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	34G307	A. BUILDING _____ B. WING _____	02/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERLEA GROUP HOME	**5691 MACK LINEBERRY ROAD CLIMAX, NC 27233**

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) 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 and interviews, the facility failed to assure that privacy was maintained for 2 of 5 audit clients (#2 and #3) The findings are: A. During observations in the home on 2/19/24 at 5:34 PM, Staff B was observed to tell client #2 to go change into his pajamas. Client #2 was observed to go into his bedroom and begin changing his clothes, with the bedroom door open. Client #2 was observed to walk out of his bedroom, wearing only an incontinence brief and a T-shirt. Client #2 walked into the laundry room, where he handed Staff D his pants, then turned and walked back into his bedroom, where he finished changing his clothes with the bedroom door open. Interview on 2/20/24 with the qualified intellectual disabilities professional (QIDP) confirmed staff should have prompted client #2 to close his door and cover up to maintain his privacy. B. Observations in the home on 2/19/24 at 5:36 PM revealed client #3 to walk out of the bathroom after taking his shower. Client #3 was wearing a bathrobe, untied, and opened. Client #3 walked into his bedroom, leaving the door opened approximately 4-6", where he removed his bathrobe and got dressed in his pajamas. Interview on 2/20/24 with the QIDP confirmed staff should have prompted client #3 to close his bathrobe and close his door to maintain his	W 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 130	Continued From page 1 privacy.	W 130		
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 training objective implementation and Behavior Support Plan (BSP) implementation. This affected 2 of 4 audit clients (#1 and #4). The findings are: A. The facility failed to implement the BSP for client #4. During observations in the home throughout the survey on 2/19/24 - 2/20/24, client #4 was observed to hit himself in the head multiple times, repeatedly slap a bucket of blocks, hit staff and lean over and bang his head on the table beside his chair. During the observations, staff were observed to ignore client #4 and at no time was client #4 verbally or physically redirected.	W 249		

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W 249	Continued From page 2 Review on 2/19/24 of client #4's record revealed a BSP dated 1/20/24 with identified target behaviors consisting of self-injurious behavior (SIB), aggression and loud talk/vocalizations. Further review of the BSP revealed interventions for SIB to consist of "Threats or approximations of SIB as well as minor SIB will be ignored. If potentially tissue damaging, verbal prompts such as "hands down" will be given. This will be accompanied by benign personal restraint (holding his hands on a surface or by his side) for 5 seconds. If he bangs his head on a surface, he should be positioned so that he cannot easily access an area where he may head bang. Verbal prompts should be given to move away from hard surfaces." Additional interventions for aggression include, "If he displays aggression towards others, he will be immediately escorted to an area where he is not in close proximity to others." Interview on 2/20/24 with the QIDP confirmed staff should have followed the interventions in client #4's BSP. B. The facility failed to implement client #4's goal relative to medication administration. During observations of medication administration in the home on 2/19/24 at 5:12 PM, Staff A was observed to administer client #4 his medication. Staff A retrieved the package of medication, opened it, poured the pill into a cup, and then gave client #4 the cup to take his medication. Review on 2/19/24 of client #4's IPP dated 10/10/23 revealed a training goal for client #4 to independently administer his medication. Interview on 2/20/24 with the QIDP confirmed	W 249		

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client #4 should have been given the opportunity to retrieve his medications per his training objective.

C. The facility failed to implement client #1's goals relative to medication administration.

During observations of medication administration in the home on 2/19/24 at 5:04 PM, Staff A was observed to administer client #1 his medication. Staff A retrieved the package of medication, opened it, poured the pill into a cup, and then fed it to client #1, followed by a small cup of water.

Review on 2/19/24 of client #1's IPP dated 10/19/23 revealed a training goal for client #1 to retrieve his medications with one prompt.

Interview on 2/20/24 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 should have been given the opportunity to retrieve his medications per his training objective.

D. The facility failed to implement client #1's goals relative to mealtime preparation.

During observations in the home on 2/19/24 at 6:18 PM revealed Staff B and client #3 to set the table in preparation for dinner. Client #3 was observed to take a pitcher of lemonade and water to the table and fill each clients' cups up.

Additional observations in the home on 2/20/24 at 6:07 AM revealed Staff E to set the table, while client #3 poured pitchers of water and milk into his peer's cups.

Review on 2/19/24 of client #1's IPP dated 10/19/23 revealed a training goal for client #1 to

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W 249	Continued From page 4 place setting items on the table for meals and a training goal to take the prepared juice pitcher to the table. Interview on 2/20/24 with the QIDP confirmed client #1 should have been given the opportunity to set his place at the table and take the prepared pitchers to the table per his training objectives.	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 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 individual program plan (IPP) for 1 of 5 audit clients (#5) was revised at least annually. The finding is: Review on 2/19/24 of client #5's record revealed an IPP dated 12/13/2022. No current IPP could be located. Interview on 2/20/24 with the qualified intellectual disabilities professional (QIDP) confirmed no current IPP could be located for client #5.	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 record review and interview, the facility failed to ensure the behavior support plan (BSP)	W 262		

