

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

PRINTED: 05/12/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/09/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THOMAS S DECATUR HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7559 DECATUR DRIVE FAYETTEVILLE, NC 28303</b>
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(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
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E 015	<p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1)</p> <p>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <ul style="list-style-type: none"> <li>(i) Food, water, medical and pharmaceutical supplies</li> <li>(ii) Alternate sources of energy to maintain the following: <ul style="list-style-type: none"> <li>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</li> <li>(B) Emergency lighting.</li> <li>(C) Fire detection, extinguishing, and alarm systems.</li> <li>(D) Sewage and waste disposal.</li> </ul> </li> </ul> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for</p>	E 015	<p><i>Corrections attached.</i></p> <p><i>Brad Secrest, BS, QP</i></p> <p><b>RECEIVED</b></p> <p><b>MAY 26 2023</b></p> <p><b>DHSR-MH Licensure Sect</b></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Brad Secrest BS, QP*

*BS, QP*

*5-22-2023*

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.

Thomas S Decatur Survey completed 5.9.2023 Corrections

E015

QP and Home Manager to inventory the emergency food and water supplies with the company's Emergency Food Supply Policy and purchase any items needed. QP and Home Manager also to inspect the home for suitable placement for the emergency food and water supply so it may be stored all together in a location easily accessible to staff in case of an emergency.

QP to monitor the emergency food supplies per Sophia B. Pierce & Associates policy every 6 months to ensure there is enough as described by the EPP. Items expiring before the next scheduled inventory will be replaced and added to the inventory and the expiring supplies are added to the consumers' pantry. These corrections to be completed by June 22, 2023.

W159

A. Treatment Team to hold the Individual Program Plan Meeting with clients 4 and 5 and their respective guardians. QP will then formalize a written IPP for clients 4 and 5.

B. During the IPP meeting, the treatment team will identify and generate formal objectives for client 4. QP will monitor client 4's progress with his formal objectives at least monthly.

C. QP will place formal objective data sheets for clients 1, 2, 3, and 5 in the respective program books and monitor at least monthly to ensure they are readily available to staff and correctly completed.

Treatment team will monitor IPPs to ensure they are updated in a timely manner. These corrections to be completed by June 22, 2023.

W195

A. Treatment Team to hold the Individual Program Plan Meeting with clients 4 and 5 and their respective guardians. QP will then formalize a written IPP for clients 4 and 5.

B. During the IPP meeting, the treatment team will identify and generate formal objectives for client 4. QP will monitor client 4's progress with his formal objectives at least monthly.

C. QP will place formal objective data sheets for clients 1, 2, 3, and 5 in the respective program books and monitor at least monthly to ensure they are readily available to staff and correctly completed.

Treatment team will monitor IPPs to ensure they are updated in a timely manner. These corrections to be completed by June 22, 2023.

W196

A. Treatment Team to hold the Individual Program Plan Meeting with clients 4 and 5 and their respective guardians. QP will then formalize a written IPP for clients 4 and 5.

B. Treatment team will develop formal objectives based on their current skills assessment's needs for clients 1 and 4. QP will monitor the formal objectives monthly for progress and review/revise the objectives as needed.

C. Treatment team will develop formal objectives for clients 4 and 5 addressing the area of meal preparation. QP will monitor the formal objectives monthly for progress and review/revise the objectives as needed.

D. QP to provide Formal Objective Data collection sheets to staff. QP will monitor that these data collection sheets are available at least monthly. QP will review the data from the previous month at the end of each month. This correction to be completed by June 22, 2023.

E. During the IPP meeting, the treatment team will identify and generate formal objectives for client 4. QP will monitor client 4's progress with his formal objectives at least monthly.

QP will monitor clients' progress with their formal objectives at least monthly and review/revise the objectives as needed. These corrections will be completed by June 22, 2023.

W210

Treatment team will request Speech, Physical Therapy, and Occupational Therapy evaluations from client 5's Primary Care Physician as she recommends. QP will monitor these recommendations to ensure they are scheduled and attended as needed. These corrections will be completed by June 22, 2023.

W214

A&B Treatment team will schedule psychological evaluations for clients 4 and 5. These corrections will be completed by June 23, 2023.

W221

QP to contact client 5's Primary Care Physician to find the name of the referred physician's office for client 5's auditory examination. QP to schedule this appointment and ensure [REDACTED] attends it as scheduled. This correction will be completed by June 22, 2023.

W226

A&B. Treatment Team to hold the Individual Program Plan Meeting with clients 4 and 5 and their respective guardians. QP will then formalize a written IPP for clients 4 and 5

W248

Treatment team will make available to staff current IPPs and Behavior Support Plans by locating an area in the home to house the charts containing these documents securely. QP will monitor at least monthly to ensure these documents are available to staff. This correction will be completed by June 22, 2023.

W249

A Treatment team will inservice staff to provide active treatment to client 4. Cross-reference W159 for client 5's need for an IPP.

B. Treatment team will inservice staff to provide active treatment to client 4. Cross-reference W159 for Client 4's formal objectives.

C. Treatment team will inservice staff to provide active treatment during meal preparation to client 4.

D. Treatment team will inservice staff to provide active treatment during meal preparation for client 5.

QP and House manager will monitor staff interactions to ensure clients 4 and 5 receive active treatment. These corrections will be completed by June 23, 2023.

W252

QP to provide Formal Objective Data collection sheets to staff. QP will monitor that these data collection sheets are available at least monthly. QP will review the data

from the previous month at the end of each month. This correction to be completed by June 22, 2023.

W258

During the IPP meeting for client 4, the treatment team will identify and generate formal objectives for client 4. QP will inservice staff on the formal objectives and staff will begin collecting data. QP will monitor client 4's progress with his formal objectives at least monthly.

W263

A & B QP to obtain consent for client 2 and 4's Behavior Intervention Plan. Treatment team to monitor to ensure the current BIP consent is signed by the guardian. This correction will be completed by June 22, 2023.

W340

A. QP will inservice staff regarding the company's policy for disposal of medications. Treatment team will monitor through medication administration observations at least weekly. This correction to be completed by June 22, 2023.

B. QP will inservice staff regarding the company's policy for administering PRN medications and the correct documentation for the PRN medication's need to be given. Treatment Team to monitor weekly through medication administration observations. This correction to be completed by June 22, 2023.

W351

QP to follow-up with client 5's referred clinic to schedule a dental cleaning under anesthesia. QP will monitor client 5's dental needs and schedule a dental cleaning as per Medicaid Guidelines. This correction will be completed by June 22, 2023.

W460

Treatment team will inservice staff to all clients' diet orders. Treatment team will monitor mealtimes weekly to ensure diet orders are followed as written. This correction to be completed by June 22, 2023.

W484

Treatment team to inservice staff regarding the usage of client 4's plate guard including placement and promoting client 4 to sit upright during mealtime. Treatment team will monitor mealtimes weekly to ensure the plate guard is correctly placed and

client 4 is encouraged to sit appropriately at the table while eating. This correction to be completed by June 22, 2023.