

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

PRINTED: 03/06/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHERWOOD PARK HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>126 ROBINHOOD LANE ABERDEEN, NC 28315</b>		
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W 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #7 had the right to a legal guardian. This affected 1 of 6 audit clients. The finding is:</p> <p>Review on 3/4/24 of client #7 individual program plan (IPP) dated 7/7/23 revealed client #7 diagnosis includes profound intellectual disabilities, cerebral palsy spastic quadriplegia and type IV hyperlipidemia. Further review of client #7's IPP revealed a family member listed as the guardian. Legal guardianship paperwork revealed local department of social services as legal guardian.</p> <p>Interview on 3/5/24 the qualified intellectual disabilities professional confirmed client #7 guardian was his family member but did not have the paperwork to confirm.</p>	W 125			
W 249	<p><b>PROGRAM IMPLEMENTATION</b> 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>	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	Continued From page 1  This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 6 of 6 audit clients (#2, #6, #7, #8, #13 and #15) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure, dining, and adaptive equipment use. The findings are:  A. During evening observations in the home on 3/4/24 from 3:30pm - 5:21pm, client #2 sat in a recliner in the day room unengaged. The television was on; however, the client was not attentive to it. During this time, a staff sat at a nearby table interacting with two other clients and offering leisure activities. Client #2 was not prompted or encouraged to participate in any activities.  Interview on 3/5/24 with Staff E revealed client #2 likes watching TV, laying down and eating. The staff was not sure of any other activities she likes to do.  Review on 3/5/24 of client #2's IPP dated 3/9/23 revealed, "[Client #2] is a very pleasant person and participates actively in leisure activities when they are presented by others...She has an interest in watching television and enjoys going on nature rides...upbeat music, Christian music and spiritual hymns." Additional review of the plan noted, "[Client #2] enjoys in-home and community activities...she participates and enjoys choice of her activities."	W 249			

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W 249	<p>Continued From page 2</p> <p>Interview on 3/5/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #2 mainly likes food and being outside. Additional interview revealed the client will only engage in activities "for a little bit". The QIDP acknowledged the client should be offered leisure activities.</p> <p>B. During evening observations in the home on 3/4/24 from 3:30pm - 5:21pm, client #13 sat in a recliner unengaged. During this time, a staff sat at a nearby table interacting with two other clients and offering leisure activities. The staff verbally offered an activity to client #13 on one occasion. The client did not respond. Client #13 was not actively prompted or encouraged to participate in any activities.</p> <p>Interview on 3/5/24 with Staff E revealed client #13 likes to color but she was not sure of any other activities she likes to do.</p> <p>Review on 3/5/24 of client #13's IPP dated 9/29/23 revealed she likes magazines, coloring, writing, dancing, and playing board games.</p> <p>Interview on 3/5/24 with the QIDP revealed client #13 likes "hands-on" activities, textured items, and musical toys. The QIDP acknowledged client #13 should be offered leisure activities.</p> <p>C. During 3 of 3 mealtime observations in the home on throughout the survey on 3/4 - 3/5/24, client #8 and client #15 did not participate in family style dining tasks. Various staff served food onto their plates and poured their drinks. The clients were not prompted or assisted to participate in family style dining tasks.</p> <p>Interview on 3/5/24 with Staff B revealed no</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>clients serve themselves or participate with any family style dining tasks. The staff stated they were not sure why but she felt client #8 and client #15 could given assistance.</p> <p>Review on 3/5/24 of client #8's IPP dated 10/17/23 revealed the client requires assistance at meals. Additional review of client #8's Adaptive Behavior Inventory (ABI) dated 9/22/23 noted the client cannot independently serve himself, pass bowls/platters or pour from a pitcher.</p> <p>Review on 3/5/24 of client #15's ABI dated 4/25/23 indicated she can independently pour from a pitcher, serve from bowls/platters and pass bowls/platters. Additional review of the client's nutritional evaluation dated 12/7/23 noted, "Participates in family style dining and meal prep with assistance."</p> <p>Interview on 3/5/24 with the QIDP confirmed client #8 and client #15 should be offered family style dining at meals and can complete those tasks with assistance.</p> <p>D. During observations in the home on 3/4/24 from 9:38am - 11:56am, client #13 sat in a recliner in the day room or in a chair on the patio. Additional observations on 3/4/24 from 3:30pm - 5:03pm, client #13 sat in a recliner in the day room. During these times, the client's chair alarm was not connected or in use. At 5:04pm, the facility nurse connected client #13's chair alarm as she sat in the recliner.</p> <p>Interview on 3/4/24 with the facility nurse indicated client #13's chair alarm should be connected anytime she is seated so it can alert staff when she attempts to stand or leave the</p>	W 249		

