STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G231	A. BUILDING _____ B. WING _____	07/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRAWBERRY HOUSE	303 NORTH HOWARD STREET CHADBOURN, NC 28431

(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 218	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure updated assessments to identify and support needs pertaining to mobility and movement for 1 of 3 audit clients (#6). The finding is: Observation on 7/10/23 at 6:10pm revealed Staff C moving client #6 up toward the head of the bed by lifting under her arms before feeding client #6 dinner. Client #6 briefly screamed out. Further observation throughout 7/10/23 - 7/12/23 revealed client #6 to remain in her bed throughout the entire time. Review on 7/10/23 of client #6's pressure relief guidelines, dated 6/20/14, revealed client #6 could be transferred via Hoyer lift to her wheelchair with the use of two staff persons. Client #6 could choose to remain in her wheelchair for up to two hours before being provided with at least 45 minutes of pressure relief time in the bed. The guidelines stated client #6 "should participate in all self-help, vocational, and leisure activities available in the group home within the individual's limitations". Review on 7/11/23 of client #6's physical therapy (PT) and occupational therapy (OT) records revealed the last dated evaluations to have been completed in 2019. No schedule for client #6's time in wheelchair or updated guidelines for moving client #6 while on the bed could be located.	W 218	The Director will reach out to OT/PT to schedule an assessment to determine the need for additional durable medical equipment to assist Client #6 in being able to participate in all self-help, vocational and leisure activities available. Once additional equipment is identified, it will be obtained. The nurse will monitor the use of additional medical equipment to ensure staff are utilizing equipment appropriately. Monitoring will occur via face to face monitoring at least monthly.	8/25/2023

DHSR - Mental Health
AUG 04 2023
Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] MA — TITLE: RM Director — (X6) DATE: 8/1/2023

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 218	Continued From page 1 Interview on 7/10/23 with Staff C revealed client #6 had regressed healthwise. Staff C stated staff were told to get client #6 up on Wednesdays to sit in her chair. Staff C stated client #6 can not stay up long because of pressure sores. Staff C then confirmed client #6 only gets up on Wednesdays. Staff C stated client #6 had not gotten out of bed in the last two weeks. Interview on 7/11/23 with Staff B revealed client #6 got up into her chair two days per week when Hospice services came. Staff B stated home staff were not comfortable getting client #6 up because she screamed and did not like it. Interview on 7/11/23 with the facility nurse revealed staff could get client #6 up in her chair for two hours at a time. The facility nurse stated there was no reason for client #6 to be contained in the bed and not allowed to alternate being in her chair. The facility nurse stated there were no guidelines for adjusting client #6. The facility nurse acknowledged there were no updated PT or OT assessments. Interview on 7/11/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that she was unsure of what guidelines were in place. The QIDP stated that staff should follow current guidelines. The QIDP acknowledged there were no updated PT or OT assessments. Interview on 7/11/23 with the Program Manager (PM) revealed staff get client #6 up on three days per week (Monday, Wednesday, and Saturday). The PM stated staff get her up but she screams and does not like it. The PM stated there is no reason for her not to be able to get out of the bed and staff should follow guidelines.	W 218		

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W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 6 audit clients (#6) had the opportunity to choose their personal preference regarding their freedom of movement and alternative choices for socialization. The finding is: Observations throughout the survey on 7/10/23 - 7/11/23 revealed client #6 to be confined to her bed. During afternoon programming time on 7/10/23 from 3:30pm - 5:30pm, staff and clients participated in table games and music activities in the living room. Client #6 was observed to remain in her bed throughout the entire activity period. During dinner from 6:00pm - 6:30pm, Staff C spoon fed client #6 in her bed. During morning programming time on 7/11/23 from 6:30am - 7:30am, staff and clients participated in table games in the living room. Client #6 was observed to remain in her bed throughout the entire activity period. During breakfast from 7:30am - 8:00am, Staff B spoon fed client #6 in her bed. At no time was client #6 transferred to her wheelchair to join in afternoon or morning activities, and staff did not attempt to provide activities for client #6 in her bedroom. At no time did staff offer client #6 the choice of participating in group activities or the choice of eating with peers for family-style dining. Review on 7/10/23 of client #6's TAP, dated 5/10/23, revealed that the staff get client #6 up "to	W 247	The director will schedule an appointment for Client #6 for PT/OT for an assessment to determine Client #6's current needs and guidelines in regards to wheelchair time vs pressure relief, etc. The director/QP/nurse will retrain staff in Client #6's individual goal plans and the assessment outcome. The nurse will review proper transfer techniques specific to Client #6 with all staff to include the use of the hoyer lift to be used in transitioning Client #6 from the bed to wheelchair. Staff will provide choices to Client #6 to fully engage and interact with her roommates in all activities within the group home to include family style eating, self-help, vocational, and leisure activities within the group home. Monitoring of Client #6's activities within the group home will be completed by the nurse and QP during weekly home visits.	8/25/2023

