

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G189	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/24/2023
NAME OF PROVIDER OR SUPPLIER SCI-NASH HOUSE I			STREET ADDRESS, CITY, STATE, ZIP CODE 1045 KINCHEN DR ROCKY MOUNT, NC 27803		
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W 130	<p>PROTECTION OF CLIENTS RIGHTS 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 2 of 5 audit clients (#1 and #3) were afforded the right to privacy during care of their personal needs. The findings are:</p> <p>A. During evening observations in the home on 10/23/23 at 5:03pm, client #1 entered a bathroom in the back hallway of the home. The client proceeded to urinate in the toilet with the door wide open and the lights off. Afterwards, client #1 left the bathroom without flushing the toilet or washing his hands. During this time, no staff were in the area, however, a staff entered the hallway just as the client exited the bathroom pulling up his pants.</p> <p>Interview on 10/24/23 with Staff E revealed client #1 needs reminders to close the door when using the bathroom.</p> <p>Review on 10/24/23 of client #1's Individual Program Plan (IPP) dated 11/2/22 revealed he requires assistance to assure privacy for himself and others.</p> <p>Interview on 10/24/23 with the Director and Qualified Intellectual Disabilities Professional (QIDP) indicated client #1 should be encouraged to close the bathroom door by staff when toileting.</p> <p>B. During evening observations in the home on 10/23/23 at 6:02pm, client #3 entered a bathroom</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	Continued From page 1 in the back hallway of the home. The client proceed to urinate in the toilet with the door wide open and the lights off. Afterwards, client #3 left the bathroom without flushing the toilet or washing his hands. During this time, Staff D stood a few feet away in the doorway of another client's bedroom. However, the client was not prompted or assisted to close the bathroom door for privacy. Interview on 10/24/23 with Staff G revealed client #3 needs reminders to close the bathroom door for privacy when using the bathroom. Review on 10/24/23 of client #3's IPP dated 10/4/23 noted he requires staff assistance to ensure his privacy during treatment and care of his personal needs.	W 130			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) 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 interviews, the facility failed to ensure client #1 was provided opportunities for choice and self-management in the home. This affected 1 of 5 audit clients. The finding is: During observations in the home throughout the survey on 10/23 - 10/24/23, various staff	W 247			

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W 247	<p>Continued From page 2</p> <p>consistently prompted client #1 to return to areas of the home when he attempted to leave or repeatedly prompted the client to sit down when he stood up to leave an area. For example, during evening observations in the home on 10/23/23 at 6:00pm, client #1 was noted standing in his bedroom near Staff B as the staff stood in the doorway of the room. As the client moved towards the doorway, the staff shifted their body, blocking his exit. Client #1 then moved to the other side of the staff and exited the room. Staff B immediately followed the client down the hallway prompting him to come back to his bedroom. Client #1 returned to his bedroom with Staff B.</p> <p>During morning observations in the home on 10/24/23 from 6:27am - 6:58am, client #1 was noted in his bedroom while either Staff E or Staff F stood in the hall directly in front of his bedroom door or in the doorway of his bedroom. As the client attempted to leave the bedroom or stepped into the hallway outside of his bedroom, the staff prompted him to return to his room or to "Have a seat".</p> <p>During an interview on 10/23/23, when asked if client #1 can go to the living room if he wants, Staff B stated, "He can but we try to keep' em in the back."</p> <p>During an interview on 10/24/23, when asked if client #1 has to stay in his bedroom, Staff F stated client #1 "Will go in the refrigerator and get stuff out so he has to be monitored." The staff indicated they try to keep him in the back hall with the other clients until baths are done.</p> <p>Review on 10/24/23 of client #1's Individual</p>	W 247			

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W 247	Continued From page 3 Program Plan (IPP) dated 11/2/22 revealed, "He requires staff encouragement, monitoring to participate, share and take turns in any/all activities." The plan indicated, "If [Client #1] goes from location to location staff should be creative and provide appropriate activity at his area of relocation." Additional review of the plan noted the client has worked on an objective to make a choice of the clothes he wants to wear. Interview on 10/24/23 with the Director and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 can choose to go wherever he would like in the home does not have to remain in any one area.	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 toileting skills and communication. This affected 3 of 5 audit clients (#1, #3 and #6). The findings are:	W 249			

