

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

PRINTED: 02/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/14/2024
NAME OF PROVIDER OR SUPPLIER YADKIN I			STREET ADDRESS, CITY, STATE, ZIP CODE 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020		
(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 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 observation, interviews, and record review, the facility failed to assure a continuous active treatment program identified as an individual need was implemented for 4 of 6 clients (#2, #3, and #5) relative to prescribed gait belt and mealtime adaptive equipment. The findings are:</p> <p>A. The facility failed to provide prescribed gait belt for client #2. For example:</p> <p>Evening observations in the facility on 2/13/24 at 4:51 PM revealed client #2 to participate in her daily walking program with a Merry Walker. Continued observations revealed client #2 to move about the home with staff assistance. Further observations at 5:08 PM revealed staff B and staff C to assist client #2 from the Merry Walker to her wheelchair with staff C holding the client around the waist while standing behind the client and staff B holding the client by the right arm. Subsequent observations revealed the client to be placed in her wheelchair and taken to the dining room for water. At no time during the observations was client #2 transferred from her</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>Merry Walker to her wheelchair using her prescribed gait belt</p> <p>Review of the record on 2/14/24 for client #2 revealed a person-centered plan (PCP) dated 1/10/24. Review of the PCP revealed a physical therapy consult dated 9/14/23 for client #2 to continue daily walking program with a Merry Walker, continue gait belt use for standing activities (i.e., Transfers, etc.), and to continue all programs to ensure her safety.</p> <p>Interview on 2/14/24 with the qualified intellectual disability professional (QIDP) verified that client #2's PCP was current. Continued interview confirmed that client #2 should have been provided with a prescribed gait belt for transfers to ensure the client's safety.</p> <p>B. The facility failed to provide a high sided, divided dish for client #3. For example:</p> <p>Evening observations in the facility on 2/13/24 at 5:38 PM revealed that client #3's place at the dining room table was set with a regular plate. Continued observations revealed client #3 to consume her meal, consisting of chicken and dumplings, mixed vegetables, biscuit and fruit, all modified to 1/2" consistency, using the regular plate.</p> <p>Review of the record on 2/14/24 for client #3 revealed a person-centered plan (PCP) dated 12/14/23. Review of the PCP revealed an occupational therapy consult dated 10/12/23 which stated that client #3 should use a high sided divided dish during mealtime.</p> <p>Interview on 2/14/24 with the qualified intellectual</p>	W 249			

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W 249	Continued From page 2 disability professional (QIDP) verified that client #3's PCP was current. Continued interview confirmed that client #3 should have been provided with a high sided divided dish during mealtimes. C. The facility failed to provide a straw or sip cup for client #5. For example: Evening observations in the facility on 2/13/24 at 5:38 PM revealed that client #5's place at the dining room table was set with a high sided divided dish, a regular spoon, two regular cups, and a clothing protector. Continued observations revealed client #5 to be offered thickened drinks from a regular cup with no straw. Further observations revealed the staff to have a conversation about whether the client is able to use a straw, but to decide not to provide a straw. Review of the record on 2/14/24 for client #5 revealed a person-centered plan (PCP) dated 4/11/23. Review of the PCP revealed an occupational therapy consult dated 1/23/24 which stated that client #5 should use a high sided divided dish and straw sip cup as adaptive equipment at mealtime. Interview on 2/14/24 with the qualified intellectual disability professional (QIDP) verified that client #5's PCP was current. Continued interview confirmed that client #5 should have been provided with a straw sip cup during mealtimes.	W 249			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the	W 260			

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W 260	Continued From page 3 process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the person-centered plan (PCP) was revised at least annually for 1 of 6 clients (#6). The finding is: Review of records on 2/13/24 for client #6 revealed a PCP dated 12/28/22. There was no additional documentation provided to show evidence that client #6's PCP meeting had taken place and that the plan had not been updated since 12/28/22. Interview on 2/14/24 with the qualified intellectual disability professional (QIDP) confirmed that client #6's current plan is dated 12/28/22. Continued interview with the QIDP revealed that the PCP meeting had not taken place.	W 260			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that restrictive techniques were monitored and reviewed annually by the human rights committee (HRC) for 4 of 6 clients (#1, #2, #3 and #6). The findings are: A. Observations throughout the recertification survey period from 2/13/24 - 2/14/24 revealed that the refrigerator and pantry in the home are	W 262			

