

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

PRINTED: 04/04/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER SCOTLAND FOREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 21760 ANDREW J. HWY MAXTON, NC 28364		
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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 record review and interviews, the facility failed to ensure each client's Individual Program Plan (IPP) included specific objectives to meet their money management needs as identified in the comprehensive functional assessment. This affected 2 of 4 audit clients (#2 and #5). The findings are:</p> <p>A. During observations at the day program on 4/2/24, client #5 assisted Staff B at the snack store. The client performed tasks such as placing drinks in a refrigerator, obtaining snack items for customers and obtaining money for items purchased and placing it in the cash register.</p> <p>Interview on 4/2/24 with Staff A and Staff B revealed client #5 gets paid bi-weekly for his work tasks at the day program.</p> <p>Review on 4/2/24 of client #5's IPP dated 10/3/23 revealed objectives to clean windows, bake cookies, tolerate toothbrushing and behavior guidelines. No other objectives were identified. Additional review of the IPP noted a previous goal to budget his money. The client has trained on and met criteria for several objectives including counting coins, filling out a timesheet and waiting for change over numerous years. Further review of the client's Adaptive Behavior Inventory (ABI) indicated various needs in the area of money management including carrying money without losing it, identifying a half-dollar coin, a five dollar</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>bill, ten dollar bill and twenty dollar bill, making a purchase, counting money combinations, making change, saving money for special purchases and budgeting money.</p> <p>Interview on 4/3/24 with the Home Manager (HM) indicated client #5 has worked on many money management objectives over the years; however, the team has not considered additional training in this area even though the client continues to make money.</p> <p>Interview on 4/3/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 continues to work and make money; however, the team has not identified further training in the area of money management.</p> <p>B. During observations at the day program on 4/2/24, client #2 was packing bags with plastic ware utensils independently.</p> <p>Review on 4/2/24 of client #2's IPP dated 4/11/23 revealed objectives to clean sink,shampoo hair, brush teeth and behavior support program. No other objectives were identified. Review of the client's ABI indicated needs in the area of money management including carrying money without losing it, identifying a dollar bill, making a purchase, making change, budgeting money.</p> <p>Interview on 4/2/24 with Staff J revealed client #2 will complete a time sheet at the end of the work day so he can get paid for the work completed for that day.</p> <p>Interview on 4/3/24 with vocational program manager revealed client #2 will get paid every 2 weeks for the work he completes at the day</p>	W 227			

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W 227	Continued From page 2 program. Interview on 4/3/24 the HM indicated client #2 has worked on money management objectives in previous years , however the team has not considered additional training in this area even though the client continues to make money. Interview on 4/3/24 the QIDP confirmed client #2 continues to work and make money and the team has not identified further training in the area of money management.	W 227			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to implement necessary health measures for client #5 as indicated. This affected 1 of 4 audit clients. The finding is: During observations throughout the survey on 4/2 - 4/3/24 at the day program and in the home, client #5 utilized a wheelchair to move independently around the facility. The client was not observed in an alternate position outside of his wheelchair. Interview on 4/3/24 with Staff B revealed client #5 has pressure relief out of his wheelchair with the option of transferring into a bean bag at the day	W 340			

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W 340	Continued From page 3 program and can utilize his bed or recliner in the home. The staff indicated he will sometimes refuse to transition out of his wheelchair. Review on 4/2/24 of client #6's Individual Program Plan (IPP) dated 10/3/23 revealed guidelines for a Changing Positioning Schedule (dated 8/1/23 revised, 5/16/22). The guidelines noted, "The purpose of this program is to ensure [Client #5] has the opportunity to change his position throughout the day. This change in positioning schedule will include changes in position from his wheelchair, Geri chair, toileting, wheelchair push up, wheelchair tilt and/or to bed. Transfer to an appropriate sitting device as long as he is safe and will not lose his balance off the device." Further review of the schedule noted a "2-hour change in positioning schedule" which should last at least 15 minutes. Interview on 4/3/24 with the facility nurse indicated client #5 does not currently have any areas of skin concerns that she was aware of; however, staff should continue to provide alternative positioning as indicated in the plan. Interview on 4/3/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the positioning guidelines were current and client #5 "has to get pressure relief" which would include repositioning to a geri-chair, his bed or physically tilting his chair backwards.	W 340			
W 368	DRUG ADMINISTRATION 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.	W 368			

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W 368	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure physician's orders were being followed. This affected 1 of 4 audit clients (#5). The finding is: During observation on 4/3/24 at 7:25am medication pass, client #5 was administered his Tamsulosin .4mg before he ate breakfast. Review on 4/3/24 of client #5 physician orders dated 3/7/24 revealed the following ordered: Tamsulosin .4mg-Take 1 capsule by mouth once every day after meals to increase urine flow. Interview on 4/3/24 registered nurse confirmed the tamsulosin should be given after meals as written on the physician orders.	W 368			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) 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 observation, record review and interview, the facility failed to ensure client #6's modified and specially-prescribed diet was provided as indicated. This affected 1 of 4 audit clients. The finding is: During dinner preparation observations in the home on 4/2/24 at 5:48pm, Staff F assisted client #6 with processing his dinner meal in a food processor. The staff added cooked ground beef to the device, ground it up and assisted the client	W 460			

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W 460	<p>Continued From page 5</p> <p>to place it on his plate. The meat was thick and dry with visible pieces of meat throughout. Staff later assisted client #6 to process pieces of toasted bread by added the bread and a small amount of water to the processor and ground it up. Once finished, the bread was dry with visible pieces throughout. Client #6 consumed the food items at the dinner meal with some coughing noted.</p> <p>Interview on 4/3/24 with Staff F revealed client #6 consumes a pureed diet which should be "as smooth as you can get it." Additional interview indicated liquid should be added to most food items and they have to judge how much liquid is needed.</p> <p>Review on 4/3/24 of client #6's record revealed a nutritional note dated 5/17/23. The note and his current physician's orders signed 3/9/24 indicated the client should receive a "Pureed consistency" diet. Additional review of information posted in the kitchen of the home regarding pureed foods noted pureed foods should have a "fine, smooth texture...no lumps or chunks...moist." The posted note also indicated bread should be added to sausage and hamburger meat when pureeing them.</p> <p>Interview on 4/3/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 currently consumes a pureed diet and his food should be "sort of like pudding".</p>	W 460			