

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

PRINTED: 05/03/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/02/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>JADE TREE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 JADE TREE LANE</b> <b>RALEIGH, NC 27615</b>		
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W 000	INITIAL COMMENTS	W 000			
W 189	<p>A complaint survey was conducted on 5/2/24 for intake #NC00214803. The complaint was substantiated with deficiencies cited.</p> <p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were sufficiently trained to provide monitoring for client #3 as indicated. This affected 1 of 4 audit clients. The finding is:</p> <p>Review on 5/2/24 of client #3's record and Individual Program Plan (IPP) dated 3/14/24 revealed client #3 had experienced a fall in December 2023 and was hospitalized and later received rehab for a broken hip from January 2024 until February 2024.</p> <p>Interview on 5/2/24 with Staff A (3rd shift) revealed client #3 had fallen in his room before she began working in the home in January '24. Additional interview indicated she checks on client #3 in his bedroom "every hour" throughout the night.</p> <p>Interview on 5/2/24 with the Program Director revealed after client #3's fall in his bedroom, staff had been told to increase their overnight checks on him from "every hour to every 30 minutes". Additional interview indicated these checks are documented on client #3's sleep check sheet which is completed by staff on a daily basis.</p>	W 189			

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 189	Continued From page 1	W 189			
W 249	<p>Review on 5/2/24 of client #3's sleep check sheet for 2/25 - 5/2/24 revealed only hourly checks had been completed for the client throughout the night.</p> <p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 4 of 4 audit clients (#1, #2, #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 meal preparation, dining and behavior plan implementation. The findings are:</p> <p>A. Upon arrival to the home on 5/2/24 at 6:00am, Staff B was observed in the kitchen beginning to prepare food items for the breakfast meal. No clients were in the kitchen at this time. Additional observations from 6:00am - 7:05am, the staff continued to perform various meal preparation tasks to prepare grits, ham, bacon, bagels with creme cheese and apple slices. After preparing the breakfast meal, Staff A proceeded to place</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>food items on individual plates in the kitchen before taking the plates to the table for the breakfast meal. At 7:10am, Staff A began packing lunches for clients to take to the workshop. Immediate interview with Staff A revealed they had made the sandwiches for the client's lunches and put fruit into individual containers. Although several clients sat unengaged in living room during this time, no clients were prompted or encouraged to assist with preparing food items, setting the table, serving themselves or preparing/packing their lunches.</p> <p>Interview on 5/2/24 with Staff B revealed she had worked in the home for 3 or 4 weeks and had been trained on how things work in the home by the home's supervisor. The staff indicated she had not been told she should not prepare client's plates for them or cook meals without their participation.</p> <p>Review on 5/2/24 of client #1's IPP dated 2/22/24 revealed she "participates in all parts of meal preparation including cooking, setting the table and cleaning up." Additional review of the plan noted she can serve herself from a bowl/platter, mix beverages, prepare simple snacks/meals and identify kitchen appliances.</p> <p>Review on 5/2/24 of client #3's IPP dated 3/14/24 indicated he has strengths to prepare simple drinks, do simple meal prep, participate in cooking skills using the microwave, stovetop and oven, serve himself from a bowl/platter and participate in setting the table. Additional review of the plan included an objective to participate in weekly meal preparation with no more than 3 verbal prompts at least 25% of the time.</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>Review on 5/2/24 of client #4's IPP dated 1/24/24 revealed needs in the areas of using a knife for spreading, making simple snacks, preparing a beverage and setting the table without prompts. Additional review of the client's Adaptive Behavior Inventory (ABI) dated 11/30/23 indicated the client has partial independence with all meal preparation tasks.</p> <p>Interview on 5/2/24 with the Program Director confirmed all clients should be involved with meal preparation tasks in the home.</p> <p>B. During morning observations in the home on 5/2/24 from 6:30am - 8:01am, client #1 and client #4 sat in the living room unengaged. With the exception of eating breakfast, the clients were not prompted or encouraged to complete any other tasks. During this time, client #4 entered the dining room area on two occasions and was immediately prompted by staff to return to the living room until breakfast was ready. No activities were offered to the clients.</p> <p>Interview on 5/2/24 with Staff A revealed clients in the home participate in leisure activities in the evenings on second shift. Additional interview indicated in the mornings they complete chores before going to the day program.</p> <p>Review on 5/2/24 of client #1's IPP dated 2/22/24 revealed she likes watching TV, putting puzzles together and spending time in her room.</p> <p>Review on 5/2/24 of client #4's IPP dated 1/24/24 revealed he needs "several prompts to complete a task...enjoys engaging in activities, especially outdoors...enjoys looking at books and magazines..."</p>	W 249			

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W 249	Continued From page 4  Interview on 5/2/24 with the Program Director confirmed staff should be assisting the clients with getting involved with activities in the morning.  C. During morning observations in the home on 5/2/24 from 6:30am - 7:30am, client #2 was slamming the clothes dryer door and cursing and staff redirected client #2 to his bedroom. Further observation client #2 came out of his room ran down the hallway to the kitchen area and staff redirected him back to his bedroom. Client #2 was in his bedroom slamming doors, banging on the dresser and cursing when staff redirected him to calm down and stay in his bedroom.  Review on 5/2/24 of client #2's behavior intervention plan (BIP) dated 2/16/24 revealed for target behaviors client #2 will have 10 minutes of "contingent observations", Client #2 is not to be in his room during contingent observation.  Interview on 5/2/24 of staff A revealed she had witnessed other staff directing client #2 to go to his room when he had a behavior, and she did the same as what she had witnessed.	W 249			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)  The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.	W 262			

