

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

PRINTED: 05/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER LAGRANGE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 405 WEST WASHINGTON STREET LA GRANGE, NC 28551		
(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 249	<p>PROGRAM IMPLEMENTATION 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 record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of protein and fluid intake. The finding is:</p> <p>Record review on 5/6/24 of client #2's Individual Program Plan (IPP) dated 5/31/23 revealed client #2 should be limited to 60-70 grams per day of protein and 72 ounces of fluids.</p> <p>Further review on 5/7/24 of client #2's nutritional evaluation dated (3/4/24) revealed he had a left nephrectomy due to renal cell carcinoma and should follow renal diet restrictions and guidelines for normal renal management to include a 1500 calorie, renal, low sodium, low phosphorous, low calorie snacks, limit protein to 60-70 grams per day and fluid goal is 72 ounces per day.</p> <p>Interview on 5/7/24 with staff B revealed the staff do not monitor or record client #2's protein and fluid intake.</p>	W 249			

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 249	Continued From page 1	W 249			
W 262	<p>Interview on 5/7/24 with the facility nurse revealed client #2 should have a program in place to monitor and document the client's daily protein and fluid intake.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 3 of 3 audit clients (#2, #3 and #6) was reviewed and monitored by the human rights committee (HRC). The findings are:</p> <p>A. Review on 5/6/24 of client #2's Behavior Support Plan (BSP) dated 5/31/23 revealed target behaviors consisting of profanity, physical aggression and non-compliance. Further review on 5/6/24 of client #2's BSP revealed no written consent by the HRC.</p> <p>B. Review on 5/6/24 of client #3's BSP dated 6/12/23 revealed a target behaviors consisting of physical aggression and sexually inappropriate behavior. Further review on 5/6/24 of client #3's BSP revealed no written consent signed by HRC.</p> <p>C. Review on 5/6/24 of client #6's BSP dated 4/10/24 revealed target behaviors consisting of property destruction, aggression, non-compliance, theft, verbal aggression, threats, self-injurious behavior and sexual misconduct.</p>	W 262			

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W 262	Continued From page 2 Further review on 5/6/24 of client #6's BSP revealed no written consent by the HRC.	W 262			
W 263	Interview on 5/7/24 with the facility's clinical director confirmed there are no HRC consents for clients #2, #3 or #6. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 3 out of 3 audit clients (#2, #3 and #6). The findings are: Observations in the home throughout 5/6/24 and 5/7/24 revealed video cameras in the common areas of the home. A. Review on 5/6/24 of client #2's Behavior Support Plan (BSP) dated 5/31/23 revealed no written informed consent of a legal guardian for video monitoring or recording. B. Review on 5/6/24 of client #3's BSP dated 6/12/23 revealed no written informed consent of a legal guardian for video monitoring or recording. C. Review on 5/6/24 of client #6's BSP dated 4/10/24 revealed no written informed consent of a legal guardian for video monitoring or recording.	W 263			

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W 263	Continued From page 3 Interview on 5/7/24 with the facility's program director revealed that none of the 3 client's BSP's have written consent for video monitoring. The program director confirmed that the facility should have obtained written informed consent for all clients in the home.	W 263			
W 289	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4) The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the use of systematic interventions to manage clients inappropriate behaviors were incorporated into the client's individual program plan (IPP). This affected 3 of 3 audit clients (#2, #3 and #6). The findings are: A. Record review on 5/6/24 of client #2's IPP dated 5/31/23 revealed target behaviors for profanity, physical aggression and non-compliance. Further record review on 5/6/24 of client #2's IPP did not incorporate individualized strategies to manage the client's target behaviors. B. Record review on 5/6/24 of client #3's IPP dated 6/12/23 revealed target behaviors for physical aggression and sexually inappropriate behavior.	W 289			