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W 249	<p>Continued From page 4 area. The nurse noted this is for "fall prevention".</p> <p>Review on 3/5/24 of client #13's IPP dated 9/29/23 revealed she has a history of falls and seizure disorder. Additional review of the plan indicated, "[Client #13] has a chair/bed alarm to alert staff that she has gotten up without assistance. Upon hearing the alarm, staff will go to her to assist with ambulation (OSG 10)." Further review of OSG 10 noted the device should be used when the client is "sitting in her chair in the living area or bed".</p> <p>Interview on 3/5/24 with the QIDP confirmed client #13's chair alarm should be connected when she is seated to prevent falls.</p> <p>E. During 2 of 3 mealtime observations in the home throughout the survey on 3/4 - 3/5/24, client #8 and client #15 did not clear their dirty dishes from the table after meals. The clients were not prompted or assisted to clear their dishes.</p> <p>Interview on 3/5/24 with Staff B indicated client #8 and client #15 do not normally clear their dishes after meals. The staff noted they probably could with assistance.</p> <p>Review on 3/5/24 of client #8's ABI dated 9/22/23 revealed he cannot independently remove his dishes and utensils from the table.</p> <p>Review on 3/5/24 of client #15's revealed she can independently clear her dishes and utensils from the table.</p> <p>Interview on 3/5/24 with the QIDP indicated client #8 has difficulty walking and client #15 is in a wheelchair and does not walk; therefore they</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>cannot clear their dishes after meals. The QIDP revealed no means had been considered to assist the clients with clearing their dishes after meals.</p> <p>F. During dinner observations in the home on 3/4/24 at 5:30pm dinner was taken to client #6 by staff B. Staff B told client #6 what was on her plate for dinner. Client #6 felt around the plate to locate each item.</p> <p>Interview on 3/5/24 with staff A revealed she had not received training on how to serve client #6 her food. Staff A revealed she was unaware of explaining where client #6's food items are located on her plate.</p> <p>Interview on 3/5/24 the QIDP confirmed that client #6 should have been told where the items were located on her plate and described using the clockwise method.</p> <p>Review on 3/4/24 of client #6's IPP dated 5/17/23 revealed she is legally blind and when she is served her dinner staff should use the clock method for her to locate her food for dining.</p> <p>G. During observation on 3/5/24 at 7:30 medications pass for client #7, staff D poured his nutritional drink into a plastic drinking cup and allowed client #7 to drink the nutritional drink from the plastic cup. Staff D placed the cup in client #7's hands and held his hand slightly above client #7's hands while he drank the nutritional drink. Staff D did not offer client #7 his sippy cup for drinking.</p> <p>Interview on 3/5/24 with staff D confirmed client #7 does use a sippy cup for drinking. Staff D revealed he had not used the sippy cup during</p>	W 249			