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W 247	Continued From page 3 sit in the living room twice a week and client #6 appears to enjoy it". The TAP stated that client #6 can play games. Review on 7/10/23 of client #6's pressure relief guidelines, dated 6/20/14, revealed client #6 could be transferred via Hoyer lift to her wheelchair with the use of two staff persons. Client #6 could choose to remain in her wheelchair for up to two hours before being provided with at least 45 minutes of pressure relief time in the bed. The guidelines stated client #6 "should participate in all self-help, vocational, and leisure activities available in the group home within the individual's limitations". Interview on 7/10/23 with Staff C revealed client #6 had regressed healthwise. Staff C stated staff were told to get client #6 up on Wednesdays to sit in her chair. Staff C stated client #6 can not stay up long because of pressure sores. Staff C then confirmed client #6 only gets up on Wednesdays. Staff C stated client #6 had not gotten out of bed in the last two weeks. Interview on 7/11/23 with Staff B revealed client #6 got up into her chair two days per week when Hospice services came. Interview on 7/11/23 with the facility nurse revealed staff could get client #6 up in her chair for two hours at a time. The facility nurse stated there was no reason for client #6 to be contained in the bed and not allowed to alternate being in her chair. Interview on 7/11/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that she was unsure of what guidelines were in place. The	W 247		

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W 247	Continued From page 4 QIDP stated that staff should follow current guidelines and client #6 should have choices.	W 247		
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 observation, interview and record review, the facility failed to ensure a continuous active treatment program consisting of needed interventions related to leisure activities and pressure relief guides were implemented as identified in the treatment activity plan (TAP) for 1 of 3 audit clients (#6). The findings are: Observations throughout the survey on 7/10/23 - 7/11/23 revealed client #6 to be confined to her bed. During afternoon programming time on 7/10/23 from 3:30pm - 5:30pm, staff and clients participated in table games and music activities in the living room. Client #6 was observed to remain in her bed throughout the entire activity period. During dinner from 6:00pm - 6:30pm, Staff C spoon fed client #6 in her bed. During morning programming time on 7/11/23 from 6:30am - 7:30am, staff and clients participated in table games in the living room. Client #6 was observed to remain in her bed throughout the entire activity	W 249	The director/QP/nurse will retrain staff in Client #6's individual goal plans and the assessment outcome. Staff will provide choices to Client #6 to fully engage and interact with her roommates in all activities within the group home to include family style eating, self-help, vocational, and leisure activities within the group home. Monitoring of Client #6's activities within the group home will be completed by the nurse and QP during weekly home visits.	8/25/2023

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W 249	Continued From page 5 period. During breakfast from 7:30am - 8:00am, Staff B spoon fed client #6 in her bed. At no time was client #6 transferred to her wheelchair to join in afternoon or morning activities, and staff did not attempt to provide activities for client #6 in her bedroom. In addition, staff did not provide pressure relief position changes. Review on 7/10/23 of client #6's TAP, dated 5/10/23, revealed that the staff get client #6 up "to sit in the living room twice a week and client #6 appears to enjoy it". The TAP stated that client #6 can play games. Review on 7/10/23 of client #6's pressure relief guidelines, dated 6/20/14, revealed client #6 could be transferred via Hoyer lift to her wheelchair with the use of two staff persons. Client #6 could choose to remain in her wheelchair for up to two hours before being provided with at least 45 minutes of pressure relief time in the bed. The guidelines stated client #6 "should participate in all self-help, vocational, and leisure activities available in the group home within the individual's limitations". Further review 7/11/23 of client #6's TAP revealed objective training to include bathing, brushing her teeth, reducing disruptive behaviors, and looking at magazine pictures of jewelry. Interview on 7/10/23 with Staff C revealed client #6 had digressed in health. Staff C stated staff were told to get client #6 up on Wednesdays to sit in her chair. Staff C stated client #6 can not stay up long because of pressure sores. Staff C then confirmed client #6 only gets up on Wednesdays. Staff C stated client #6 had not gotten out of bed in the last two weeks.	W 249		

