

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

PRINTED: 03/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FANJOY HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 235 FANJOY ROAD STATESVILLE, NC 28625	
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the person-centered plan (PCP) included interventions to support 2 of 3 sampled clients (#2, #3) during mealtimes. The findings are:</p> <p>A. The facility failed to ensure that client #3 had adaptive equipment to support independence during mealtimes. For example:</p> <p>Observations during the breakfast meal on 3/20/24 at 7:01AM revealed client #3 to sit at the dining table to prepare for the breakfast meal. Continued observation revealed client #3 to participate in the breakfast meal using the following adaptive equipment: shirt protector, high sided divided dish, and two cups with lids and straws. Further observation revealed client #3 to participate in the breakfast meal as his plate would slide to the left. Additional observation revealed client #3 to hold his plate with his left hand to prevent it from sliding.</p> <p>Review of the record for client #3 on 3/20/24 revealed a person-centered plan (PCP) dated 8/24/23. Continued review of the record for client #3 revealed an Occupational Therapy (OT) Assessment dated 4/18/23 which indicated that the client uses the following adaptive equipment during mealtimes: clothing protector, high sided divided dish, a cup with a lid and straw.</p>	W 227		

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 227	<p>Continued From page 1</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/20/24 revealed that she could not recall if client #3 has had a dycem mat in the past to be used during mealtimes. Continued interview with the QIDP revealed client #3 could benefit from using a dycem mat to improve his level of independence during mealtimes.</p> <p>B. The facility failed to ensure that client #2 had access to adaptive equipment to support independence during mealtimes. For example:</p> <p>Morning observations on 3/20/24 at 7:27AM revealed client #2 to place his utensils on the dining table with staff assistance in preparation for the breakfast meal. Continued observations revealed client #2 to sit at the dining table and participate in the breakfast meal. Further observations revealed client #2 to hold his high sided divided plate in place to prevent it from sliding.</p> <p>Review of the record for client #2 on 3/20/24 revealed a PCP dated 11/7/23. Continued review of the record for client #2 revealed an OT Assessment dated 10/12/23 which indicated that client #2 uses a high sided divided plate during mealtimes. Review of the OT Assessment did not reveal a dycem mat to be used during mealtimes.</p> <p>Interview with the QIDP on 3/20/24 revealed she does not recall if client #2 has had a dycem mat in the past. Continued interview revealed that client #2 could benefit from a dycem mat to be used during mealtimes to improve his level of independence during mealtimes.</p>	W 227			

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W 249 W 249	Continued From page 2 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, interviews and record reviews, the facility failed to ensure that a continuous active treatment program consisting of needed interventions was implemented as identified in the person-centered plan (PCP) for 1 of 3 sampled clients (#5). The finding is: Observations throughout the survey from 3/19/24-3/20/24 revealed client #5 to participate in various activities including personal care, chores, exercise activities, assist with meal preparation, participate in medication administration, and participate in mealtimes. At no point during the observation did staff use a communication tool to assist client #5 to transition to various activities. Review of the record for client #5 on 3/20/24 revealed a person-centered plan (PCP) dated 12/7/23. Continued review of the PCP for client #5 revealed the following diagnoses: disruptive behavior disorder, I/DD moderate, microcephaly, malformed left hemithorax, sensorineural deafness, bilateral orchiectomy, S/P Lithotripsy	W 249 W 249			

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W 249	Continued From page 3 2006, Asthma, chronic constipation, Gynecomastia, Osteoporosis, Astigmatism, low testosterone levels, Vitamin D deficiency, Hypogonadism, history of pyloric ulcer, incipient cataracts OU benign neoplasm OS eyelid, and high cholesterol. Further review of the PCP revealed the following program goals for client #5: laundry, privacy in the bathroom, remain in work area at the vocational center, bathing, toothbrushing and communication goal at the vocational program. Review of the record for client #5 did not reveal a communication assessment. Interview with the qualified intellectual disabilities professional (QIDP) on 3/20/24 revealed client #5 has a formal communication program to be used in the facility and the vocational program. Continued interview with the QIDP revealed the communication assessment for client #5 could not be located during the survey. Further interview with the QIDP revealed staff should utilize the formal communication interventions for client #5 in the facility and the vocational program.	W 249			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that drugs and biologicals were kept locked except when being prepared for administration. The finding is:	W 382			

