

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

PRINTED: 09/20/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/19/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEE FOREST HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1209 PELLHAM DR LAURINBURG, NC 28352</b>		
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W 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 4 audit clients (#3 and #4) included specific objectives to address their needs as identified in the comprehensive functional assessment. The findings are:</p> <p>A. Review on 9/18/23 of client #3's IPP dated 8/29/23 revealed two objectives to brush his teeth for 3 minutes with 90% verbal prompts or less and to display 10 or fewer combined episodes of target behaviors for 12 consecutive months. Additional review of the IPP indicated he had completed objectives to identify paper money and sweep the hallway on 9/2/22. Further review of the client's Adaptive Behavior Inventory (ABI) revealed needs in the areas of clothing care, meal preparation, housekeeping, shopping, personal independence and money management. Review of client #3's IPP included needs to increase money management skills and to improve daily living skills; however, no specific objectives to address his current needs were identified.</p> <p>Interview on 9/19/23 with the Habilitation Specialist (HS) and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 continues to have needs in various areas; however, no formal objectives have been implemented.</p>	W 227			

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 227	Continued From page 1 B. Review on 9/18/23 of client #4's IPP dated 11/29/22 revealed objectives to brush his teeth for 2 minutes with 90% verbal prompts or less, to floss his teeth with 90% verbal prompts and to decrease the frequency of defined target behaviors to 5 incidents or fewer for 10 out of 12 consecutive months. The plan also indicated the client had completed an objective to make his bed with 85% independence on 7/7/23. Additional review of the client's ABI (last reviewed on 10/25/22) included needs in areas such as clothing care, meal preparation, housekeeping and money management. Further review of client #4's IPP did not identify specific objectives to address his current needs.  Interview on 9/19/23 with the HS and QIDP confirmed client #4 continues to have needs in various areas; however, no formal objectives have been implemented.	W 227			
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 3 of 4 audit clients (#1, #3 and #6) received a continuous	W 249			

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W 249	<p>Continued From page 2</p> <p>active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of communication, diet and key use. The findings include:</p> <p>A. During evening observations in the home on 9/18/23, client #6's was non-verbal and mainly communicated with staff by grabbing the staff by the arms and pulling them to what he wanted throughout the home. Staff did not use manual sign language or a communication book was not made available to the client. At no time during the observations was client #6 offered a communication book.</p> <p>Interview on 9/19/23 with Staff A revealed client #6's communication should be in the office but unsure of where the book was located.</p> <p>Review on 9/19/23 of client #6's Individual Program Plan (IPP) dated 2/14/23 revealed, "Communication book should be made available throughout the day. Anytime communication occurs". Additional review of communication guidelines dated 3/19/20 noted, "Verbalization can be worked on to increase [Client #6's] overall level of communication skills. The communication book containing pictures of common objects and family members should be made available to [Client #6] throughout the day at appropriate times."</p> <p>Interview on 9/19/23 the Habilitative Specialist confirmed the communication guidelines should be followed. She was not aware of a communication book for client #6.</p> <p>Interview on 9/19/23 the Qualified Intellectual</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>Disabilities Professional (QIDP) confirmed the communication book should be used daily at home and the vocational center.</p> <p>B. During evening observations in the home on 9/18/23, client #1 assisted with meal preparation tasks. Throughout the observations, the door to the food pantry remained locked. Various staff used a key to unlock the pantry and retrieve items. It should also be noted that keys to the pantry were kept on the person of at least two staff throughout evening observations in the home.</p> <p>Interview on 9/19/23 with Staff A revealed staff usually keep the keys to the food pantry and clients can ask them for the keys when they need them. Additional interview indicated the keys are also kept inside of an oven mitt in a drawer in the kitchen due to the behaviors of another client in the home.</p> <p>Review on 9/19/23 of client #1's Behavior Support Plan (BSP) (no date) revealed, "The pantry at Lee Forest is locked as a safety precaution for one of the residents. [Client #1] should have a key to the pantry and/or staff should assist her when accessing the pantry when necessary." Additional review of the client's Adaptive Behavior Inventory (last reviewed on 5/1/23) indicated she can independently use a key.</p> <p>Interview on 9/19/23 with the QIDP confirmed client #1 can use a key and should have a personal key to the pantry as indicated in her BSP.</p> <p>C. During dinner observations in the home on 9/18/23 at 6:01pm, client #3 consumed a single</p>	W 249			

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W 249	Continued From page 4 serving of shrimp stir fry with broccoli and noodles, garlic bread knots and an applesauce cup. Later, after asking for more food, client #3 was allowed to serve himself two more servings of garlic bread knots and another serving of the shrimp and noodles mixture.  Interview on 9/19/23 with Staff A revealed client #3 can have second servings of food items if he chooses.  Review on 9/18/23 of client #3's IPP dated 8/29/23 revealed he consumes an 1800 calorie diet and may have seconds on nonstarchy vegetables or fruits at each meal if he's still hungry and may have the choice of a 100 calorie or less snack up to three times a day.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure data relative to the accomplishment of objectives specified in the Individual Program Plan (IPP) was documented in measurable terms. This affected 1	W 252			

