

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

PRINTED: 09/29/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G123 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/26/2023 |
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| NAME OF PROVIDER OR SUPPLIER THE ATRIUM/THE RESPITE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 101 HORIZONS LANE RURAL HALL, NC 27045 | | |
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| W 249 | <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure clients received a continuous active treatment program consisting of needed interventions and services as identified in the Person-Centered Plan for 4 of 8 sampled clients ((#30, #29, #14, and #18) and 1 client (#25) relative to implementing training objectives and providing adaptive equipment. The findings are:</p> <p>A. The facility failed to provide adaptive equipment and implement training objectives for client # 30 during large amounts of unstructured leisure time. For example:</p> <p>Afternoon observations on 9/25/23 revealed client #30 to sit in a wheelchair in the day room where coloring activities were laid out. Continued observation revealed that client #30 attempted to take a coloring page, however, staff intervened and moved the pages out of client #30's reach. At one point, client #30 was able to reach a coloring sheet and put it in his mouth, after which staff intervened and removed the sheet from the client's possession. Further observation revealed</p> | W 249 | | | |

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 249 | <p>Continued From page 1</p> <p>that client #30 stayed at the table without any appropriate activity from 4:06 PM until 5:00 PM, at which point client #30 was wheeled away from the table to allow other clients to eat dinner. Observations revealed that at no time between 4:06 pm and 5:36 pm did staff offer client #30 choices relative to leisure activities or a means to communicate a choice to staff. Subsequent observation revealed what appeared to be arm splints in a tote bag hanging on the back of the client's wheelchair. Additionally, client #30 was not wearing either an elbow extension splint or a hand splint on his right hand from 4:06 pm until 5:36 pm.</p> <p>Record review revealed a PCP dated 6/23/23 for client #30. Continued review revealed the following active treatment goals: participate in community outings or call family/friends, choose a sensory integration activity, choose clothing with assistance, use a jellybean switch to choose a toy, use a jellybean switch to say "more please" to continue a preferred activity, walk for 10 minutes up to 3 times per day using a gait trainer, stand in the stander for 1 hour every day as tolerated, use a right hand splint and elbow extension splint during all waking hours, attend to a picture symbol by looking at it, touching it or reaching for it, and use the Big Mac switch to say "knock knock" before entering the restroom. The PCP also notes that client #30 is able to use an augmentative communication system and voice output device and that client #30's splints are to be alternated every two hours.</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) on 9/26/23 confirmed that client #30's goals are current. Continued interview with the QIDP confirmed that staff should have</p> | W 249 | | | |

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| W 249 | <p>Continued From page 2</p> <p>provided client #30 choices of activities during leisure time and that they should have offered client #30 use of the jellybean switch or other communication device to express his choice. Further interview with the QIDP confirmed that staff should have applied the arm splints during all waking hours.</p> <p>B. The facility failed to implement training objectives and provide an adequate active treatment program for client #29 during large amounts of unstructured leisure time. For example:</p> <p>Afternoon observations on 9/25/23 revealed client #29 to sit in a wheelchair in the day room where coloring activities were laid out. Continued observation revealed that client #29 stayed at the table without any appropriate activity from 4:06 pm until 5:00 pm, at which point client #29 was wheeled away from the table to allow other clients to eat dinner. Observations revealed that at no time between 4:06 pm and 5:36 pm did staff offer client #29 choices relative to leisure activities or a means to communicate a choice to staff.</p> <p>Record review revealed a PCP dated 6/6/23 for client #29. Continued review revealed active treatment goals including: activate a communication device to say "more please" to continue a preferred activity, use the Big Mac switch to say "knock knock" before entering the restroom, participate in a community outing with peers or call family and friends on the phone by attending, vocalizing and positive facial expressions, respond to "yes/no" questions by choosing a symbol card or using head movement, propel wheelchair to a destination, choose clothing, choose leisure items, and</p> | W 249 | | | |

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| W 249 | <p>Continued From page 3</p> <p>participate in a weekly reading book club. The PCP also notes that client #29 enjoys crinkly items to chew, country music, funny sounds, vibrations rocking, bouncing, textures, lights, side hugs, naps, and time out of his wheelchair.</p> <p>Interview with the QIDP on 9/26/23 confirmed that client #29's goals are current Continued interview with the QIDP confirmed that staff should have provided choices of activities and/or preferred items to client #29 during leisure time and that they should have offered client #29 switches and/or symbol cards to communicate his choices.</p> <p>C. The facility failed to implement training objectives and provide an adequate active treatment program for client #25 during large amounts of unstructured leisure time. For example:</p> <p>Afternoon observations on 9/25/23 revealed client #25 to sit in a rocking chair in a hallway outside the day room with no other clients and no staff interaction from 4:06 pm until she entered the day room for dinner at approximately 5:36 pm. During this time, client #25 rocked in the chair and listened to Disney songs.</p> <p>Record review revealed a PCP dated 6/6/23 for client #25. Continued review of the record revealed active treatment goals to include: when provided with her books with sound effects, client will attend to the book by sitting quietly and listening to the sound effects for a period of 5 minutes, when in a small group of peers (1 or 2) and a quiet room being read to, client will attend to the story by sitting quietly and attending for a period of 5 minutes, walk for at least 15 minutes 3 times per day, when presented with personal</p> | W 249 | | | |