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W 249	<p>Continued From page 4</p> <p>A. During evening observations in the home on 10/23/23 at 5:03pm, client #1 entered a bathroom in the back hallway of the home. The client proceeded to urinate in the toilet with the door wide open and the lights off. Afterwards, client #1 left the bathroom without flushing the toilet or washing his hands. During this time, no staff were in the area and only approached the client in the hallway as he exited the bathroom pulling his pants up. The client was not prompted or assisted to turn on the bathroom lights, flush the toilet or wash his hands.</p> <p>Interview on 10/24/23 with Staff E revealed client #1 needs assistance to turn on lights, flush the toilet and wash his hands after toileting.</p> <p>Review on 10/24/23 of client #1's IPP dated 11/2/22 indicated he requires assistance to "reintegrate appropriate flushing and complete proper handwashing".</p> <p>Interview on 10/24/23 with the Director and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 needs assistance to ensure he completes toileting tasks such as turning on lights, flushing the toilet and washing his hands.</p> <p>B. During evening observations in the home on 10/23/23 at 6:02pm, client #3 entered a bathroom in the back hallway of the home. The client proceed to urinate in the toilet with the door wide open and the lights off. Afterwards, client #3 left the bathroom without flushing the toilet or washing his hands. During this time, Staff D stood a few feet away in the doorway of another client's bedroom. However, the client was not prompted</p>	W 249			

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W 249	<p>Continued From page 5 or assisted to turn on the bathroom lights, flush the toilet or wash his hands.</p> <p>Interview on 10/24/23 with Staff G revealed he needs reminders to turn on lights, wipe, flush the toilet and wash his hands in the process of toileting</p> <p>Review on 10/24/23 of client #3's Toileting Guidelines (last revised 12/2/20) revealed, "[Client #3] does require staff immediate follow up to assure turning light on,...flushing, assistance with hygiene of wiping, hand washing."</p> <p>Interview on 10/24/23 with the Director and QIDP confirmed client #3 needs assistance to ensure he completes toileting tasks such as turning on lights, flushing the toilet and washing his hands.</p> <p>C. During observations throughout the survey in the home on 10/23 - 10/24/23, client #6 was nonverbal. Staff were not observed to utilize a communication picture board, communication booklet or communication ring while interacting with client #6. The client was not prompted or assisted to utilize any form of assistive communication.</p> <p>Interview on 10/24/23 with Staff G revealed client #6 has pictures on a bulletin board in his bedroom but it is only used "randomly".</p> <p>Review on 10/24/23 of client #6's IPP dated 10/4/23 indicated, "[Client #6] utilizes a communication picture board..." The plan noted, "The use of a communication booklet followed by ring was implemented. [Client #6] requires cueing to retrieve, carry, flip pages, and refrain from destroying pages from the booklet. The use of a</p>	W 249			

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W 249	Continued From page 6 picture board display has proven to be the most consistent communication item for [Client #6] in terms of goal training." Additional review of the IPP revealed, "Communication picture board - Staff will provide the least assistance necessary in order that [Client #6] retrieves picture board and has access to board throughout the day as appropriate..." Interview on 10/24/23 with the Director and QIDP revealed client #6 "is supposed to" have a communication board or a picture book with rings. The Director stated, "I think it's like a card flip, I'm not sure."	W 249			
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 an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #6's inappropriate behavior was included in a formal active treatment plan. This affected 1 of 5 audit clients. The finding is: During breakfast observations in the home on 10/24/23 from 8:25am - 8:36am, client #6 was served a large spoonful of oatmeal onto his plate. The client began consuming the oatmeal using an infant teaspoon. Once the oatmeal was almost finished, Staff G placed another large spoonful onto his plate which he began to consume. After again consuming the oatmeal, Staff G placed a serving of yogurt onto his plate which he began to consume. The staff later placed cut up pears and	W 288			

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W 288	Continued From page 7 a cut up muffin onto the client's plate after his oatmeal had been consumed and at least half of the yogurt. Client #6 was not served and allowed to consume all food items at once as noted with other clients at the table who were also consuming their breakfast meal. Interview on 10/24/23 with Staff G revealed client #6 was not given all of his food at once because "he'll stuff his mouth" so he's only given "a portion at a time". The staff also noted he'll pick up his food with his fingers while eating. Review on 10/24/23 of client #6's Individual Program Plan (IPP) dated 8/30/23 revealed, "[Client #6] does require monitoring to assure he doesn't overfill his spoon. [Client #6] will attempt to eat with his fingers if he feels no one is watching." Additional review of the plan noted, "[Client #6] continues to require encouragement from staff to use his utensils...and not to cram food in his mouth." Further review of the IPP did not indicate a technique of portioning out his food should be utilized to address stuffing his mouth at meals. Interview on 10/24/23 with the Director and Qualified Intellectual Disabilities Professional (QIDP) revealed client #6's food should not be portioned out as previously described and staff should prompt him to slow down and not overfill his spoon and redirect eating with his fingers.	W 288			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health	W 340			