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W 262	<p>Continued From page 4</p> <p>locked due to food seeking behaviors by two clients. Continued observation revealed an audio monitor transmitter to be present in client #1's bedroom. The receiver connected to the audio monitor was observed to be in the living room.</p> <p>Review of client #1's record on 2/14/24 revealed a person-centered plan (PCP) dated 12/14/23 which states the audio monitor is necessary for client #1's safety. Continued record review revealed no evidence that the HRC had reviewed, consented to, or monitored the locked refrigerator and pantry or the audio monitor annually, as required.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 2/14/24 revealed that signed consent forms could not be located during the survey. Continued interview with the QIDP verified HRC rights limitation consent forms for all clients should be updated and signed by the HRC annually.</p> <p>B. Observations throughout the recertification survey period from 2/13/24 - 2/14/24 revealed that the refrigerator and pantry in the home are locked due to food seeking behaviors by two clients. Continued observation revealed a non-recording video monitor to be present in client #2's bedroom. The receiver connected to the audio monitor was observed to be in the living room.</p> <p>Review of client #'s record on 2/14/24 revealed a person-centered plan (PCP) dated 1/10/24 which states the video monitor is necessary for client #2's safety. Continued record review revealed no evidence that the HRC had reviewed, consented to, or monitored the locked refrigerator and pantry</p>	W 262			

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W 262	<p>Continued From page 5 or the audio monitor annually, as required.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 2/14/24 revealed that signed consent forms could not be located during the survey. Continued interview with the QIDP verified HRC rights limitation consent forms for all clients should be updated and signed by the HRC annually.</p> <p>C. Observations throughout the recertification survey period from 2/13/24 - 2/14/24 revealed that the refrigerator and pantry in the home are locked due to food seeking behaviors by two clients. Continued observation revealed an audio monitor transmitter to be present in client #3's bedroom. The receiver connected to the audio monitor was observed to be in the living room.</p> <p>Review of client #3's record on 2/14/24 revealed a person-centered plan (PCP) dated 12/14/23 which states the audio monitor is necessary for client #3's safety. Continued record review revealed no evidence that the HRC had reviewed, consented to, or monitored the locked refrigerator and pantry or the audio monitor annually, as required.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 2/14/24 revealed that signed consent forms could not be located during the survey. Continued interview with the QIDP verified HRC rights limitation consent forms for all clients should be updated and signed by the HRC annually.</p> <p>D. Observations throughout the recertification survey period from 2/13/24 - 2/14/24 revealed that the refrigerator and pantry in the home are</p>	W 262			

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W 262	Continued From page 6 locked due to food seeking behaviors by two clients. Review of client #6's record on 2/14/24 revealed no evidence that the HRC had reviewed, consented to, or monitored the locked refrigerator and pantry, as required. Interview with the qualified intellectual disability professional (QIDP) on 2/14/24 revealed that signed consent forms could not be located during the survey. Continued interview with the QIDP verified HRC rights limitation consent forms for all clients should be updated and signed by the HRC annually.	W 262			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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 observations, record reviews and interviews, the facility failed to ensure that restrictive techniques were reviewed and approved by the legal guardians of 4 of 6 clients (#1, #2, #3 and #6). The findings are: A. Observations throughout the recertification survey period from 2/13/24 - 2/14/24 revealed that the refrigerator and pantry in the home are locked due to food seeking behaviors by two clients. Continued observation revealed an audio monitor transmitter to be present in client #1's bedroom. The receiver connected to the audio monitor was observed to be in the living room.	W 263			

