

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

PRINTED: 11/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/28/2023
NAME OF PROVIDER OR SUPPLIER SCI-EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 338 COOPER DRIVE WINTERVILLE, NC 28590		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure privacy during personal needs care in House #2. This affected 2 of 7 audit clients (#5 and #11). The findings are:</p> <p>A. During observations in the home hallway on 11/28/23 at 6:59am, Staff A was observed giving client #5 a shower. The bathroom door was halfway open and the privacy curtain on the shower was open. Client #5 could be observed standing in the shower while bathing. At no point did Staff A close the privacy curtain or bathroom door.</p> <p>Review on 11/28/23 of client #5's Individual Program Plan (IPP), dated 8/10/23, revealed client #5 requires assistance with self-care, bathing, and toileting. No mention of privacy was included in the IPP.</p> <p>Interview on 11/28/23 with Staff C revealed client #5 needs assistance in the bathroom and to be reminded to close the door for privacy.</p> <p>Interview on 11/28/23 with the Habilitation Coordinator revealed client #5 needs assistance in the bathroom and staff should assist in closing the door during toileting or bathing.</p> <p>B. During observation in the home hallway on 11/28/23 at 6:40am, Staff A was observed assisting client #11 for toileting prior to showering.</p>	W 130	<p>W130 Interim core team meeting will be held to discuss the best method to address privacy regarding personal care needs for clients #5 and #11. The PCP will be revised to include current privacy guidelines. All staff will be in-serviced on the team's decisions. This will occur for all clients that have this need.</p> <p>All personnel will receive training regarding client rights and privacy and how to assure privacy for all clients in various situations in the ICF/IID facility.</p> <p>The Director or Hab Coordinator will monitor programs to assure client privacy for all clients three times weekly.</p> <p>The RQP will monitor programs for privacy twice monthly.</p> <p>The Executive Director (Corporate Office) will monitor programs for privacy once monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p> <p><i>DHSR - Mental Health</i></p> <p><i>DEC 19 2023</i></p> <p><i>Lic. & Cert. Section</i></p>	1-27-2024	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Stacie Rogers

TITLE

Chief Operations Officer

(X6) DATE

12/5/2023

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 130	Continued From page 1 The bathroom door was completely open. Client #11 could be observed with her pants down on the toilet. At 6:43am, Staff A closed the door to begin a shower for client #11. Review on 11/28/23 of client #11's IPP, dated 1/5/23, revealed shower and toileting guidelines requiring assistance during showering and toileting. No mention of privacy was included in the IPP. Interview on 11/28/23 with Staff C revealed client #11 needs assistance in the bathroom and to be reminded to close the door for privacy. Interview on 11/28/23 with the Habilitation Coordinator (HC) revealed client #11 needs assistance in the bathroom and staff should assist in closing the door during toileting or bathing. Interview on 11/28/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should prompt for clients to close bathroom doors when showering or toileting.	W 130			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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.	W 249			

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W 249	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of medication administration and shower/toileting guidelines. This affected 3 of 7 audit clients (#3, #4, and #7). The findings are: A. During morning observations in the home on 11/28/23 at 7:15am, client #3 came into the medication room for his morning medication pass. Client #3 obtained his basket from the cabinet and the medication technician punched the client's pills out of the pill packs and handed him the cup. Client #3 took the medication and disposed of his trash. Review on 11/28/23 of client #3's Nursing Care Plan dated 7/20/23 revealed staff will encourage him to punch pills using hand over hand assistance. B. During morning observations in the home on 11/28/23 at 7:22am, client #4 came into the medication room for his morning medication pass. Client #4 obtained his basket from the cabinet and the medication technician punched the client's pills out of the pill packs and handed him the cup. Client #4 took the medication and disposed of his trash. Review on 11/28/23 of client #4's Nursing Care Plan dated 10/10/23 revealed staff should continue to promote independence during medication passes.	W 249	W249 All staff will be trained in: 1. Active Treatment Basics 2. Medication Administration Guidelines to promote independence for all clients 3. Shower and Toileting guidelines for all clients to assure safety The Director or Habilitation Coordinator will monitor medication administration and shower and toileting guideline implementation three times weekly. The Regional Nursing Director will monitor medication administration guidelines implementation twice monthly. The Regional QP (RQP) will monitor shower and toileting safety twice monthly. The Executive Director (Corporate Office) will monitor medication administration and toileting/ showering safety once monthly. All monitoring will be documented. Any concerns will be followed up on.	1-27-2024	

