

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

PRINTED: 08/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2023
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NAME OF PROVIDER OR SUPPLIER MOORE COUNTY HOME FOR AUTISTIC ADULTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1112 DEVONSHIRE TRAIL ABERDEEN, NC 28315
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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
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W 342	<p>Continued From page 1</p> <p>Interview on 8/7/23 with Staff A revealed that she had worked with client #4 for years, whereas Staff B had worked in the home for about six months. On 8/1/23, Staff A arrived to work at 8:00AM and saw client #4 laying on the living room floor. Staff A explained that she automatically suspected that client #4 had a seizure and asked Staff B who had worked overnight with client #4. Staff B responded that he did not see client #4 have a seizure. Staff A revealed she could not get client #4 off the floor, because he was lethargic and could not assist. Staff A stated she got a blanket and pillow for client #4, called the home manager and began to monitor him, as he had additional brief seizures for several hours. Staff B revealed she called 911 emergency services after client #4 had his third seizure that morning. Client #4 remained in the hospital.</p> <p>Interview on 8/7/23 with Staff B confirmed he worked the night shift on 7/31/23 and was relieved by Staff A on 8/1/23. Staff B revealed he was the only staff on duty and had showered and dressed client #4 at 7:00AM on 8/1/23. After the shower, Staff B walked with client #4 to the living room to sit down, so he could complete bathing other clients. Staff B returned to the living room at 7:15AM and found client #4 out of the chair, on the floor. Staff B acknowledged that he could not get client #4 off the floor by himself and he was not following verbal prompts to put on his socks. Staff B revealed client #4 was "not a big guy, but was dead weight." Staff B said he propped client #4 against the living room chair instead. Staff B acknowledged that he was asked by Staff A if client #4 had a seizure, but said no. Staff B said he never saw client #4 stare off, have body movements or slurred speech so he did not</p>	W 342		
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W 342	<p>Continued From page 2 consider him to have had a seizure on 8/1/23.</p> <p>Interview on 8/7/23 with the home manager (HM) revealed she arrived to work on 8/1/23 at 9:30AM and supervised client #4 as he had seizure activity that morning. The HM notified the nurse and doctor when she arrived at work of client #4's seizures and he was sent to the hospital after he continued to have seizures. The HM revealed she visited client #4 this morning at the hospital and that he had to be sedated due to continuous seizure activity. The HM revealed she was new in her role as HM, starting her position in June.</p> <p>Interview on 8/7/23 with the qualified intellectual disabilities professional (QIDP) revealed there had been six classes on seizures training in the last year. The QIDP did not have access to the attendance sheet of staff participating, but stated, all shifts were required to attend the training. The QIDP confirmed Staff B only worked in the home since the beginning of this year.</p>	W 342		
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