

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MT GILEAD CHILDREN'S HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 EAST INGRAM AVENUE</b> <b>MOUNT GILEAD, NC 27306</b>		
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W 000	INITIAL COMMENTS	W 000			
W 130	<p>A recertification survey and a complaint survey were completed on 9/26/23. Complaint intake #NC00207220 was unsubstantiated with no other deficiencies cited, however, deficiencies were cited for the recertification survey.</p> <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 reviews and interviews, the facility failed to ensure 5 of 6 clients (#2, #3, #4, #5 and #6) were afforded privacy during personal care. The findings are:</p> <p>A. Observations in the home on 9/26/23 at 5:55 AM revealed staff E to assist client #3 in the bathroom with getting undressed to prepare for his shower with the door open. Continued observation at 6:00 AM revealed client #3 to get dressed in his bedroom while the door remained opened. The door to the bathroom and bedroom was open approximately 6 - 8 inches and client #3 could be seen from the hallway.</p> <p>Review on 9/26/23 of client #3's record did not reveal a Person Centered Plan (PCP). No other information was available in regards to client #3's ability to ensure his privacy.</p> <p>Interview on 9/26/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should close the door for client #3 during personal care to ensure his privacy.</p>	W 130			

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 130	<p>Continued From page 1</p> <p>B. Observations in the home on 9/26/23 at 5:55 AM revealed staff A to assist client #5 in the bathroom with getting undressed to prepare for his shower with the door open. Continued observation at 6:05 AM revealed client #5 to get dressed in the bathroom while the door remained opened. The door to the bathroom was open approximately 6 - 8 inches and client #5 could be seen from the hallway.</p> <p>Review on 9/26/23 of client #5's Person Centered Plan (PCP) dated 3/1/23 revealed no information in regards to client #5's ability to ensure his privacy.</p> <p>Interview on 9/26/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should close the door for client #5 during personal care to ensure his privacy.</p> <p>C. Observations in the home on 9/26/23 at 6:05 AM revealed client #6 in the shower with the bathroom door open. Continued observations at 6:15 AM revealed staff F to assist client #6 in his bedroom to get dressed. Client #6 was observed wearing a diaper, undressed. The door to his bedroom was open and client #6 could be seen from the hallway.</p> <p>Review on 9/26/23 of client #6's PCP dated 12/12/22 revealed no information in regards to client #6's ability to ensure his privacy.</p> <p>Interview on 9/26/23 with the QIDP revealed staff should close the door for client #6 during personal care to ensure his privacy.</p> <p>D. Observations in the home on 9/26/23 at 6:20 AM revealed client #4 in the bathroom getting</p>	W 130			

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W 130	Continued From page 2 undressed to prepare for his shower with the door open. The door to the bathroom was open approximately 6 - 8 inches and client #4 could be seen from the hallway.  Review on 9/26/23 of client #4's PCP dated 10/18/22 revealed no information in regards to client #4's ability to ensure his privacy.  Interview on 9/26/23 with the QIDP revealed staff should close the door for client #4 during personal care to ensure his privacy.  E. Observations in the home on 9/26/23 at 6:57 AM revealed client #2 standing in the common area walking around when staff F stopped him to check his diaper. Continued observations revealed staff F to pull his diaper from behind and check to see if he needed to be changed.  Review on 9/26/23 of client #2's PCP dated 5/10/23 revealed no information in regards to client #2's ability to ensure his privacy.	W 130			
W 226	INDIVIDUAL PROGRAM PLAN 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 ensure the person-centered plan (PCP) for 1 of 6 clients (#3) was completed within 30 days	W 226			

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W 226	Continued From page 3 of admission. The finding is:  Review of records for client #3 on 9/25/23 revealed he was admitted to the facility on 7/24/23. Continued review of the client's record revealed no PCP to be present.  Interview with the Qualified Intellectual Disability Professional on 9/25/23 confirmed the client's PCP has not been completed since his admission on 7/24/23.	W 226			
W 249	<b>PROGRAM IMPLEMENTATION</b> 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 2 of 6 clients (#3 and #5) received a continuous active treatment program consisting of needed interventions as identified in the behavior support plan (BSP). The findings are:  A. The facility failed to implement client #3's BSP. For example:  Observations throughout the 9/25-26/23 survey revealed client #3 to engage in behaviors of	W 249			

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W 249	<p>Continued From page 4</p> <p>invading others personal space, attempting to bite staff, and taking food items from other residents during mealtime. Continued observations on 9/25/23 revealed client #3 to have an assigned 1:1 direct support staff. Further observations on 9/26/23 revealed client #3 to be without an assigned 1:1 direct support staff. Subsequent observations throughout the survey revealed multiple instances of client being more than arm's length from staff.</p> <p>Review of client #3's record on 9/26/23 revealed a BSP dated 9/20/23. Review of the BSP indicated client's current target behaviors include tantrums, inappropriate toileting, physical aggression, self-injurious behavior, stripping behavior, and taking/eating food or other items that do not belong to him. Continued review of client #3's BSP indicated he does not have any understanding of danger within the home or community and therefore has an assigned 1:1 worker during waking hours. This person will remain within arm's reach of the client at all times.</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) on 9/26/23 revealed there are two identified staff that are assigned to provide client's 1:1 supervision, however, these staff do not provide full coverage during each waking shift. Continued interview with the QIDP confirmed client #3 should have an assigned 1:1 direct support staff for each waking shift and staff should follow client's BSP as prescribed.</p> <p>B. The facility failed to implement client #5's BSP. For example:</p> <p>Observations on 9/25/23 from 4:00 PM to 5:20</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>PM revealed the group home to attend an outing at the local park and play and interact with staff on the playground. Continued observation at 4:45 PM revealed client #5 to begin walking back to the parking lot and for staff C to follow with him with client #6. Observation at 4:49 PM revealed client #5 to begin banging his head on the rear passenger window of the group home van. Continued observations revealed staff C to attend to client #6, who was lying in the grass, and ignore client #5's head banging behavior. Further observation at 4:52 PM revealed client #5 to shatter the rear passenger window of the van with the back of his head. Subsequent observation revealed staff to contact the QIDP and 911, and at 4:56 PM EMS arrived to take the client to the hospital.</p> <p>Observations at the group home at 6:30 PM revealed client #5 to arrive back at the group home with the QIDP. Interview with the QIDP revealed client #5 did not sustain any injuries as a result of the incident.</p> <p>Review of client #5's record on 9/26/23 revealed a BSP dated 1/11/23. Review of the BSP indicated client's current target behaviors include physical aggression, self-injurious behavior (SIB), tantrums, and coming out of the bedroom/bathroom without clothes on. Continued review of client #5's BSP indicated when client #5 engages in head banging on a wall or similar surface staff should interrupt the behavior and redirect him away from the wall. Staff may place a pillow, other soft item, such as a small blanket, or, if necessary, their hand to shield the client's head from the direct impact of making contact with a wall or similar surface.</p>	W 249			

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

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W 249	Continued From page 6 Interview with the QIDP on 9/26/23 confirmed client #5's BSP is up to date. Continued interview with the QIDP confirmed staff should implement client #5's BSP as prescribed in order to protect his safety.	W 249			