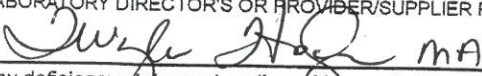


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2023
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NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF	STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540
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W 000	INITIAL COMMENTS A recertification and complaint survey was completed on 7/17/23 - 7/18/23 for intake #NC00203050. The complaint was unsubstantiated. No additional deficiencies were cited in relation to the complaint. However, deficiencies were cited as a result of the recertification.	W 000		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure techniques to manage inappropriate behavior were not used as a substitute for an active treatment program. This affected 1 of 3 audit clients (#1). The finding is: Observation on 7/18/23 at 7:00am revealed client #1 talking with the surveyor. Client #1 reached to touch the surveyors shoulder as he talked, and Staff A immediately redirected client #1, stating that it was inappropriate. Client #1 then reached out to shake the surveyor's hand as he continued to talk. Staff A repeatedly interrupted client #1 to tell him to distance six feet from the surveyor. At 7:30am, client #1 attempted to speak to the surveyor again and shake her hand. Staff A immediately interrupted client #1 and stated that "once was enough". Staff A then told client #1 to distance six feet. No other clients were redirected to distance or refrain from shaking hands during the survey.	W 288	The facility will provide training to all staff to ensure that techniques implemented to manage inappropriate behaviors are consistent with the current active treatment programs for all applicable residents. For Resident #1, the QP will coordinate a team meeting to include but not limited to the behavior analyst, psychologist, and guardian in an effort to update the behavior support plan. The behavior analyst will in-serve all staff on behavior support plans (BSPs) for all residents. The staff will receive specific training on techniques and interventions identified in each resident's BSP. The QP will review in the home bi-weekly behavior data to ensure staff are implementing strategies and techniques as outlined in the behavior support plan. DHSR - Mental Health AUG 04 2023 Lic. & Cert. Section	08/30/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Qm Director	(X6) DATE 7/28/2023
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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.

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

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W 288	<p>Continued From page 1</p> <p>Review on 7/17/23 of client #1's behavior support plan (BSP), dated 11/7/21, revealed a goal to exhibit one or fewer challenging behaviors per month for 10 consecutive months. Challenging behaviors were defined as aggression, property destruction, self-injurious behavior, severe disruption, attempts to elope and threats to himself.</p> <p>Review on 7/18/23 of client #1's behavior support plan (BSP), dated 6/26/23, revealed a goal to exhibit seven or fewer challenging behaviors per month for eleven consecutive months. Challenging behaviors were defined as aggression, property destruction, self-injurious behavior, severe disruption, attempts to go AWOL, threats to harm himself, failure to make responsible choices, and inappropriate sexual behavior.</p> <p>Review on 7/18/23 of client #1's behavior data, dated September 2022 - April 2023, revealed 0 occurrences of inappropriate sexual behavior.</p> <p>Review on 7/18/23 of client #1's behavior log revealed Staff A had documented "stood too close and touched surveyor guest inappropriately on both shoulders too closely and shook hands too many times" as a behavior.</p> <p>Interview on 7/18/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #1's guardian has not consented to the updated BSP, dated 6/26/23, due to questions pertaining to inappropriate sexual behavior. The QIDP stated the facility is currently operating on the former BSP. When asked what constitutes inappropriate sexual behavior or touch by client #1, the QIDP stated the facility had noted client</p>	W 288		
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W 288	Continued From page 2 #1 touch women's shoulders. The QIDP stated that restricting client #1 to be six feet from others was not a part of either the former BSP or the newly developed BSP. The QIDP stated staff should follow the former BSP with guardian consent.	W 288		
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 3 audit clients (#5) received his specially-prescribed diets as indicated. The finding is:</p> <p>During dinner observation on 7/17/23 at 5:00pm, client #5 was served and consumed one serving of cut chicken cut into 2"-4" pieces, sliced carrots, one whole piece of bread, juice, and water. During breakfast observations on 7/18/23 at 6:45am, client #5 was served and consumed oatmeal, one piece of bread cut into 2" pieces, one container of skim milk yogurt, orange juice, almond milk, and water.</p> <p>Review on 7/17/23 of client #5's nursing assessment, dated 8/21/22, revealed a 1500 calorie diet, with food cut into bite-sized pieces and allergies to milk and eggs.</p> <p>Review on 7/18/23 of client #5's physician consultation form, dated 1/10/23, revealed client #5 was allergic to milk, eggs, dust mites, and</p>	W 460	<p>The dietitian will in-service staff on Resident #5's specific dietary instructions as provided by the doctor in regards to a 1500 calorie die, low cholesterol diet, cutting food into bite-sized pieces, and mil and egg allergies. The nurse will monitor during bi-weekly group home visits.</p>	08/30/2023

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W 460	<p>Continued From page 3 grass.</p> <p>Review on 7/18/23 of client #5's nutritional evaluation, dated 7/4/22, revealed a 1500 calorie, low cholesterol, recommended diet with food cut into bite-sized pieces. In addition, client #5 may have almond milk at each meal due to a milk and egg allergy.</p> <p>Review on 7/18/23 of the posted home dining orders, dated 7/21/22, revealed client #5 should have food cut into 1/2" - 1", bite-sized pieces with no milk or egg products due to allergies.</p> <p>Interview on 7/18/23 with Staff A revealed client #5 was served almond milk to drink at breakfast with regular yogurt.</p> <p>Interview on 7/18/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5's food should be cut into 1/2" to 1", bite-sized pieces, as prescribed.</p>	W 460		
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