

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

PRINTED: 12/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/05/2023
NAME OF PROVIDER OR SUPPLIER MINERAL SPRINGS I AND II		STREET ADDRESS, CITY, STATE, ZIP CODE 410 & 414 MINERAL SPRINGS ROAD DURHAM, NC 27707		
(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 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 12/5/23, for intakes #NC00209734 and NC00209783. The complaints were unsubstantiated without deficiency.</p>	W 000	<p>W 249 A,B,and,C</p> <p>The QP will in-service all staff on proper mealtime preparation interactions with people supported. The Habilitation Specialist will in-service staff on all people we support's previously accomplished habilitation goals including client #1, #2, #3. The Clinical Team will monitor 2x weekly for 30 days, and then on a routine basis, throughout mealtimes assessment. In the future, the QP will ensure that all people we support assist with meal preparation to the best of their ability.</p>	2/3/2024
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 observations, record reviews and interviews, the facility failed to ensure 3 of 5 audit clients (#1, #2 and #5) 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 and family style dining. The findings are:</p> <p>A. During observation in MS1 on 12/5/23 from 7:20 to 7:30a.m., client #1 was observed to walk through and stand in kitchen as Staff B cooked breakfast. Staff B completed all meal preparation, prepared food on plates in kitchen, and placed plates on the dining room table. Client #1 was not prompted to assist during meal preparation.</p> <p>Review on 12/4/23 of client #1's IPP, dated</p>	W 249	<p><i>Morris Thomas, Administrator</i></p>	12.13.23

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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<p>W 249 Continued From page 1 3/21/23, revealed no reference to his skills in the area of meal preparation.</p> <p>Review on 12/5/23 of client #1's Adaptive Behavior Inventory (ABI), dated 2/14/23, revealed client #1 could participate in meal preparation with partial independence.</p> <p>Interview on 12/4/23 with Staff B revealed clients do not cook food and are not capable of cooking.</p> <p>Interview on 12/5/23 with Staff C revealed client #1 can assist with preparing and cooking food.</p> <p>Interview on 12/5/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed clients #1, #2, and #5 can assist with cooking food.</p> <p>B. During observation in MS1 on 12/4/23 from 3:45p.m. to 4:20p.m., client #2 was observed in the kitchen to assist with meal preparation. Client #2 was observed to set the table and hand Staff C items to cook. Staff C cooked the entire meal without prompting Client #2 to participate in preparing food. At 3:45p.m., client #2 placed cups, plates, and napkins on the dining table for dinner and went to sit in the kitchen. At 3:55p.m. client #2 retrieved items to make dinner from the pantry and refrigerator, and then he sat in kitchen to observe Staff C prepare the meal. At 3:57p.m., Staff C was observed opening bags of vegetables, placing vegetables in the pans, and seasoning vegetables as client #2 watched. At 3:59p.m., Staff C cut onions and peppers and placed in a pan with hamburger as client #2 watched. At 4:00p.m., client #2 asked Staff C, "Want me to help you?" Staff C continued to stir food. At 4:13p.m., client #2 offered to pour Hamburger Helper package contents into the pot.</p>	<p>W 249</p>	
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W 249	<p>Continued From page 2</p> <p>Staff C gave client #2 the contents of package to client #2 and allowed him to pour contents into the pot. Client #2 then went to sit in the kitchen and watch. At 4:20p.m., Staff C opened a package of cookie dough, got a pan out of the cabinet, and placed cookie dough on the pan as client #2 watched. At 4:21p.m., client #2 took his gloves off and walked out of the kitchen.</p> <p>Review on 12/5/23 of client #2's IPP, dated 8/1/23, revealed he can complete most daily routines independently. No reference to his skill in the area of meal preparation could be located.</p> <p>Review on 12/5/23 of client #2's habilitation evaluation, dated 7/14/21, revealed client #2 likes to assist in the kitchen, as well as set the table for meals.</p> <p>Review on 12/5/23 of client #2's ABI, dated 6/29/23, revealed he independently sets and clears the table. In addition, client #2 can prepare beverages, food, meat dishes, bake, and prepare meals with partial independence.</p> <p>Interview on 12/5/23 with Staff C revealed clients do not cook food, and staff cook food.</p> <p>Interview on 12/5/23 with the QIDP revealed client #2 can assist in preparing and cooking food.</p> <p>C. During observation in MS1 on 12/4/23 from 4:37p.m. to 5:00p.m., client #5 was observed in the kitchen to assist with meal preparation. At 4:37p.m., client #5 sat in the kitchen and watched Staff C wash dishes and prepare food. At 4:52p.m., client #5 placed plates and pitchers of beverages on the dining table. Staff C placed all</p>	W 249	

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W 249	Continued From page 3 food in bowls for family style dining. At 4:57p.m., client #5 gathered spoons for food. Client #5 was not observed to participate in food preparation. Review on 12/5/23 of client #5's IPP, dated 6/14/23, revealed client #5 had recently completed a goal for preparing meats during meals. The IPP stated client #5 had expressed an interest in cooking. Review on 12/5/23 of client #5's habilitation evaluation, dated 5/18/23, revealed he is "promoted dependent" in his home setting and prefers guidance while performing tasks. Interview on 12/5/23 with Staff C revealed clients do not cook food, and staff cook food. Interview on 12/5/23 with the QIDP revealed client #5 can assist in preparing and cooking food.	W 249		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(f)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications remained locked except when being prepared for administration. The finding is: A. During medication administration on 12/4/23 at 3:55pm, the door to the medication room was not locked. Further observations revealed the cabinet where the medications are kept was not locked.	W 382	W382 A and B The nurse responsible will in-service staff on the requirement for the medication closet to remain locked at times unless the staff is present to give medications. Nursing will monitor through Medication Administration Assessments two times a week for one month and then on a routine basis to ensure staff are following procedures for medication administration. In the future the nurse will ensure staff are trained in ensuring the medication closet is locked when not in use by a staff.	02/03/2024