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W 289	<p>Continued From page 4</p> <p>Further record review on 5/6/24 of client #3's IPP did not incorporate individualized strategies to manage the client's target behaviors.</p> <p>C. Record review on 5/6/24 of client #6's IPP dated 4/10/24 revealed target behaviors for property destruction, aggression, non-compliance, theft, verbal aggression, threats, self injurious behavior and sexual misconduct.</p> <p>Further record review on 5/6/24 of client #6's IPP did not incorporate individualized strategies to manage the client's target behaviors.</p> <p>Review on 5/6/24 of client #2, #3 and #6's IPP listed the same "behavior interventions" as follows:</p> <ol style="list-style-type: none"> 1. NOVA Stars 2. Outpatient Treatment/Therapy 3. Redirection 4. Counseling Direction 5. Contracting 6. Processing/Analysis 7. Therapeutic Bridge 8. Blocking 9. Hands Down 11. Simple Hold Releases 12. Complex Hold Releases 13. Other Special Precautions 14. Debriefing <p>Interview on 5/7/24 with the facility's program director confirmed that there are no individualized strategies or interventions listed in the client's IPP's to manage specific behaviors.</p>	W 289			
W 368	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(1)</p>	W 368			

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W 368	Continued From page 5 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 observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 of 3 audit clients (#2 and #6). The findings are: A. During afternoon observations in the home on 5/6/24 at 4:40pm, staff A was observed administering Omeprazole, Seroquel and Chlorhexidine to client #6. Further observations in the home on 5/6/24 at approximately 5:30pm, client #6 was observed eating dinner. Record review 5/7/24 of client #6's physician's orders signed 12/1/23 revealed an order for "Chlorhexidine Gluconate Solution 0.12%. Place 15ml in mouth by mucous membrane route three times per day (after meals). Swish in mouth for 30 seconds then spit out". B. During morning observations in the home on 5/6/24 at approximately 7:05am, client #2 was observed eating breakfast. Further observations in the home on 5/7/24 at 7:25am, staff B was observed administering Aspirin, Depakote, Lubrisoft, Vitamin D3, Metoprolol, Miralax, Omeprazole, Norvasc, Thorazine and Cinacalcet. Record review on 5/7/24 of client #2's physician's orders signed 12/1/23 revealed an order for	W 368			

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W 368	Continued From page 6 "Omeprazole 20mg. Take 1 capsule by mouth once daily. Take 30-60 minutes before breakfast".	W 368			
W 381	Interview on 5/7/24 with the facility's nurse revealed client #6 should not have received Chlorhexidine until after dinner and client #2 should have received Omeprazole 30-60 minutes before breakfast. The facility nurse confirmed the staff did not follow physician's orders. DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(1) The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure drugs were stored under secure conditions. The finding is: During observations of medication administration in the home on 5/6/24 at 4:40pm a lock box was noted sitting on the floor beneath the medication cabinet. Immediate interview on 5/6/24 with staff A revealed the box on the floor contained controlled medications. Interview on 5/7/24 with the facility nurse confirmed that all controlled medications should be double locked at all times.	W 381			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility	W 383			

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W 383	Continued From page 7 failed to ensure only authorized persons have access to the keys to the drug storage area. The finding is: During observations in the home on 5/7/24 at 7:03am, staff B asked the surveyor to "excuse her" as she reached over her to obtain the medication keys that were laying on the kitchen counter. Interview on 5/7/24 with the facility nurse confirmed that staff are to keep the keys to the medication cabinet on their person at all times.	W 383			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is: Review on 5/6/24 of the facility's fire drills conducted 6/2023 through 4/2024 revealed the following: - 2nd shift drills were conducted 6/15/23 at 11pm, 7/19/23 at 10:13pm, 8/10/23 at 6:30pm, 8/15/23 at 11:30pm, 8/22/23 at 11:30pm, 9/15/23 at 9:25pm, 10/15/23 at 9:30pm, 11/15/23 at 7:30pm, 1/16/24 at 7:50pm, 2/15/24 at 8pm and 3/15/24 at 12:30am. Interview on 5/6/24 with the program director revealed the facility has 2 shifts. 1st shift is 6:15am to 6:15pm and 2nd shift is 6:15pm to 6:15am. Interview on 5/7/24 with the facility safety officer	W 441			

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W 441	Continued From page 8 revealed she creates a schedule for staff to follow for fire drills. The safety officer confirmed fire drills should have been conducted during deep sleep hours.	W 441			