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W 249	Continued From page 6 the medication pass, the plastic cup works for the medication pass.  Interview on 3/5/24 the QIDP confirmed that client #7 should use his sippy cup when drinking at anytime during the day.  Review on 3/4/24 of client #7's IPP revealed adaptive equipment sippy cup to be used when drinking.	W 249			
W 255	<b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(1)(i)  The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #15's Individual Program Plan (IPP) was revised after she had successfully completed an objective. This affected 1 of 6 audit clients. The finding is:  Review on 3/4/24 of client #15's IPP dated 5/17/24 revealed an objective to refuse request related to health, safety and programming on (0) occasions for 12 consecutive months. Additional review of progress notes for the objective from January '22 - September '23 revealed zero documented behaviors.  Interview on 3/5/24 with Qualified Intellectual Disabilities Professional (QIDP) confirmed the objective needs to be reviewed by the Psychologist for completion.	W 255			

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W 259	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(2)</p> <p>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure the comprehensive functional assessment was reviewed and updated for relevancy. This affected 1 of 6 audit clients (#15). The finding is:</p> <p>During observations throughout the survey on 3/4 - 3/5/24, client #15 consistently utilized a wheelchair. The client was not prompted or assisted to walk.</p> <p>Interview on 3/5/24 with Staff E revealed client #15 always uses a wheelchair and does not walk.</p> <p>Review on 3/4/24 of client #15's Individual Program Plan (IPP) dated 5/17/23 revealed, "[Client #15] is ambulatory and requires staff to assist with walking and uses a gait belt/vest... [Client #15] can use a wheelchair per choice when she refuses to walk." The plan noted the client uses a wheelchair "as desired".</p> <p>Interview on 3/5/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated she has worked at the facility for 2 years and client #15 has always used a wheelchair "full-time". The QIDP noted the client "used to walk" but has had an increase in health issues.</p>	W 259			
W 312	<p><b>DRUG USAGE</b> CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's</p>	W 312			

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W 312	Continued From page 8 individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the interdisciplinary team (IDT) had considered a reduction and/or elimination of restrictive behavior medications after a decrease in target behaviors was identified. This affected 1 of 6 audit clients (#15). The finding is:  Review on 3/4/24 of client #15's IPP dated 5/17/24 revealed an objective to refuse requests related to health, safety and programming on (0) occasions for 12 consecutive months. Additional review of progress notes for the objective from January '22 - September '23 revealed zero documented behaviors. Further review of the plan noted the medications Celexa, Lamictal and Ativan are included to address behaviors.  Interview on 3/5/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #15 continues to ingest medications to address behaviors; however, no behaviors have been documented for over a year. The QIDP acknowledged the medications need to be reviewed based on the lack of documented behaviors.	W 312			
W 340	<b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to	W 340			

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W 340	<p>Continued From page 9</p> <p>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, record review and interviews, the facility failed to ensure staff were sufficiently trained to provide for client #15's dietary and nutritional needs. This affected 1 of 6 audit clients. The finding is:</p> <p>During 3 of 3 mealtime observations in the home throughout the survey on 3/4 - 3/5/24, client #15 consumed approximately 2 - 3 spoonfuls of food at each meal. At all meals, the client refused the food items served and was repeatedly prompted by staff to eat her food. Client #15 was not offered an alternative meal or a dietary supplement.</p> <p>Interview on 3/5/24 with Staff C revealed client #15 does not receive dietary supplements. Additional interview indicated if clients refuse meals, she usually knows what they like and can provide a substitute.</p> <p>Review on 3/4/24 of client #15's Individual Program Plan (IPP) dated 5/17/23 revealed she consumes a "weight gain" ground consistency diet. Additional review of the client's weights over the past year revealed a 19 pound weight loss.</p> <p>Interview on 3/5/24 with the facility nurse confirmed client #15 has lost weight and the team has been discussing her current health needs. Additional interview indicated if client #15 does not consume her meal, she should be offered a dietary supplement such as Ensure or Boost.</p> <p>Interview on 3/5/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client</p>	W 340			

