

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

PRINTED: 09/17/2023
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 R 09/14/2023
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 000 {W 263}	<p>INITIAL COMMENTS</p> <p>A revisit was conducted on 9/14/23 for all previous deficiencies cited on 6/27/23. All deficiencies were not corrected and no new non-compliance was found. The facility is not in compliance with all regulations surveyed.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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:</p> <p>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.</p> <p>During an interview on 6/27/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's BSP had expired. 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 1 audit client (#1). The finding is:</p> <p>Review on 9/14/23 of client #1's revealed there was not a current BSP consent signed by his guardian.</p>	W 000 {W 263}			

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 263}	Continued From page 1	{W 263}			
{W 454}	<p>During an interview on 9/14/23, the Director of ICF/IID Services confirmed client #1's BSP had not been signed by guardian.</p> <p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>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 findings are:</p> <p>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.</p> <p>Interview on 6/27/23 with the Qualified Professional confirmed client #5 should have received a different bowl of cereal.</p> <p>Based on record review and interview the facility failed to ensure the potential for cross-contamination was prevented. The finding is:</p> <p>Review on 9/14/23 there was no documentation of staff being retrained and no monitoring completed per the plan of correction.</p>	{W 454}			

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{W 454}	Continued From page 2 Interview on 9/14/23, the Director or ICF/IID Services confirmed that there was no documentation of training or monitoring's completed.	{W 454}			