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W 249	Continued From page 6 Interview on 7/11/23 with Staff B revealed client #6 got up into her chair two days per week when Hospice services came. Interview on 7/11/23 with the facility nurse revealed staff could get client #6 up in her chair for two hours at a time. The facility nurse stated there was no reason for client #6 to be contained in the bed and not allowed to alternate being in her chair. Interview on 7/11/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that she was unsure of what guidelines were in place. The QIDP stated that staff should follow current guidelines. Interview on 7/11/23 with the Program Manager (PM) revealed staff get client #6 up on three days per week (Monday, Wednesday, and Saturday). The PM stated staff get her up but she screams and does not like it. The PM stated there is no reason for her not to be able to get out of the bed and staff should follow guidelines.	W 249		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 2 of 3 audit clients (#1 and #4) observed receiving medications. The findings are:	W 369		

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W 369	Continued From page 7 A. During observations of the medication administration pass in the home on 7/11/23 at 7:20am the medication technician administered Chlorhexidine 0.12% in a medication cup. The client immediately swallowed the Chlorhexidine rinse. Review on 7/11/23 of client #4's physician's orders dated 5/3/23 revealed an order for Chlorhexidine 0.12% rinse, swab 1/2 ounce 2 times per day for 30 seconds. Do Not Swallow. Immediate interview on 7/11/23 with the medication technician revealed that the client has PICA and swallows the mouthwash regularly. B. During observations of the medication administration pass in the home on 7/11/23 at 7:25am the medication technician administered the following medication to client #1: Fluticasone, Artificial Tears, Olopatadine, Phenobarbital, Tylenol, Magnesium Oxide, Vitamin D, Allopurinol, Eliquis, Omeprazole, Cetirizine, Folic Acid, Torsemide and Docusate. Review on 7/11/23 of client #1's physician's orders dated 5/3/23 revealed an order for Polyethylene Glycol, Dissolve 17 grams in 8 ounces of water or fluid and drink twice daily at 8:00am and 8:00pm. Interview on 7/11/23 with the facilty nurse confirmed client #4's mouth should have been swabbed with Chlorhexidine due to client refusing to swish and spit and client #1 should have received Polyethylene Glycol at 8:00am.	W 369	A.The nurse will retrain all staff who perform medication administration on the new medication administration curriculum and review specifically Client #4's medication regime and the administration and process of rinsing and swabbing Chlorhexidine 0.12% . A search for any adaptive equipment, device, etc. will occur to determine if there is something available to assist Client #4 in not swallowing the rinse. If an item is identified, it will be purchased and utilized to assist Client #4 with this particular doctor order.The nurse will monitor appropriate medication administration procedures via face to face med pass monitoring at least monthly. B. The nurse will retrain all staff who perform medication administration on the new medication administration curriculum and review specifically Client #1's medication regime and the administration of Polyethylene Glycol. The nurse will monitor appropriate medication administration procedures via face to face med pass monitoring at least monthly. Based on the new CBC administrative curriculum, educational supports and tools have been included to support program managers, clinical supervisors, (QPs) and any other designated staff who is responsible for overseeing staff administering medications. Clinical Supervisors (QPs) and Program Managers will be involved in observing medication passes to ensure adherence to medication administration polices and practices.	8/25/2023 8/25/2023
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)	W 460		

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W 460	Continued From page 8 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 1 of 3 audit clients (#4) received their specially prescribed diet as indicated. The finding is: During observations in the home on 7/10/23 at 6:00pm, the clients sat at the table to begin dinner. Client #4 was served chicken, cabbage, mashed potatoes and a biscuit. Client #4's chicken and biscuit was cut and the pieces varied in size from 1 inch or larger. Further observations in the home on 7/11/23 at 7:40am, client #4 received oatmel, toast and turkey bacon. Client #2's bacon was cut and the pieces varied in size from 1 inch or larger. Record review on 7/11/23 of client #4's Annual Nutritional Evaluation dated 11/16/22 revealed a diet of bite size pieces with finely chopped meats. Client #4 is also supposed to receive a banana with breakfast. Interview with staff A revealed client #4's meat is supposed to be finely chopped and client #4 should receive a banana with breakfast but states the facility does not have any. Interview on 7/11/23 with the facility nurse revealed client #4's meats should be finely chopped (1/8 - 1/4 of an inch) and other foods should be bite size. The facility nurse also	W 460	The Dietitian/Nurse/Director/QP will inservice staff regarding Client #4's specific dietary instructions as provided by the doctor in regards to a diet of bite size pieces with finely chopped meats. The director will inservice the program manager on menu preparation and corresponding grocery shopping, specifically in regards to the order of Client #4 receiving a banana with breakfast as ordered. Monitoring of Client #4's dietary needs will occur weekly during nurse and QP visits.	8/25/2023

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W 460	Continued From page 9 confirms client #4 should have received a banana with breakfast.	W 460		