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W 382	Continued From page 4 During an interview on 12/4/23, Staff A stated the medication cabinet should have been locked. B. During medication administration on 12/5/23 at 7:06am, the door to the medication room was not locked. Further observations revealed the cabinet where the medications are kept was not locked. During an interview on 12/5/23, Staff D revealed the cabinet where the medication is stored should be locked when medication are not in use. Review on 12/5/23 of the facility's Medication Safety Policies (no date) revealed, "Security of medication is a priority and will be maintained at all times". During an interview on 12/5/23, the Qualified Intellectual Disabilities Professional (QIDP) stated all staff have been trained to ensure all medications are kept locked, unless when in use.	W 382	
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 failed to ensure only authorized persons have access to keys to the drug storage area. The finding is: During medication administration in the home on 12/5/23 at 7:04am, the keys to the medication cabinet were observed to be on the desk in the unlocked medication room.	W 383	

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W 383	Continued From page 5 During an interview on 12/5/23, Staff D revealed the keys to the medication cabinet should have been on her person. Staff D stated she had been trained to ensure keys to medication cabinet always be on the person giving medication. Review on 12/5/23 of the facility's medication safety policies (no date) stated, "The certified staff assigned to administer medications is irresponsible for preventing access to the medication by maintaining possession of the medication keys...They key must remain with that assigned certified staff al all times". During an interview on 12/5/23, the Qualified Intellectual Disabilities Professional (QIDP) revealed staff have been trained to keep the medication keys on them.	W 383	W383 The nurse responsible will in-service staff on the requirement for Medication Technicians. This in-service will also include requirements for maintaining keys to the medication cabinet and ensuring the medication cabinet remains locked at times unless the staff is present to give medications. Nursing will monitor through Medication Administration Assessments two times a week for one month and then on a routine basis to ensure staff are following procedures for medication administration. In the future the nurse will ensure staff are trained in ensuring the medication closet is locked and they are in possession of the key when not in use by a staff.	2/3/2024	
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on the review of the fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted. This potentially affected all the clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is: Review on 12/4/23 of the facility's fire drills revealed the only fire drills documented were for January and May 2023. Further review there were no other fire drills documented. During an interview on 12/5/23, Staff A stated she was not sure when the last fire fire was conducted.	W 440	W440 The Safety Chairperson will in-service the Residential Team Leader and the QIDP on the Fire Drill schedule. The Administrator and Safety Chairperson will monitor all Fire Drills monthly to ensure they are completed per the schedule. In the future the Administrator will ensure Fire Drills are completed for each shift at least quarterly.	2/3/2024	

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W 440	Continued From page 6 During an interview on 12/5/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed there were only two fire drills conducted and they were for January and May 2023.	W 440	
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 document review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is: Review on 12/5/23 of facility fire drills (January 2023-December 2023) revealed 1st shift drills were conducted at August '22 - July '23) at 2:39p.m., 2:01p.m., 2:33p.m., and 2:45p.m. The fire drills were not varied throughout the shift. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/5/23 revealed drills should be varied on all shifts.	W 441	W441 The Safety Chairperson will in-service the Residential Team Leader and Qualified Professional on the Fire Drill Schedule. The Safety Chairperson will monitor monthly to ensure the Fire Drills are completed per schedule. In the future the Residential team Leader will ensure Fire Drills are completed per schedule each month. 2/3/2024
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 observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 2 of 5 audit clients (#3	W 460	

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W 460	<p>Continued From page 7 and #1). The findings are:</p> <p>A. During dinner observations in the home on 12/4/23 at 5:23pm, client #12 served himself three chicken strips that were 4 - 5 inches long each. Client #12 then began to pick up the chicken strips and bite off pieces that were longer than 1/2 inches. At no time was client #12's food cut into 1/2 inch pieces.</p> <p>Review on 12/4/23 of client #12's Individual Program Plan (IPP) dated 5/2/23 indicated his diet consistency is 1/2 inch long.</p> <p>Review on 12/4/23 of client #12's nutritional assessment revealed his diet consistency is 1/2 inch long.</p> <p>During an interview on 12/5/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #12's food should be cut into 1/2 inch pieces.</p> <p>B. During observations on 12/5/23 in MS1, client #1 was served and consumed scrambled eggs, 1 cut piece of Canadian bacon, and two waffles with syrup. The waffles were cut into quarters, with pieces up to 4 inches.</p> <p>Review on 12/5/23 of client #1's IPP, dated 3/21/23, revealed a prescribed heart-healthy with seconds allowed and limited concentrated sweets. All solids should be cut into bite size, 1/2 inch pieces.</p> <p>Review on 12/5/23 of client #1's nutrition evaluation, dated 2/22/23, revealed a prescribed heart-healthy with seconds allowed and limited</p>	W 460	<p>W 460 A and B</p> <p>The Qualified Professional and nursing will in-service all staff on diet consistencies for each person supported. The clinical team will monitor through Mealtime Assessments two times a week for one month and then on a routine basis to ensure staff are providing clients with prescribed diet consistency. In the future the Qualified Professional will ensure staff are trained to follow clients' diet orders per the physician orders.</p> <p>2/3/2024</p>

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W 460	Continued From page 8 concentrated sweets. All solids should be cut into bite size, 1/2 inch pieces. Interview on 12/5/23 with Staff C revealed client #1 should have his food cut up. Interview on 12/5/23 with the QIDP revealed client #1's diet texture should be followed.	W 460	