

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

PRINTED: 07/26/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEAR CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5840 GREENWOOD AVENUE LA GRANGE, NC 28551</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
W 000	<p><b>INITIAL COMMENTS</b></p> <p>A recertification survey was completed on 07/24/23 - 7/25/23. In addition, a complaint survey was conducted for intake #NC00204014. The complaint allegations were unsubstantiated. However, the recertification resulted in cited deficiencies.</p>	W 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider or the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.	
W 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> 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 record review and interviews, the facility failed to ensure client #4's Individual Program Plan (IPP) included objectives to meet his self-help/daily living needs. The finding is:</p> <p>Review on 7/24/23 of client #4's IPP dated 2/21/23 revealed objectives to identify letters A - D, identify a nickel with two distracters and identify January with one distracter. Additional review of the client's record noted an Adaptive Behavior Inventory (ABI) last reviewed on 3/8/22. The ABI revealed no independence in the area of self-help/daily living skills, with the exception of holding out his arms during dressing, which he performed independently. Client #4's IPP also noted he requires physical assistance to complete hygiene tasks such as applying deodorant, bathing and toothbrushing. Additional review of the plan did not reveal any objectives in the area of self-help or daily living.</p> <p>Interview on 7/25/23 with Staff A (Habilitation Specialist) revealed he had been in his position</p>	W 227	<p>Staff (habilitation Specialist) will be inserviced on reviewing the Adaptive Behavior Inventory to ensure the areas need are being addressed in objective(s).</p> <p>The Qualified Professional will monitor informally weekly for one month and monthly thereafter.</p>	9.15.23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dustin Porter* TITLE *Administrator* (X6) DATE *7/31/2023*

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.

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W 227	Continued From page 1 since May '23 and only continued the same objectives client #4 had already been working on without implementing any new objectives. During the interview, when asked if client #4 could benefit from training in the area of self-help, the staff stated, "I think it's a lot of things he can do."  Interview on 7/25/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 currently does not have formal training objectives in the area of self-help/daily living and she was not sure if any training had been completed in the recent past. The QIDP acknowledged client #4 could benefit from training in this area.	W 227			
W 249	<b>PROGRAM IMPLEMENTATION</b> 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 2 of 10 audit clients (#3 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive equipment use and participation with medication administration. The findings are:	W 249			

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W 249	<p>Continued From page 2</p> <p>A. During observations in the Blue Bayou unit throughout the survey on 7/24 - 7/25/23, client #4 was not observed to wear poseys on his hands.</p> <p>Interview on 7/25/23 with Staff A (Habilitation Specialist) confirmed client #4 has bilateral poseys for his hands to help separate his fingers. Additional interview indicated the Habilitation Associate (HA) was responsible for applying the poseys and removing them; however, the HA was on vacation.</p> <p>Review on 7/24/23 of client #4's IPP dated 2/21/23 revealed under adaptive equipment summary, "Bilateral Posey rolls with finger separators." The plan noted they should be "applied by the HA Mon - Frid in morning hours" and removed in the evening.</p> <p>Interview on 7/25/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the HA was responsible for applying client #4's poseys and usually an HA from another unit would apply these devices in the absence of the HA from the Blue Bayou.</p> <p>B. During observations in the Hollywood Blvd unit on 7/24/23 at 5:43pm, the Medication Technician (MT) retrieved and dispensed medications in to a pill cup as client #3 sat at a table in the area. The MT then prompted client #3 to the medication cart where the client poured a drink, took the medication independently and returned to her seat at the table. Client #3 was not prompted or assisted to actively participate with the administration of her medications.</p> <p>Review on 7/25/23 of client #3's IPP dated</p>	W 249	<p>Director of Nursing will in-service Nursing staff on Med Administration and the need to allow individuals to actively participate with the medication administration as identified in the individuals ABI.</p> <p>Informal monitoring to be completed daily by Nurse Team leader, QP and administration staff during rounds.</p> <p>Formal monitoring to occur Monthly upon Nurse Team leader completing a Medication Administration Observation form. Team will then review the monthly assessments during the CQI meeting.</p>	9.15.23	