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| W 249 | <p>Continued From page 4</p> <p>belongings client will put the named item in its bin with verbal prompting, participate in community outings with family and friends, wear AFOs daily, touch an object that indicates a transition to a different activity and transition to that activity calmly, and decrease episodes of target behaviors to less than 3 per month.</p> <p>Interview with the QIDP on 9/26/23 confirmed that client #25's goals are current. Further interview with the QIDP confirmed that staff should have offered client #25 a choice of activities consistent with her habilitation goals during leisure time.</p> <p>D. The facility failed to implement training objectives for client #14. For example:</p> <p>Afternoon observations in the facility on 9/25/23 from 4:00 PM until 5:36 PM revealed client #14 to sit in her Rifton Activity Chair and to request her iPad from staff two times, to watch television, and to have staff sit next to her with a word search sheet. Continued observations at 5:27 PM revealed that staff pushed client #14 to the dining area in her Rifton Activity Chair for the dinner meal. Further observation revealed that staff placed client #14's lip plate on the client's tray on top of her shirt protector for the dinner meal. Subsequent observation revealed that staff did not provide client #14 the opportunity to participate in the dinner meal except to self-feed. Additional observations revealed at no time was the client offered choices in leisure activities.</p> <p>Morning observations in the facility on 9/26/23 at 7:05 AM revealed client #14 to be pushed into the day room/den area in her Rifton Activity Chair and to chew on her hand. Continued observation at 7:36 AM revealed the client to be pushed by staff</p> | W 249 | | | |

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| W 249 | <p>Continued From page 5</p> <p>into the dining area in her Rifton Activity Chair. Further observation revealed staff to place client #14's tray, dycem mat, and lip plate containing breakfast food. It should be noted that during observations at no time did staff prompt client #14 to participate with breakfast meal except to self-feed.</p> <p>Review of the record for client #14 on 9/26/23 revealed a PCP dated 4/12/23. Further review of the PCP revealed goals to communicate that "I'm tired" with a communication device, attending to stories, use of communication app on her iPad to request with sounding board to answering yes/no with yes and no buttons, self-propel her wheelchair in the halls or outside, choice of clothing, music and wheelchair dancing, community outing, and Face Time family and friends. Continued review of the PCP revealed that client #14 can help with meal clean up. Further review of records revealed a physical therapy evaluation dated 2022 for client #14 to utilize a Rifton Activity Chair for mealtimes to improve her posture and provide support for her during mealtimes. Staff did not prompt client #14 at any time to participate with her objective to use communication app, devices, or her iPad to make requests, meal clean up, and to use her wheelchair to participate in self-propelling.</p> <p>Interview with the QIDP on 9/26/23 verified that client #14's PCP was current. Further interview with the QIDP verified that client #14's goals are current. Continued interview with the QIDP confirmed that staff should implement goals as prescribed.</p> <p>E. The facility failed to provide adaptive equipment for client #18. For example:</p> | W 249 | | | |

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| W 249 | <p>Continued From page 6</p> <p>Evening observations in the facility on 9/25/23 from 4:00 PM until 5:05 PM revealed client #18 to lay in a reclining chair and to have on foot booties on a feeding machine for 60 minutes of observation. Continued observations revealed at no time was client #18 offered choices in leisure activities. Further observations revealed that at no time was client #18 provided with his prescribed palm protectors or hand splints.</p> <p>Morning observations in the facility on 9/26/23 at 8:05 AM revealed staff to shower the client. Continued observations revealed that at 8:27 AM staff entered the day room/den with client #18. Further observations revealed that client #18 was not wearing his prescribed palm protectors or hand splints.</p> <p>Review of the record for client #18 on 9/26/23 revealed a PCP dated 1/27/23. Continue review of the PCP revealed goals for client #18 to be choice of clothing given options of 2 shirts and 2 pants, choice of leisure, music at bath time, call family and friends when presented phone or iPad, hip abduction wedge to be worn at night, palm protectors to wear throughout daytime and nighttime hours (alternate every 2 hours with hand splints for daytime), hand splints - to be worn all waking hours - 2 hours on 2 hours off, knee immobilizers for 2 hours at a time and several times a day, communication to include eye gaze to pictures and objects and will make choices, and jelly bean switch. Staff did not prompt client #18 to participate with his objectives and provide prescribed adaptive equipment which includes palm protectors and hand splints.</p> <p>Interview with the QIDP on 9/26/23 verified that</p> | W 249 | | | |