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W 262	Continued From page 5 for 3 of 5 audit clients (#1, #4 and #5) was reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 2/19/24 of client #1's record revealed a BSP dated 11/17/23. Further review of the BSP revealed no written consent by the HRC since 11/26/22. Interview on 2/20/24 with the qualified intellectual disabilities professional (QIDP) confirmed there was no current HRC consent for client #1's BSP. B. Review on 2/19/24 of client #4's record revealed a BSP dated 1/20/24. Further review of the BSP revealed no written consent by the HRC since 1/21/23. Interview on 2/20/24 with the QIDP confirmed there was no current HRC consent for client #4's BSP. C. Review on 2/19/24 of client #5's record revealed a BSP dated 10/12/22. Further review of the BSP revealed no written consent by the HRC since 10/27/22. Interview on 2/20/24 with the QIDP confirmed there was no current HRC consent for client #5's BSP.	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:	W 263		

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W 263	Continued From page 6 Based on record reviews and interviews, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 5 audit clients (#1 and #5). The findings are: A. Review on 2/19/24 of client #1's record revealed a behavior support plan (BSP) dated 11/17/23. Further review of the BSP revealed guardian consent was last obtained on 12/21/22. Interview on 2/20/24 with the qualified intellectual disabilities professional (QIDP) confirmed written informed consent has not been obtained from the legal guardian since 12/21/22. B. Review on 2/19/24 of client #5's record revealed a BSP dated 10/12/22. Further review of the BSP revealed guardian consent was last obtained on 10/26/22. Interview on 2/20/24 with the QIDP confirmed written informed consent has not been obtained from the legal guardian since 10/26/22.	W 263		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 3 of 5 audit clients (#1, #2 and #4). The findings are: A. During observations of medication	W 368		

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administration on 2/19/24 at 5:04pm, Staff A was observed to administer one Lorazepam 0.5mg tablet to client #1.

Review on 2/20/24 of client #1's physician's orders dated 1/9/24 revealed an order for Lorazepam 0.5mg, to be administered at 4:00 PM.

Interview on 2/20/24 with the facility nurse revealed if medications are ordered at 4:00 PM, staff have an hour before and an hour after to administer the medications. The facility nurse confirmed that client #1's Lorazepam tablet was administered outside the time frame according to the physician's orders.

B. During observations of medication administration on 2/19/24 at 5:08 PM, Staff A was observed to administer one and a half Carbamazepine 200mg tablets to client #2.

Review on 2/20/24 of client #2's physician's orders dated 1/9/24 revealed an order for Carbamazepine 200mg, to be administered at 4:00pm.

Interview on 2/20/24 with the facility nurse revealed if medications are ordered at 4:00 PM, staff have an hour before and an hour after to administer the medications. The facility nurse confirmed that client #2's Carbamazepine tablet was administered outside the time frame according to the physician's orders.

C. During observations of medication administration on 2/19/24 at 5:12 PM, Staff A was observed to administer one Naltrexone 50mg tablet to client #4.

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W 368	Continued From page 8 Review on 2/20/24 of client #4's physician's orders dated 1/9/24 revealed an order for Naltrexone 50mg, to be administered at 4:00 PM. Interview on 2/20/24 with the facility nurse revealed if medications are ordered at 4:00 PM, staff have an hour before and an hour after to administer the medications. The facility nurse confirmed that client #4's Naltrexone tablet was administered outside the time frame according to the physician's orders.	W 368		
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate any problems with fire evacuation drills, including the reason for extended times needed for evacuations. The finding is: Review on 2/19/24 of the facility's fire evacuation drills over the past year revealed several drills with extended evacuation times to include: 2/9/23 (12 minutes), 3/21/23 (20 minutes), 7/3/23 (10 minutes), 10/16/23 (10 minutes), 11/7/23 (15 minutes), and 1/5/24 (10 minutes). Interview on 2/20/24 with the qualified intellectual disabilities professional (QIDP) and program manager (PM) confirmed the drills should have been evaluated to determine the issues of the extended evacuation times and a plan of correction should have been developed.	W 448		
W 474	MEAL SERVICES	W 474		

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W 474	Continued From page 9 CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level for 2 of 5 audit clients (#1 and #4). The findings are: A. During observations in the home on 2/19/24 at 6:30 PM, client #4 was observed eating dinner which consisted of a fried chicken leg on the bone, macaroni and cheese and beans. All foods were served to client #4 in whole form. Review on 2/19/24 of client #4's individual program plan (IPP) dated revealed a nutritional evaluation dated 8/16/23. The nutritional evaluation revealed a diet order consisting of "regular, high calorie, finely chopped foods." Interview on 2/19/24 with Staff B revealed client #4's diet consistency is regular, whole foods. Interview on 2/20/24 with the qualified intellectual disabilities professional (QIDP) confirmed client #4's food should be finely chopped as indicated in the nutritional evaluation. B. During observations in the home on 2/20/24 at 6:11 AM revealed client #1 to eat breakfast which consisted of a half of a banana, two sausage links and three pancakes. The banana and sausage links were cut into small, bite size pieces. The three pancakes were cut into fours, making the piece larger than 1" in size. Review on 2/19/24 of client #1's IPP dated	W 474		

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W 474	Continued From page 10 10/19/23 revealed a nutritional evaluation dated 7/24/23. The nutritional evaluation revealed a diet order consisting of regular, high calorie foods cut into bite size pieces (3/4 - 1" in size). Interview on 2/20/24 with the QIDP confirmed client #1's food should be chopped into bite size pieces as indicated in the nutritional evaluation.	W 474		