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W 249	Continued From page 3 4/18/23 and Adaptive Behavior Inventory (ABI) dated 4/4/23 revealed during medication administration, client #3 can obtain her pill cup, drinking cup and beverage independently, locate and obtain her medications from the cart with assistance, obtain the correct number of pills by pushing pills through the pill pack with assistance, take her medications and dispose of her trash independently.	W 249			
W 368	Interview on 7/24/23 with the Hollywood Blvd MT revealed client #3 can assist with the administration of her medications by punching her pills and pouring her drink. <b>DRUG ADMINISTRATION</b> 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 are administered in accordance with physician's orders. This affected 2 of 8 clients (#5 and #10) observed receiving medications. The findings are:  A. During observations of medication administration in the Blue Bayou unit on 7/24/23 at 4:14pm, client #10 ingested 17 grams of Miralax powder mixed in 5 oz of liquid.	W 368	Director of Nursing will in-service Nursing staff on Med Administration. Informal monitoring to be completed daily by Nurse Team leader, QP and administration staff during rounds. Formal monitoring to occur Monthly upon Nurse Team leader completing a Medication Administration Observation form. Team will then review the monthly assessments during the CQI meeting.	9.15.23	
	Interview on 7/24/23 with the Blue Bayou Medication Technician (MT) confirmed a 5 oz drinking cup was utilized to administer client #10's Miralax. The MT indicated this size cup was normally used to mix Miralax with liquid.				

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W 368	Continued From page 4  Review on 7/24/23 of client #10's most current physician's orders identified an order for Miralax powder, "mix 17 grams in 8 oz of water or juice" and take by mouth daily at 5pm.  B. During observations of medication administration in the Fox Den unit on 7/24/23 at 4:34pm, client #5 ingested 17 grams of Miralax powder mixed in 5 oz of liquid.  Interview on 7/24/23 with the evening Fox Den MT confirmed a 5 oz cup had been used to administer client #5's Miralax. Additional interview indicated a 5 oz cup was the standard size cup used to mix Miralax with liquids.  Review on 7/24/23 of client #5's current physician's orders revealed an order for Miralax powder, in "8 oz of beverage" and take by mouth once daily at 5pm.  Additional review of the facility's Medication Administration policy (revised January 2023) noted, "Medications are administered in accordance with written physician's orders."  Interview on 7/25/23 with the Regional Director of Nursing confirmed the cups normally used by med techs to administer most medications are the 5 ounce cups. The Director confirmed the physician's orders should be followed and larger cups would need to be purchased	W 368			
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	W 382			

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W 382	<p>Continued From page 5 administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all medications remained locked except when being prepared for administration. The findings are:</p> <p>A. During observations in the Fox Den unit on 7/24/23 at 4:26pm, the evening Medication Technician (MT) left two cups containing medications on top of the medication cart. During this time, the medications were unattended and unsecured. Additional observations at this time revealed the cart was unlocked while the MT was out of the area retrieving a client.</p> <p>B. During observations in the Fox Den unit on 7/25/23 at 7:29am, the morning MT left a cup containing medications mixed in chocolate milk on top of the medication cart. During this time, the medications were unattended and unsecured.</p> <p>Interview on 7/25/23 with the morning MT revealed they would normally leave poured medications with the nurse to watch them, if they need to leave the area.</p> <p>Review on 7/25/23 of the facility's Medication Administration policy (revised January 2023) noted, "Medications will not be left unattended in the presence of a person."</p> <p>Interview on 7/25/23 with the Regional Director of Nursing confirmed the medications should not have been left unattended.</p>	W 382	<p>Director of Nursing will in-service Nursing staff on Med Administration to include drug storage. Informal monitoring to be completed daily by Nurse Team leader, QP and administration staff during rounds. Formal monitoring to occur Monthly upon Nurse Team leader completing a Medication Administration Observation form. Team will then review the monthly assessments during the CQI meeting.</p>	9.15.23	