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W 262	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the constituted committee reviewed, approved and monitored the use of a device which violated client #3's right to privacy. This affected 1 of 4 audit clients.</p> <p>During observations in the home on 5/2/24, a video camera was mounted in client #3's bedroom and pointed towards his bed. A monitor located on a table in the living room of the home showed a live stream of client #3's bedroom.</p> <p>Interview on 5/2/24 with Staff A revealed the facility had placed the camera in client #3's bedroom to better monitor him after he had gotten out of bed and fallen a few months ago. The staff indicated they view the monitor periodically to see if he is getting out of bed.</p> <p>Review on 5/2/24 of client #3's record revealed consent dated 2/26/24 had been obtained from client #3's guardian for the video monitoring system to address his getting up at night; however, the record did not include written consent from the constituted committee to incorporate the use of the camera.</p> <p>Interview on 5/2/24 with the Program Director confirmed client #3's guardian had given written consent for the camera in the client's bedroom; however, no consent had been obtained from their constituted committee.</p>	W 262			
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client</p>	W 288			

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W 288	<p>Continued From page 6</p> <p>behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #3's behavior was included in an active treatment program. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations in the home on 5/2/24, a video camera was mounted in client #3's bedroom and pointed towards his bed. A monitor located on a table in the living room of the home showed a live stream of client #3's bedroom.</p> <p>Interview on 5/2/24 with Staff A revealed the facility had placed the camera in client #3's bedroom to better monitor him after he had gotten out of bed and fallen a few months ago. The staff indicated they view the monitor periodically to see if he is getting out of bed.</p> <p>Review on 5/2/24 of client #3's record revealed consent dated 2/26/24 had been obtained from client #3's guardian for the video monitoring system to address his getting up at night; however, the record did not include a formal program to incorporate the use of the camera.</p> <p>Interview on 5/2/24 with the Program Director confirmed client #3's guardian had given consent for the camera in the client's bedroom; however, the device was not incorporated into a formal plan.</p>	W 288			
W 340	<p><b>NURSING SERVICES</b></p> <p>CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with</p>	W 340			

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W 340	<p>Continued From page 7</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the staff were sufficiently trained to implement appropriate health and hygiene methods and were competent in medication administration procedures. This affected 2 of 4 audit clients (#2 and #3). The findings are:</p> <p>A. Review on 5/2/24 of client #2's physician orders dated 2/29/24 revealed blood sugars taken weekly every Sunday of the month. Further review of client #2's medication administration record revealed blood sugars were not documented on April 24th, 22nd or the 28th. The month of March was unavailable to be reviewed. The month of February were not taken on the 22th and 25th for 2024.</p> <p>B. Review on 5/2/24 of client #3's physician orders dated 4/20/24 revealed blood sugars taken three times a day and insulin given on the sliding scale. The month of February 23-29, 2024 blood sugars were not taken one time a day and no insulin given per the sliding scale. The month of March was unavailable to be reviewed.</p> <p>Interview on 5/2/24 with the nurse revealed she visits the home twice a month and reviews the medication administration records when in the home. The nurse revealed she had trained the new staff in the home earlier this week. However, unable to provide training documentation. The nurse confirmed that client #2's blood sugar</p>	W 340			



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W 340	Continued From page 8	W 340			
W 368	<p>should be taken weekly and recorded. The nurse confirmed that client #3's blood sugars were taken incorrectly in the month of February.</p> <p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)</p> <p>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 record review and interviews, the facility failed to ensure physician's orders were being followed. This affect 2 of 4 audit clients (#2 and #3). The findings are:</p> <p>A. Review on 5/2/24 of client #2's physician orders dated 2/29/24 revealed blood sugars taken weekly every Sunday of the month. Further review of client #2's medication administration record revealed blood sugars were not documented on April 14th, 21st or the 28th. The month of March was unavailable to be reviewed. The month of February were not taken 11th and 25th for 2024.</p> <p>B. Reviw on 5/2/24 of client #3's physician orders dated 4/10/24 revealed blood sugars taken three times a day and insulin given on the sliding scale. The month of February 23-29, 2024 blood sugars were not taken one time a day and no insulin given per the sliding scale. The month of March was unavailable to be reviewed. The month of April 2024, when blood sugars are less than 100 no insulin should be given 14 times blood sugars were below 100 and 5 units of insulin was given.</p> <p>Interview on 5/2/24 with the nurse revealed she visits the home twice a month and reviews the</p>	W 368			

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W 368	Continued From page 9 medication administration records when in the home. The nurse confirmed that client #2's blood sugar should be taken weekly and recorded. The nurse confirmed that client #3's blood sugars were taken incorrectly in the month of February.	W 368			
W 369	<b>DRUG ADMINISTRATION</b> 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 4 audit clients (#2). The finding is:  Review on 5/2/24 of client #2's physician orders dated 2/29/24 revealed Dorzolamide Hcl/Timolol 2-0-.5% Instill 2 drop in both eyes twice daily.  Interview on 5/2/24 with staff A revealed she did not give client #2 eye drops this morning because she forgot. Staff A confirmed client #2 should have gotten eye drops this morning.  Interview on 5/2/24 with the nurse confirmed client #2 should have received eye drops this morning. The nurse also confirmed she was unaware of client #2 not receiving his eye drops.	W 369			