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W 340	<p>Continued From page 8</p> <p>measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure staff were sufficiently trained on appropriate hygiene methods regarding the use of gloves while working in the home. The finding is:</p> <p>During dinner preparation observations in the home on 10/23/23, Staff C worn gloves while preparing food items. The staff continued wearing gloves while gathering canned foods, opening cabinets/drawers, utilizing a electric can opener and manual can opener, stirring food in a pot, placing foil and meat patties on a pan and gathering dining equipment (i.e.. cups, plates, utensils) and flipping through a menu book. Two clients were also assisting with meal preparation tasks. The clients were assisted to put on gloves and a face mask while in the kitchen. The clients were noted to touch/adjust their face mask, wipe their face, put their hands in pockets. repeatedly rub their bare arms and hug the surveyor all while continuing to wear their gloves. The staff and clients sporadically removed their gloves and washed their hands while preparing food items.</p> <p>Interview on 10/23/23 with Staff C revealed they wear the gloves to prepare food because they "try not to cross contaminate" and "in case they have to touch something like raw meat". Additional interview on 10/24/23 with Staff H indicated they have been trained to "always" wear gloves while preparing food in the kitchen because they are "handling client's food" and they change the gloves if they are "touching stuff".</p>	W 340			

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W 340	Continued From page 9 Review on 10/24/23 of the facility's infection control policy (revised 8/14/23) revealed, "Hand hygiene is the single most effective way to prevent the spread of organisms and potential infection...Hand hygiene should be performed:...Before and after preparing food...During food prep if touching raw eggs and meat... " The policy noted under a section for Gloves: "Must be worn for contact with blood, body fluids, secretions, excretions, contaminated items, mucus membranes, and non-intact skin." Additional review of the policy did not indicate gloves should be worn during meal preparation tasks. During an interview on 10/24/23, the Director and Qualified Intellectual Disabilities Professional (QIDP) confirmed staff use gloves while preparing food in the kitchen. The Director and QIDP acknowledged glove use in the kitchen was not identified in the facility's policy.	W 340			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure 2 of 5 audit clients (#1 and #3) received their specially-prescribed diets as indicated. The findings are: A. During observations of dinner preparations in the home on 10/23/23 at 6:16pm, Staff C placed	W 460			

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W 460	<p>Continued From page 10</p> <p>cooked turkey burgers and broth in a food processor and blended them. Once finished, the meat mixture was thick, semi-moist, with a minced texture. The meat was served to client #1 and client #3 at the dinner meal. The clients consumed the meat without difficulty.</p> <p>Interview on 10/23/23 with Staff C revealed the meat served to client #1 and client #3 was pureed which is the diet consistency for those two clients. Additional interview indicated pureed food should look "something like baby food".</p> <p>B. During observations of breakfast preparations in the home on 10/24/23 at 8:14am, Staff H placed cooked muffins in a bowl, used a utensil to brake the muffins up into smaller pieces, added milk and stirred the mixture. When asked who would be served the muffin mixture, the staff stated it was for client #1 and client #3. The staff added the clients are on pureed diets, however, the muffins did not need to be put in the processor because "I poured milk in to make it soft." At 8:36am, client #1 and client #3 were served the muffin mixture which resembled a moist, minced texture. The clients consumed the muffins without difficulty.</p> <p>Review on 10/24/23 of a dietary book located in the kitchen of the home revealed pureed foods require use of a "blender or food processor" and should be "like baby food, smooth, no lumps".</p> <p>Additional review of a diet list posted in the kitchen of the home and confirmed by client #1's and client #3's IPP's dated 11/2/22 and 10/4/23, respectively, indicated both clients consume pureed diets.</p>	W 460			

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W 460	Continued From page 11 Interview on 10/24/23 with the Director and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 and client #3 consume pureed diets and their food should be "very very smooth...like baby food or yogurt."	W 460			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure food was served at an appropriate temperature. This affected all clients in the home (#1, #2, #3, #4, #5, and #6). The finding is: During morning observations in the home on 10/24/23 at 7:30am, a pitcher of milk was noted on a cart in the kitchen. At 7:43am, Staff H removed a smaller pitcher of milk from the refrigerator and placed it on the cart. At 7:45am, the staff removed a container of yogurt from the refrigerator, scooped several spoonfuls into two bowls, covered the bowls with Saran wrap and placed them on the cart. The containers of milk and bowls of yogurt remained without a cooling source until 8:25am, when clients began serving themselves the items. Interview on 10/24/23 with Staff H (while referring to a dietary book) revealed cold items should have a temperature between 35 -41 degrees. Additional interview indicated a food temperature gauge was available in the kitchen. Review on 10/24/23 of a dietary book located in the kitchen revealed hot foods should be served at a temperature between 110 - 140 degrees and	W 473			

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W 473	Continued From page 12 cold items served at 35 - 41 degrees. Interview on 10/24/23 with the Director and Qualified Intellectual Disabilities Professional (QIDP) confirmed the temperature of cold items should be between 35 - 41 degrees and should be served within 15 minutes of removal from it's cooling source.	W 473			