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W 263	<p>Continued From page 7</p> <p>Review of client #1's record on 2/14/24 revealed no evidence that the restrictive techniques described were reviewed and approved by client #1's guardian as required.</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) on 2/14/24 revealed that signed consent forms could not be located during the survey. Continued interview with the (QIDP) verified guardian consent forms for all clients should be updated and signed annually.</p> <p>B. Observations throughout the recertification survey period from 2/13/24 - 2/14/24 revealed that the refrigerator and pantry in the home are locked due to food seeking behaviors by two clients. Continued observation revealed a non-recording video monitor to be present in client #2's bedroom. The receiver connected to the audio monitor was observed to be in the living room.</p> <p>Review of client #2's record on 2/14/24 revealed no evidence that the restrictive techniques described were reviewed and approved by client #1's guardian as required.</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) on 2/14/24 revealed that signed consent forms could not be located during the survey. Continued interview with the (QIDP) verified guardian consent forms for all clients should be updated and signed annually.</p> <p>C. Observations throughout the recertification survey period from 2/13/24 - 2/14/24 revealed that the refrigerator and pantry in the home are locked due to food seeking behaviors by two clients. Continued observation revealed an audio</p>	W 263			

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W 263	Continued From page 8 monitor transmitter to be present in client #3's bedroom. The receiver connected to the audio monitor was observed to be in the living room. Review of client #1's record on 2/14/24 revealed no evidence that the restrictive techniques described were reviewed and approved by client #3's guardian as required. Interview with the Qualified Intellectual Disability Professional (QIDP) on 2/14/24 revealed that signed consent forms could not be located during the survey. Continued interview with the (QIDP) verified guardian consent forms for all clients should be updated and signed annually. D. Observations throughout the recertification survey period from 2/13/24 - 2/14/24 revealed that the refrigerator and pantry in the home are locked due to food seeking behaviors by two clients. Review of client #6's record on 2/14/24 revealed no evidence that the restrictive techniques described were reviewed and approved by client #6's guardian as required. Interview with the Qualified Intellectual Disability Professional (QIDP) on 2/14/24 revealed that signed consent forms could not be located during the survey. Continued interview with the (QIDP) verified guardian consent forms for all clients should be updated and signed annually.	W 263			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are	W 369			

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W 369	<p>Continued From page 9</p> <p>self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 6 clients (#1) observed during medication administration. The finding is:</p> <p>Observation in the group home on 2/14/24 at 7:15 AM revealed staff A and client #1 to both sanitize hands. Continued observation revealed client #1 to obtain medication bin from cabinet area. Further observation revealed staff A to educate, scan medications, punch medications and pour one medication from a pill bottle. Subsequent observations revealed staff A poured all morning medications into a medicine cup with applesauce and client #1 was observed to eat medications mixed in applesauce.</p> <p>Review of records for client #1 on 2/14/24 revealed physician orders dated 2/13/24. Review of the 2/13/24 physician orders revealed medications to administer at 8:00 AM to be Benzotropine Tab 0.5MG and Loratadine Tab 10MG. Continued review of physician orders for client #1 revealed medications to administer at 7:45 AM to be Biotin Tab 1000MCG, Calcium Vitamin D Tab 315-200 (2 tablets), Carbamazepine Chew 100MG (2 tablets), Docusate Sodium CAP 100 MG, Fenofibrate Tab 145MG, Junel FE Tab 1/20, Levetiracetam Tab 500 MG, Motegrity Tab 2MG, Naltrexone Tab 50 MG, Pantoprazole Tab 40 MG, Vitamin D3 50MCG Tabs, and Levothyroxin Tab 50MCG to take 1 tablet by mouth daily for Hypothyroidism and take 30 minutes before breakfast or other medications. During survey medication administration observation of staff, staff A was</p>	W 369			

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W 369	Continued From page 10 observed to administer all medications for client #1 after breakfast which included the medication Levothyroxin Tab 50 MCG that should have been administered 30 minutes before breakfast and other medications. Interview with the facility nurse on 2/14/24 confirmed the 2/13/24 physician orders for client #1 to be current. Continued interview with the facility nurse revealed that staff should administer medications as prescribed.	W 369			