

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

PRINTED: 12/13/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KEYWEST CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1722 ATHENS AVENUE DURHAM, NC 27707</b>
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W 224	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the Comprehensive Functional Assessment (CFA) included an assessment of each client's family style dining skills. This affected 2 of 3 audit clients (#1 and #6). The finding is:</p> <p>During dinner observations in the home on 12/11/23, Staff D placed food from a pot on the stove onto each client's plate. The clients were then assisted to take the food to their place at the table. The clients were not prompted or assisted to participate in family style dining.</p> <p>During lunch and dinner observations in the home on 12/11 - 12/12/23, all clients were assisted to retrieve food items from kitchen counter in a buffet style and take the food to their place at the table. The clients were not prompted or assisted to participate in family style dining.</p> <p>Interview on 12/12/23 with Staff A revealed they used to have family style dining before COVID-19 but now they are "serving from the counter".</p> <p>Review on 12/12/23 of client #1's daily living checklist dated 7/8/23 did not reveal an assessment of her family dining skills.</p> <p>Review on 12/12/23 of client #6's daily living checklist dated 2/21/23 did not reveal an assessment of her family dining skills.</p>	W 224	<p>All clients Nutritional Evaluations and the Activities of Daily Living Assessments shall be reviewed and/or revised after determining client's skill capability for participating in a family style dining program. All client's Individual Program Plans (IPP) if needed shall be revised to include opportunities for family style dining if the comprehensive functional assessment justifies the need. Opportunities for family style dining shall be offered at least once weekly during breakfast and dinner meals. To help support family style dining opportunities for any residential client, staff will be in-service. To ensure family style dining is carried out the Program Monitor will conduct monthly meal monitoring.</p> <p>During the surveyor's lunch observation clients were participating in the TLC Day program. The TLC Day program does not utilize family style dining. No client will be expected to engage in family style dining. Although the TLC Day program serves clients inside Keywest residential group home it functions independently allowing individuals to engage in free leisure lunch choices of dining (i.e., bag lunch, buffet style and/or community luncheon activities).</p>	1/31/24
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mana C. Black TITLE: QIDDP (X6) DATE: 12/28/2023

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 224	Continued From page 1	W 224		
W 249	<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 1 of 3 audit clients (#1) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of dining. The finding is:</p> <p>During lunch observation in the home on 12/11/23 at 11:45am, the client #1 drank water and juice from a cup with no straw. During further observations at lunch, the client did not use of her hi low adapative plate and built up utensils.</p> <p>During breakfast observation on 12/12/23 at 7:15am, client #1 consumed french toast, grits, coffee, and water.</p>	W 249	<p>The facility will ensure that all individuals receive continuous active treatment programming in mealtime dining including Client #1. Client #1's Nutritional Evaluation and Food Kardex was reviewed and revised to support goal objectivities and services identified on Client #1's IPP. To ensure dietary compliance, staff will be in-service again regarding food options and adaptive equipment practices for any client. The Nutritionist shall revisit Client #1's food Kardex options to support revisions (i.e., serving of bread items similar to Cupcake, Muffin, Pancakes, Waffles, French toast, etc., during breakfast or dinner meals).</p> <p>During the surveyor's observation Client #1 was routinely offered a straw. Straws are also made available to all individuals. Client #1 who has oppositional behaviors may elect to use or not use a straw, adult protector, or adaptive eating equipment. This individual is aware, can make self-decisions and is able to vocalize choices. During the mealtimes of lunch and dinner Client #1 elected to carry out their right to independently to not use a straw. Most importantly if client #1 elected not to use their straw, or adaptive eating equipment staff will not challenge this individual due to severe oppositional and aggressive behaviors. During the surveyor's observation, client #1 was cooperative and willing to comply with continuous active</p>	

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W 249	Continued From page 2 Review on 12/11/23 of client #1's IPP dated 7/8/23 revealed client #1's diet consisted of no bread at breakfast or dinner. The plan also noted due to tremors she should be provided a flex straw for better control when drinking and an adaptive spoon and hi low plate at meals.  Interview on 12/12/23 with the Administrator confirmed client #1 diet consisted of no breads at breakfast. The Administrator also verified client #1 should have the option of using a straw for drinking at each meal.	W 249	active treatment programming without demands from staff; and the knowledge and understanding that Christmas Santa was coming. Client #1 receives daily supportive 1-1 staff due to severe aggressive and oppositional behaviors to help with complying with continuous active treatment programs and objectives identified in their IPP. When the lead QIDDP is more visible during programming Client #1 may elect to participate and respond without opposition willingly. During breakfast mealtime, Client #1 utilized the straw and adaptive equipment willingly.	1/31/24
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)  The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #6's Individual Program Plan (IPP) was reviewed and revised after she had completed an objective. This affected 1 of 3 audit clients (#6). The finding is:  Review on 12/11/23 of client #6's IPP dated 3/25/23 revealed a behavior objective (dated 2/23/22) to receive daily verbal reinforcement at bedtime each day she avoids BIP (Behavior Intervention Plan) episodes and a tangible reinforcer such as a favorite fruit drink each time, she completes 7 consecutive days with a BIP episode through 2/18/21. The objectives identified target behaviors of physical aggression, verbal aggression and noncompliance. In addition, the	W 255		