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| W 249 | Continued From page 7 client #18's PCP was current. Continued interview with the QIDP verified that client #18's goals are current. Further interview with the QIDP confirmed that staff should engage the client with meaningful activities during periods of inactivity and provide prescribed adaptive equipment. | W 249 | | | |
| W 331 | NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, records review, and interview, the facility failed to provide nursing services in accordance with the needs of 1 of 8 sampled clients (#26) relative to responding in a timely manner to all medical concerns reported and communicating with client's physicians and other health care professionals as indicated. The finding is: During observations on 9/25/23 at 4:45 PM, client #26 was sitting at a table with other clients and 3 staff members when his head fell to the side, his body jerked slightly, and the staff indicated he was having a seizure. Continued observation revealed the team leader to produce a vagus nerve stimulator (VNS) and apply it to client #26's left shoulder area. Further observation revealed that none of the staff notified nursing or noted the time of the seizure. After less than one minute, the seizure appeared to be over, and the client was smiling and interacting with staff. Record review for client #26 on 9/26/23 revealed a Person-Centered Plan (PCP) dated 7/20/23 which contains the following Seizure Guidelines: Action: Notify Nursing and Med tech immediately | W 331 | | | |

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| W 331 | Continued From page 8 in the event of a seizure. Intervention: Immediately page overhead Nurse/Paramedic and Med tech on duty. DO NOT wait to see if the client comes out of the seizure. It is important to keep an accurate seizure record, so the Doctor/Neurologist knows whether the medication ordered is working. Document all seizure information in Therap immediately following the seizure. At the onset of the seizure - Get magnet ready to use when seizure reaches 45 sec - 1 min then swipe one time, if seizure does not stop may swipe again after 30 sec do not use magnet anymore GIVE VALTOCO. Continued review revealed that the seizure was not recorded on 9/25/23 as required. Interview on 9/26/23 with the Nurse Coordinator and the Qualified Intellectual Disability Professional (QIDP) revealed that the client's seizure guidelines had been modified so that staff should now use the VNS immediately when a seizure begins. The QIDP confirmed that the remaining seizure guidelines are current and should have been followed and that the staff should have immediately notified the nurse on duty and documented the seizure in the electronic medical record system. | W 331 | | | |
| W 436 | SPACE AND EQUIPMENT 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 observation, record review and | W 436 | | | |

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| W 436 | <p>Continued From page 9</p> <p>interview, the facility failed to ensure adaptive equipment was furnished for client #11. The finding is:</p> <p>Evening observation in the facility on 9/25/23 at 4:00 PM revealed client #11 to be in a bed in the day room/den area with body positioned with a wedge behind his head. Continued observation revealed client #11 to be on a feeding machine. Further observation at 5:05 PM revealed client #11 to remain in the bed and continue to be on a feeding machine. At no time during the survey was staff observed to furnish client #11 with his palm protectors for his hands.</p> <p>Morning observation in the facility on 9/26/23 at 7:55 AM revealed client #11 to sit in the day room/den area in his wheelchair wearing heel supports. Continued observation revealed client #11 to not wear his palm protectors for his hands. At no time during the survey was staff observed to furnish client #11 with his palm protectors.</p> <p>Review of the records for client #11 on 9/26/23 revealed a person-centered plan (PCP) dated 9/7/23. Continued review of PCP revealed a physical therapy evaluation dated 8/21/23. Further review of client #11's physical therapy evaluation revealed that client #11 wears palm protectors bilaterally during daytime and nighttime. Subsequent review of client #11's physical therapy evaluation revealed that the client's wrists are flexed and deviate to ulnar side, and he tends to rest with his thumb adducted into his palm.</p> <p>Interview with qualified intellectual disability professional (QIDP) verified the PCP for client #11 was current. Continued interview with QIDP</p> | W 436 | | | |

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| W 436 | Continued From page 10 confirmed that client #11 should wear his palm protectors as prescribed. | W 436 | | | |
| W 440 | <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of record and interview, the facility failed to show evidence quarterly fire drills were conducted with each shift of personnel relative to first, second and third shift. The finding is:</p> <p>Review of the facility fire drill reports from 10/22 through 9/23 revealed missing fire drills for 10/22, 4/23, 6/23, and 8/23. Further review of the fire drill reports revealed a first shift drill conducted on 1/31/23, 5/30/23, second shift drill conducted on 11/4/22, 2/28/23, 7/28/23, and third shift drills completed on 12/28/22, 3/31/23 and 9/8/23. There was no additional documentation available about conducting first, second, and third shift drills during the review year.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 9/26/23 confirmed facility fire drills should have been conducted quarterly for each shift. Continued interview with the QIDP confirmed there was no additional documentation to reflect the missing drills were conducted during the review year.</p> | W 440 | | | |