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W 382	Continued From page 4 Observations in the group home on 3/20/24 from 6:30AM-7:55AM revealed the door to the medication administration room to be unlocked and unattended by staff. Continued observation revealed client #2 to enter the medication room without staff supervision on two different occasions. Further observation revealed that medications are stored in baskets on open shelves and are accessible to anyone standing in the medication room. Interview with the facility nurse and the qualified intellectual disabilities professional (QIDP) on 3/20/24 verified that the medication room door should have been locked at all times when not in use, except when medications were being prepared and administered to clients. Continued interview with the facility nurse verified all staff have access to the code to unlock the medication door and have been trained to keep the medication room door locked when is not being used.	W 382			
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food was served in appropriate quantity for 1 of 3 sampled clients (#5). The finding is: Evening observations in the facility on 3/19/24 at 6:00 PM revealed client #5 to sit at the dining room table to prepare for the dinner meal. The dinner meal consisted of the following: baked pork chops, mashed potatoes, gravy, peas, milk, water, and sugar free beverage. Continued	W 472			

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W 472	<p>Continued From page 5</p> <p>observations revealed client #5 to serve his plate with two large servings of mashed potatoes and two pork chops. Further observations revealed client #5 to consume his meal in its entirety.</p> <p>Morning observations in the facility on 3/20/24 revealed client #5 to participate in the breakfast meal. The meal consisted of the following: turkey sausage biscuits, oatmeal, milk, apple juice, and decaf coffee. Continued observations revealed client #5 to consume one turkey sausage biscuit and a bowl of oatmeal. Further observations revealed client #5 to consume a second biscuit. At no point during the observation did staff ensure client #5 was consuming a 1500 calorie prescribed diet.</p> <p>Review of the record for client #5 revealed a person-centered plan dated 12/7/23. Continued review of the record for client #5 revealed a nutritional assessment dated 10/2020 which indicated that client #5 has a 1500 calorie, heart healthy, whole consistency diet. Review of the facility menu revealed that client #5 should have had the following menu items for a 1500 calorie breakfast: 4oz apple juice; ¾ cup oatmeal, ½ teaspoon cinnamon, ½ turkey sausage biscuit, and 8oz. 2% milk.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/20/24 revealed staff have been trained to follow the prescribed diet for client #5 during mealtimes. Continued interview with the QIDP revealed client #5's prescribed diet is current. Further interview with the QIDP revealed staff should follow client #5's prescribed diet as ordered.</p>	W 472			
W 473	MEAL SERVICES	W 473			

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W 473	Continued From page 6 CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that food was served at an appropriate temperature during 1 of 2 meals observed. The finding is: Morning observations on 3/20/24 at 6:30 AM revealed turkey sausage patties and biscuits prepared and left out and uncovered on the kitchen counter and stovetop. Continued observation revealed clients to enter the kitchen and serve their plates at various times, with the last client making a breakfast plate at 7:40 AM. Further observation revealed that at no time after 6:30 AM did staff reheat the prepared food prior to serving it to clients. Interview with the qualified intellectual disabilities professional (QIDP) on 3/20/24 confirmed that food should not be left out at room temperature longer than 15 minutes prior to serving to the clients.	W 473			
W 474	MEAL SERVICES 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 review and interview, the facility failed to ensure that food was served in a form consistent with the client's developmental level for 1 of 3 sampled clients (#2). The finding is: Evening observations on 3/19/24 at 6:00 PM	W 474			

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W 474	<p>Continued From page 7</p> <p>revealed the dinner meal to consist of baked pork chops, mashed potatoes, green peas, sugar-free beverage and milk. Continued observation revealed client #2 to be served a pork chop which was cut into 1/2" to 1" pieces, along with mashed potatoes and green peas. Further observation revealed client #2 to consume the dinner meal in its entirety.</p> <p>Morning observations on 3/20/24 at 6:48 AM revealed the breakfast meal to consist of oatmeal, turkey sausage patties, biscuits, juice, and milk. Continued observation revealed client #2 to be served a turkey sausage biscuit which was cut into 1/2" to 1" pieces, along with oatmeal and drinks. Further observation revealed client #2 to consume the breakfast meal in its entirety.</p> <p>Review of records for client #2 on 3/20/24 revealed a person-centered plan (PCP) dated 11/7/23 and dietary progress notes dated 12/28/21. Both records reflect a current diet as follows: Heart Healthy, ground meats and raw vegetables, 1/4- inch consistency for all other foods, weight loss (1800 calorie diet).</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/20/24 confirmed that client #2's PCP is current and that his current diet order is as stated above. The QIDP further confirmed that staff should serve food in a form consistent with the diet orders for all clients.</p>	W 474			