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W 255	<p>Continued From page 3</p> <p>BIP incorporated the use of Depakote, Lexapro, Namenda, Exelon, Neurontin, Remelton, and Mirtezane. Additional review of the psychologist's progress notes for the BIP from 12/2021 - 12/2023 indicated only one behavior incident. Further review of the client's behavior data sheets for January '23 - December '23 (as of 12/11/23) revealed no behavior incidents.</p> <p>Interview on 12/12/23 with Staff A revealed client #6 is "sweet and happy". When asked if the client has behaviors, the staff stated, "Not at all."</p> <p>Interview on 12/12/23 with the Administrator and Qualified Intellectual Disabilities Professional (QIDP) confirmed the BIP has likely been completed; however, it remains an objective in the client's current IPP.</p>	W 255	<p>The QIDDP - Program Monitor will ensure that all Individual Program Plans (IPP) goal objectives identified and integrated into the IPP' s as behavior needs in conjunction with the use of psychotropic drugs be monitored at least annually and as often as necessary. The Psychologist has initiated client #6 observation, record reviews, and staff interviews to assess if a Behavior Improvement Plan (BIP) revision is necessary for Client #6 and any other individual by no later than 1-31-2024. To support the need for BIP use for Client #6, staff will also receive additional information and in-serving from the psychologist by no later than 1-31-2024.</p>	1/31/2024
W 312	<p><b>DRUG USAGE</b> CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used for the control of inappropriate behaviors were used only as an integral part of the Behavior Intervention Plan (BIP) directed towards the reduction or elimination of behaviors for which the drugs were employed. This affected 1 of 3 audit clients (#6). The finding is:</p> <p>Review on 12/11/23 of client #6's IPP dated 3/25/23 revealed an behavior objective (dated</p>	W 312		

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W 312	<p>Continued From page 4 2/23/22) to receive daily verbal reinforcement at bedtime each day she avoids BIP episodes and a tangible reinforcer such as a favorite fruit drink each time, she completes 7 consecutive days with a BIP episode through 2/18/21. The objectives identified target behaviors of physical aggression, verbal aggression and noncompliance. In addition, the BIP incorporated the use of Depakote, Lexapro, Namenda, Exelon, Neurontin, Remelton, and Mirtazane. Further review of client #6's physician's orders dated 12/1 - 12/31/23 revealed current orders for the medications identified in the BIP.</p> <p>Additional review of the psychologist's progress notes for the BIP from 12/2021 - 12/2023 indicated only one behavior incident. Further review of the client's behavior data sheets for January '23 - December '23 (as of 12/11/23) revealed no behavior incidents.</p> <p>Interview on 12/12/23 with the Administrator and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 continues to ingest the medications used to address her inappropriate behaviors even though no behaviors have been noted for over a year.</p>	W 312	<p>The QIDDP - Program Monitor will ensure that all Individual Program Plans (IPP) goal objectives identified and integrated into the IPP's as behavior needs in conjunction with the use of psychotropic drugs be monitored at least annually and as often as necessary. Client #6's psychotropic medications were reviewed on 12-13-2023 with the psychiatrist and psychologist. After discussion that included re-evaluating Client #6's psychotropic medications with members of a core team, a medication revision was made. The medication Mirtazapine was lowered.</p>	1/31/2024
W 340	<p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)</p> <p>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 and interview, nursing</p>	W 340		

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W 340	<p>Continued From page 5</p> <p>services failed to ensure staff were sufficiently trained in the signing of the Medication Administration Record (MAR). This affected 1 of 3 audit clients (#6). The finding is:</p> <p>Review on 12/12/23 of the MAR for client #6 revealed no night (8pm) medications were initialed to confirm medications were administered. The medications which were not intialled on the MAR included: Divalproex Sod Dr 250mg, Brimonidine-Timolol .2%-.5%, Calcium 600mg-vit, Docusate sodium 100mg, Atorvastatin 20mg, Lumigan 0.01%, Gabapentin 300mg, Lactulose 10gm, Mirtazapine 15mg, and Ramelteon 8mg</p> <p>Interview on 12/12/23 the qualified intellectual disabilities professional (QIDP) confirmed the night medications were not initialed and staff should initial in the MAR when medications are administered.</p>	W 340	<p>The pertinent staff assigned to administer medications were recently hired. After receiving instruction information about Medication procedures inside a group home setting and given authorization to administer medications, these individuals failed to sign the MAR which resulted in a medication error of this nature. These individuals were to receive 90-day QIDDP guidance and supervision, before being allowed to administer client's medication unsupervised.</p> <p>Failure to provide this supervision and support was managements carelessness.</p> <p>Additional guidance and informational in-serving were provided to the new QIDDP. After impromptu training with the new QIDDP regarding the medication practices within the group home the following protocol are to be reestablished: Review and impromptu medication training, observe and monitor staff's ability to carry out the medication process and retest for medication knowledge and understanding.</p>	1/31/2024
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