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W 249	<p>Continued From page 3</p> <p>Interview on 11/28/23 with the medication technician revealed that she never allows clients to punch their own medications during medication passes.</p> <p>Interview on 11/28/23 with the facility nurse confirmed client's should be allowed to be as independent as possible during medication passes and should be allowed to punch their own medications even if they require hand over hand assistance.</p> <p>C. During observations in House #2 on 11/28/23 at 6:40am, Staff A was observed assisting client #11 with toileting prior to showering. Staff A left client #11 on the toilet to walk out of the bathroom into the hallway to call for another staff to bring bathing supplies.</p> <p>Review on 11/28/23 of client #11's IPP, dated 1/5/23, revealed shower and toileting guidelines to include staff assistance when showering and toileting. The guidelines state client #11 will wear a gait belt when taking a shower or toileting with added assistance. The guidelines further state prior to client #11 taking her shower, staff should gather all needed materials with client #11's assistance. Staff should have client #11 sit on the toilet and assist her with undressing. Once she is ready, the staff will walk with client #11 to the shower and securely sit her on the shower chair. Staff will use the gait belt.</p> <p>Interview on 11/28/23 with Staff C revealed client #11 uses a gait belt and should not be left alone in bathroom.</p> <p>Interview on 11/28/23 with the Habilitation Coordinator (HC) revealed client #11 should be</p>	W 249			

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W 249	Continued From page 4 monitored by staff in the bathroom as she is a fall risk.	W 249			
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's modified diet was followed as indicated. This affected 2 of 7 audit clients (#1 and #8). The findings are: A. During dinner observations observations at the home on 11/27/23 at 6:00pm, client #1 consumed one whole beef patty, one whole piece of bread, one serving of mashed potatoes, one serving of mixed vegetables, and one whole piece of cake. During breakfast observations in the home on 11/28/23 at 8:00am, client #1 consumed one whole piece of bread, two whole pieces of Canadian bacon, one serving of oatmeal, sliced bananas, and 4 oz. of apple juice. Review on 11/27/23 of client #1's Individual Program Plan (IPP), dated 9/20/23, revealed a prescribed 1500 calorie, regular diet with chopped meats and sandwiches. Review on 11/28/23 of client #1's nutritional evaluation, dated 8/18/23, revealed a prescribed 1500 calorie, regular diet with cut meats.	W 460	W460 Clients #1 and #8 will receive all food in the consistency as ordered by their physician. All staff will receive training on all clients' diet orders, and the posted diets will match the physicians orders. All staff will receive re-training on how to prepare the correct diet consistency to assure that all clients receive a nourishing, well balanced diet that includes modified or special prescribed diets. The Director or Hab Coordinator will monitor diet orders and consistencies three times weekly. The Regional QP (RQP) will monitor diet orders and consistencies twice monthly. The Executive Director (Corporate Office) will monitor diet orders and consistencies once monthly. All monitoring will be documented. Any concerns will be followed up on.	1-27-2024	

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W 460	<p>Continued From page 5</p> <p>Review on 11/28/23 of the home kitchen diet listing revealed client #1 to have a prescribed 1500 calorie, regular diet with cut meats.</p> <p>Interview on 11/28/23 with Staff C revealed client #1 was on a regular diet and did not need items cut.</p> <p>Interview on 11/28/23 with the Habilitation Coordinator (HC) revealed client #1 was on a regular diet and did not need food cut.</p> <p>B. During dinner observations at the home on 11/27/23 at 6:00pm, client #8 consumed one whole beef patty, one whole piece of bread, one serving of mashed potatoes, one serving of mixed vegetables, and one whole piece of cake.</p> <p>During breakfast observations in the home on 11/28/23 at 8:00am, client #8 consumed one whole piece of bread, two whole pieces of Canadian bacon, one serving of oatmeal, sliced bananas, and 4 oz. of apple juice.</p> <p>Review on 11/27/23 of client #8's IPP, dated 4/20/23, revealed a prescribed low calorie controlled, family style diet with no added salt, low cholesterol, low fat, low carbs, fresh fruit snacks and no simple sweets. In addition, raw vegetables and meats should be chopped to decrease choking.</p> <p>Review on 11/28/23 of client #8's nutritional evaluation, dated 4/4//23, revealed raw vegetables and meats should be chopped.</p> <p>Review on 11/28/23 of the home kitchen diet</p>	W 460		
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W 460	Continued From page 6 listing revealed client #8 to have a prescribed low calorie controlled, family style diet with no added salt, low cholesterol, low fat, low carbs, fresh fruit snacks and no simple sweets. In addition, raw vegetables and meats should be chopped. Interview on 11/28/23 with Staff C revealed client #8 was on a regular diet and raw vegetables should be chopped. Interview on 11/28/23 with the Habilitation Coordinator (HC) revealed client #8 was on a regular diet and only had raw vegetables chopped.	W 460			