pureed diet. Additional interview on 9/6/23 with Staff A indicated client #4 does not assist with processing his food using the food processor.  Review on 9/5/23 of client #4's IPP dated 3/6/23 revealed he ingests a heart healthy, pureed diet. Additional review of the IPP did not include any information regarding the support needed for client #4 to assist with processing his food to a pureed consistency.  Interview on 9/6/23 with the Regional Qualified Intellectual Disabilities Professional (RQIDP) confirmed his ability to assist with processing his food is not included in client #4's current IPP.	W 240			
W 247	INDIVIDUAL PROGRAM PLAN	W 247			

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W 247	<p>Continued From page 2 CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 2 of 6 audit clients (#4 and #6) were afforded choice regarding food preferences. The finding is:</p> <p>During meal preparation observations in the home on 9/5/23, Staff C added cooked chicken pieces, baked beans and soft tortilla shells to a food processor and blended everything together to a pureed consistency. The food was then served to client #4 and client #6 at the dinner meal. Client #4 and client #6 were not afforded the opportunity to choose to have various food items mixed together at their meal.</p> <p>Interview on 9/5/23 with Staff C revealed he normally mixes food items together in this manner during processing.</p> <p>Review on 9/5/23 of client #4's Individual Program Plan (IPP) dated 3/6/23 revealed he consumes a pureed diet. The plan also noted the client can communicate his wants and needs and should be given opportunities to make choices and exercise his rights.</p> <p>Review on 9/5/23 of client #6's IPP dated 1/9/23 indicated he consumes a pureed diet. Additional review of the plan indicated he is able to communicate his wants and needs and is given choices.</p> <p>Interview on 9/6/23 with the Regional Qualified</p>	W 247			

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W 247	Continued From page 3 Intellectual Disabilities Professional (RQIDP) confirmed client's food should not be mixed together in the food processor but processed separately.	W 247			
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.  This STANDARD is not met as evidenced by: Based on observations, record reviews, 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 food preparation, adaptive dining equipment use, implementation of mealtime guidelines, and self-help skills. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5, and #6). The findings are:  A. During afternoon observations in the home on 9/5/23 at 12:04pm, Staff G began preparing lunch in the kitchen. The staff placed food items on individual plates including sandwiches, potato chips, and cut fruit. During this time, client #4 sat in the kitchen watching the staff. Client #4 was later asked to place pudding cups onto the plates. The prepared plates were then taken to clients as	W 249			

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W 249	<p>Continued From page 4</p> <p>they sat waiting at the table. No clients were actively involved with preparation of the lunch meal.</p> <p>Interview on 9/5/23 with Staff G revealed when clients are home from the day program, this is how the lunch preparation routinely works.</p> <p>Review on 9/6/23 of client #3's IPP dated 6/6/23 revealed he participates in meal prep, meal set up and clean up on a rotating schedule using a kitchen chore chart.</p> <p>Review on 9/6/23 of client #4's IPP dated 3/6/23 revealed he is able to assist with preparing meals, household chores and home living activities.</p> <p>Review on 9/6/23 of client #5's IPP dated 6/21/23 indicated he able to assist with food preparation and home living skills.</p> <p>Interview on 9/6/23 with the Regional Qualified Intellectual Disabilities Professional (RQIDP) confirmed all clients should be offered the opportunity to participate with food preparation as indicated on a chore chart using "teaching cues" and other assistance as needed.</p> <p>B. During dinner observations in the home on 9/5/23 at 6:19pm, client #6 was provided a low sectioned plate, built-up handle spoon, and a 8 oz cup and a 4 oz cup. All of client #6's food was pureed, served onto his plate at once and his cups were filled to the top with liquid. Staff C was seated next to client #6 and assisted the client by feeding him, providing physical assistance to scoop and/or sporadically allowing the client to scoop his food independently. At the meal, client</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>#6 drank his entire glass of liquids when presented to him by the staff. The client was noted to be seated at an angle in a chair with arms with his buttocks positioned towards the front of the chair and his body approximately 6 - 8 inches away from at the table.</p> <p>Interview on 9/5/23 with Staff C revealed client #6 will eat fast at meals so he has to be monitored at meals. Additional interview on 9/6/23 with Staff A indicated client #6's mealtime guidelines were posted on the refrigerator in the home and staff follow those procedures.</p> <p>Review on 9/6/23 of client #6's IPP dated 1/9/23 revealed "Procedures for Mealtime (implemented 7/6/04). Additional review of the guidelines noted, "Adaptive Equipment: High sided sectional plate, and built-up handle teaspoon...4 oz Glasses, and non-skid mat." Further review of the guidelines indicated, "Make sure [Client #6] is seated upright in a regular chair with arms, head in midline, hips back in chair and his feet on the floor..Place only 2 - 3 sips of liquid in his cup to reduce spillage...Have him serve 1/4 of his food onto his plate and place the other 3/4 of his food in serving bowls...When he is finished the first serving 1/4 serving on his plate, he should then serve another 1/4th more and continue this until he has eaten all 4 servings...Encourage [Client #6] to drink at frequent intervals throughout the meal rather than large quantities at one time."</p> <p>Interview on 9/6/23 with the RQIDP confirmed client #6 continues to require assistance at meals and his mealtime guidelines should be followed.</p> <p>C. During 3 of 3 observations of meal preparation in the home throughout survey on 9/5</p>	W 249			