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W 340	Continued From page 10 #15 should be offered an "alternative meal" or supplement when she refuses meals.	W 340			
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 physician's orders were being followed. This affected 1 of 6 audit clients (#7). The finding is:  During observation on 3/5/24 at 7:30am medication pass, client #7 too his reguloid 28.30(powder) mix into his boost supplement. Client #7 then drank the boost with the reguloid powder mixed into the drink.  Review on 3/5/24 of client #7 physician orders dated 12/11/23 revealed the following ordered: Reguloid 28.30 Powder- mix 1 tablespoonful with 8 ounces of water and give by mouth once every day.  Interview on 3/5/24 license practical nurse confirmed the reguloid 28.30 powder should be given as written mixed with 8 ounces of water.	W 368			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1)  and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at varied times. The finding is:	W 441			

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W 441	Continued From page 11 Review on 3/4/24 of facility fire drills reports for 3rd shift (11:00pm - 7:00am) revealed the four drills were conducted at the following times: 12:25am, 12:49am, 12:08am and 1:15am.  Interview on 3/5/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the Home Manager ensures fire drills are conducted and reviews the reports. The QIDP acknowledged the fire drills were not varied over 3rd shift.	W 441			
W 460	<b>FOOD AND NUTRITION SERVICES</b> 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, record review and interviews, the facility failed to ensure 2 of 6 audit clients (#7 and #8) received their specially prescribed diet as indicated. The findings are:  A. During observations in the home on 3/4/24 at 11:55am for lunch he received tuna a chopped consistency not smooth puree consistency. Further observation on 3/5/24 at 8:00am for breakfast he received oatmeal that was a lumpy chunky consistency.  Record review on 3/4/24 of client #7's nutritional evaluation dated 12/7/23 revealed diet of puree consistency, thin liquids diet.  Interview with staff C confirmed client #7 diet was pureed consistency. Staff C reported she puree client #7's oatmeal.	W 460			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHERWOOD PARK HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>126 ROBINHOOD LANE ABERDEEN, NC 28315</b>		
(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 460	Continued From page 12  Interview with qualified intellectual disability professional (QIDP) confirmed that client #7 was on a pureed diet and the food should be a smooth consistency.  B. During breakfast observations in the home at 8:47am, client #8 consumed whole sausage links and a whole piece of toast. The client consumed the food without difficulty.  Interview on 3/5/24 with Staff B revealed client #8 consumes a regular diet and his food is not altered.  Review on 3/5/24 of client #8's IPP dated 10/17/23 revealed he should consume a regular diet with "all food cut into bite size pieces".	W 460			
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)  The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 6 audit clients (#7, #8 and #15) ate in a manner which was not stigmatizing. The findings are:  A. During dinner and breakfast observations in the home throughout the survey on 3/4 - 3/5/24 at 5:21pm and 8:14am, respectively, client #8 and client #15 consumed their meal with a large towel draped over their chest. The upper portion of the	W 488			

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W 488	<p>Continued From page 13</p> <p>towel was secured around the neck while the lower portion extended down to the lap. No food spillage was noted on the towel during the meals for both clients.</p> <p>Interview on 3/5/24 with Staff B revealed they had ran out of clothing protectors so the towels were used. Additional interview indicated all of the clients wear clothing protectors so "they won't mess up their clothes."</p> <p>Review on 3/4/24 of client #8's Individual Program Plan (IPP) dated 10/17/23 did not indicate any type of clothing protector was required during meals.</p> <p>Review on 3/4/24 of client #15's IPP dated 5/17/23 revealed a clothing protector should be utilized during meals; however, the plan did not indicate a towel should be used.</p> <p>Interview on 3/5/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated they had ran out of clothing protectors so a towel was used as a substitute.</p> <p>B. During dinner and breakfast observation throughout the survey on 3/4-5/24 at 5:30pm and 8:30am, client #7 consumed his meal with a large towel draped over their chest. The towel was secured around the neck while the lower portion extended down to the his lap. No food spillage was noted on the towel during the meals.</p> <p>Review on 3/4/24 of client #7's IPP dated 7/7/23 revealed a clothing protector should be utilized during meals; however, the plan did not indicate a towel should be used.</p>	W 488			

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

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W 488	Continued From page 14 Interview on 3/5/24 the QIDP indicated they had ran out of clothing protectors so a towel was used as a substitute.	W 488			