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W 252	Continued From page 5 of 4 audit clients (#6). The finding is:  During observations in the home on 9/18/23 from 4:00pm - 6:18pm, client #6 had several incidents of severe disruption, physical aggression and taking food/beverages not served. For example, client #6 went into kitchen cabinet and took out the cereal canister and took out a handful of cereal walking back toward his bedroom. Staff attempted to get the canister away from him. Client #6 later attempted to open the refrigerator pushing staff from in front of the door, walked into a peer's bedroom, attempted to go into the kitchen pantry/cabinets, took a drink from the refrigerator and drank and took bags of chips from the kitchen cabinet.  Review on 9/18/23 of client #6's Behavior Support Plan (BSP) dated 3/21/23 revealed an objective to exhibit 12 or fewer behaviors for 10 out or 12 consecutive months. The plan included target behaviors of severe disruption, physical aggression, taking food/beverages not served, elopement, property damage, self-injurious behavior and shaving his head. Additional review of client #6's BSP data sheet for 9/18/23 revealed no documentation of any target behaviors observed.	W 252			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for	W 288			

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W 288	<p>Continued From page 6</p> <p>an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure techniques to manage client's inappropriate behaviors were included in a formal active treatment plan. This affected 2 of 4 audit clients (#4 and #6). The findings are:</p> <p>A. During observations in the home throughout the survey on 9/18 - 9/19/23, a chime noise could be heard each time the door to client #4's bedroom was opened.</p> <p>Interview on 9/19/23 with the Home Manager (HM) revealed the chime was in place when client #4 moved into the room upon admission to the home and is not included in his behavior plan.</p> <p>Review on 9/18/23 of client #4's Behavior Support Plan (BSP) dated 11/1/22 revealed an objective to decrease the frequency of defined target behaviors to 5 incidents or fewer for 10 out of 12 consecutive months. The plan identified target behaviors of noncompliance, aggression and AWOL. Additional review of the plan noted an alarm was on client #4's bedroom window due to AWOL behaviors; however, a door alarm was not identified.</p> <p>Interview on 9/19/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed a door alarm was not included in client #4's BSP.</p> <p>B. During observations on 9/18/23 - 9/19/23, client #6 displayed severe disruption, physical aggression and taking food/beverages not served. In response to these behaviors, staff</p>	W 288			

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W 288	Continued From page 7 were observed using their bodies between client #6 and the doorway, refrigerator or entry way to the kitchen and another clients bedroom doorway. Staff A also sat in a chair to block the entryway to the kitchen from client #6.  Interview on 9/18/23 with Staff A revealed she has been trained on client #6 BSP and blocking the entrance was not in the plan but it should be. The staff stated,"What's in the plan don't work".  Review on 9/18/23 of client #6's Behavior Support Plan dated 3/21/23 revealed the following target behaviors: Severe disruption, physical aggression, taking food/beverages not served, elopement, property damage, self-injurious behavior and shaving his head. Additional review of the BSP under Interaction Guidelines revealed, "Staff should attempt to ensure eye contact with [Client #6], staff should attempt to redirect his attention toward another item, task, or area. Offer a snack or beverage that he's allowed to have."	W 288			
W 312	DRUG USAGE CFR(s): 483.450(e)(2)  be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.	W 312			

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W 312	Continued From page 8 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a medications to address client #4's sleep behavior was included in a formal active treatment program. This affected 1 of 4 audit clients. The finding is:  Review on 9/19/23 of client #4's physician's orders signed 9/7/23 revealed an order for "Melatonin 10mg, take one tablet by mouth every night at bedtime for sleep." Additional review of client #4's record did not identify a formal active treatment program to include to use of Melatonin.  Interview on 9/19/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 ingests Melatonin for sleep; however, the medication is not included in a formal active treatment program.	W 312			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 2 clients (#4) observed receiving medications. The finding is:  During observations of medication administration in the home on 9/19/23 at 7:57am, client #4 ingested two Trileptal 300mg capsules along with five additional medications.  Review on 9/19/23 of client #4's physician's	W 369			

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W 369	Continued From page 9 orders signed 9/7/23 revealed, "Trileptal 300mg, take one capsule by mouth three times daily for anxiety, 8:00am, 4:00pm, 8:00pm."  Immediate interview with the Medication Technician (MT) confirmed client #4 had ingested two Trileptal capsules.  Interview on 9/19/23 with the facility nurse indicated client #4 should not have received two Trileptal capsules and his physician's orders are current which note only one Trileptal capsule at 8:00am.	W 369			
W 436	<b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3 was taught to use and make informed choices about the use of his prescription eyeglasses. This affected 1 of 4 audit clients. The finding is:  During observations throughout the survey on 9/18 - 9/19/23, client #3 did not wear eyeglasses. Client #3 was not prompted or encouraged to wear eyeglasses.  Interview on 9/19/23 with Staff E revealed she was not sure if client #3 has eyeglasses.  Review on 9/19/23 of client #3's IPP revealed	W 436			

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W 436	Continued From page 10 under adaptive equipment, "Eyeglasses". The plan noted the client is "noncompliant" with wearing his eyeglasses. Additional review of the client's vision examination report dated 9/27/22 indicated, "Myopia...needs to wear eyeglasses...needs to wear RX full time."  Interview on 9/19/23 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #3 had broken his eyeglasses about a month ago and new ones have been ordered. Additional interview confirmed the client has been noncompliant with wearing his glasses; however, no training has been implemented to teach him to wear his eyeglasses appropriately.	W 436			