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W 249	<p>Continued From page 6</p> <p>- 9/6/23, various staff processed food items to a pureed consistency in a food processor without any client participation with this task.</p> <p>Interview on 9/5/23 with Staff C revealed client #6 receives a pureed diet. Additional interview on 9/6/23 with Staff A indicated client #6 used to work on a goal to operate the food processor using a switch but he had completed the goal.</p> <p>Review on 9/6/23 of client #6's IPP dated 1/9/23 revealed he consumes a pureed diet. The plan also noted under his "Procedures for Mealtime" (implemented 7/6/04), "Staff should assist [Client #6] in using an adaptive switch to prepare his food to the appropriate diet consistency."</p> <p>Interview on 9/6/23 with the RQIDP confirmed client #6 can assist with processing his food with help from staff.</p> <p>D. During observations in the home on 9/5/23, client #3 left the home at 8:43am for a medical appointment, returning at 12:07pm. The client was not wearing eyeglasses. During later observations in the home, client #3 was not prompted to wear his eyeglasses until 4:48pm.</p> <p>Interview on 9/5/23 with Staff B revealed client #3 should wear his eyeglasses "all the time."</p> <p>Review on 9/5/23 of client #3's IPP dated 6/6/23 revealed he wears eyeglasses. Additional review of strategies to address his mental status noted, "Encourage [Client #3] to wear appropriate aids such as eyeglasses."</p> <p>Interview on 9/6/23 with the RQIDP confirmed client #3 should be wearing his eyeglasses as</p>	W 249			

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W 249	<p>Continued From page 7 indicated.</p> <p>E. During observations in the home on 9/5/23, client #2 did not wear eyeglasses. The client was not prompted or assisted to wear eyeglasses.</p> <p>Interview on 9/6/23 with Staff E revealed client #2 usually wears his eyeglasses "during the day".</p> <p>Review on 9/6/23 of client #2's IPP dated 3/20/23 revealed the client wears eyeglasses. Additional review of the plan identified "Procedures for Wearing and Caring" for his eyeglasses (implemented 10/29/07). The procedures noted, "[Client #2] will wear his eyeglasses during waking hours."</p> <p>Interview on 9/6/23 with the RQIDP confirmed client #2 wears his eyeglasses daily.</p> <p>F. During observations in the home on 9/5/23, client #5 did not wear AFOs (ankle foot orthoses). The client was not prompted or assisted to wear AFOs.</p> <p>Interview on 9/6/23 with Staff A indicated client #5 does wear AFOs and should be wearing them during "awake hours".</p> <p>Review on 9/6/23 of client #5's IPP dated 6/21/23 revealed he wears "bilateral AFO braces that was put in place 3/11/22 to assist with the realignment of bilateral feet and ankles." Additional review of the plan identified a "Service for Use of AFOs/Braces" (no date). The service noted, "[Client #5] has been prescribed braces to wear daily while awake."</p> <p>Interview on 9/6/23 with the RQIDP confirmed</p>	W 249			



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W 249	<p>Continued From page 8</p> <p>client #5 wears AFOs daily as indicated in his guidelines.</p> <p>G. During lunch observations in the home on 9/5/23 at 12:20pm, client #1, client #3 and client #5 utilized a deep, high sided, sectioned plate to consume their meal. Additional observation of an adaptive equipment list posted in the dining room did not reveal any adaptive dining equipment for client #1, client #3 or client #5.</p> <p>Interview on 9/6/23 with Staff A indicated the equipment list was current and was the list followed by staff.</p> <p>Review on 9/5/23 of client #1, client #3 and client #5's IPP dated 9/19/22, 6/6/23 and 6/21/23, respectively, indicated each client does not utilize adaptive equipment at meals.</p> <p>Interview on 9/6/23 with the RQIDP confirmed the previously identified clients do not require adaptive dining equipment at meals.</p> <p>H. During observations in the home on 9/5/23 after the lunch meal, Staff G cleared client #6's dishes for him as he left the area with another staff. Client #6 was not prompted or assisted to participate with this task.</p> <p>Review on 9/6/23 of client #6's IPP dated 1/9/23 revealed, "He will clean up his area at the table by removing his dishes and placing them in the dish bin."</p> <p>Interview on 9/6/23 with the RQIDP confirmed client #6 should be given the opportunity to clear his dishes with assistance as needed.</p>	W 249			

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

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W 249	<p>Continued From page 9</p> <p>I. During 3 of 3 mealtime observations in the home throughout the survey on 9/5 - 9/6/23, client #6 was not provided a dycem mat at the meal. During each meal, the client's plate consistently moved as he scooped his food independently or was assisted to scoop his food. During 2 of 3 mealtime observations in the home throughout the survey on 9/5 - 9/6/23, client #2 and client #4 were not provided a dycem mat at the meal.</p> <p>Additional observation of a client adaptive equipment list posted in the dining room revealed dycem mats should be utilized for client #2, client #4 or client #6 at meals.</p> <p>Interview on 9/6/23 with Staff A indicated the equipment list was current and was the list followed by staff.</p> <p>Review on 9/6/23 of client #2, client #4 and client #6's IPP dated 3/20/23, 3/6/23 and 1/9/23, respectively revealed each client utilizes a dycem mat at meals.</p> <p>Interview on 9/6/23 with the RQIDP confirmed client #2, client #4 and client #6 should be provided a dycem mat at meals as indicated.</p>	W 249			