

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>DHSR-MH Licensure Sect</u> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/12/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANK STREET ICF/MR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>719 FRANK STREET ROXBORO, NC 27573</b>		
(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 210	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain an initial Physical Therapy (PT) Evaluation assessment for 1 of 5 audit clients (#3). The finding is:</p> <p>Review on 12/11/23 of client #3's record revealed he had not received a PT evaluation. Further review revealed client #6 was admitted to the facility on 8/22/23.</p> <p>During an interview on 12/12/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 had not received his initial PT evaluation.</p>	W 210	<p>W210- The Registered Nurse, Residential Coordinator and Qualified Professional received training from the Clinical Director regarding assessment &amp; reassessments that are needed to supplement the preliminary evaluation conducted by to the admission of a new client. The RN will schedule the assessments during a new admission and the Qualified Professional will ensure the assessments are completed within the timeframe.</p> <p>The RN will schedule client #3 for a PT evaluation. The referral will be obtained by the RN within 2 weeks.</p>	<p>Training 12/15/23</p> <p>Referral for PT evaluation will be obtained within 2 weeks</p>	
W 221	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an auditory examination for 1 of 5 audit clients (#3). The finding is:</p> <p>Review on 12/11/23 of client #3's record revealed he had not received an auditory examination. Further review revealed client #3 was admitted to the facility on 8/22/23.</p> <p>During an interview on 12/12/23, the Qualified Intellectual Disabilities Professional (QIDP)</p>	W 221	<p>W221- The Registered Nurse, Residential Coordinator and Qualified Professional received training from the Clinical Director regarding auditory assessments &amp; reassessments that are needed to supplement the preliminary evaluation conducted by to the admission of a new client. The RN will schedule the assessments during a new admission and the Qualified Professional will ensure the assessments are completed within the timeframe.</p> <p>The RN will schedule client #3 for an auditory evaluation. The referral will be obtained by the RN within 2 weeks.</p>	<p>Training 12/15/23</p> <p>Referral for auditory evaluation will be obtained within 2 weeks</p>	

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 221	Continued From page 1 confirmed client #3 had not received his auditory examination.	W 221		
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 5 of 5 audit clients (#1, #2, #3, #4 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 dining skills and medication administration. The findings are:</p> <p>A. During dining observations in the home on 12/11/23, Staff A plated the food for client #1. At no time was client #1 given the opportunity to plate his own food.</p> <p>During dining observations in the home on 12/11/23, Staff A plated the food for client #3. At no time was client #3 given the opportunity to plate his own food.</p> <p>During dining observations in the home on 12/11/23, Staff A plated the food for client #4. At</p>	W 249	W 249 – Direct Support Staff will receive training from the Director of Services regarding program implementation during mealtimes and medication administration. This training will include following Individual Medication Administration Participation Guidelines and mealtime participation, or goals developed by the team to promote independence during active treatment. The QP or Residential Coordinator will monitor medication administration at least monthly to ensure compliance.	12/18/23

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W 249	<p>Continued From page 2</p> <p>no time was client #4 given the opportunity to plate her own food.</p> <p>During an interview on 12/11/23, Staff A stated the clients do not participate in family style dining due to COVID-19.</p> <p>Review on 12/11/23 of the facility's COVID Information Bulletin dated 8/25/23 stated, "Family Style Dining continues to be on pause. The clients can serve their plates from the stove or counter...."</p> <p>During an interview on 12/11/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should be serving their own food.</p> <p>B. During medication administrations observations in the home on 12/12/23 at 6:49am, Staff B put a single pill on a spoon and fed client #2 the pill. At no time was client #2 given the opportunity to assist with her own medication administration.</p> <p>Review on client #2's medication administration guidelines stated, "takes the medication cup and pours the pill into her mouth with staff assistance".</p> <p>During medication administration observations in the home on 12/12/23 at 6:55am, Staff B spoon fed client #5 her medication. At no time was client #5 given the opportunity to assist with her own medication administration.</p> <p>Review on client #5's medication administration guidelines revealed, "Holds her medication in her hand and places them in her mouth".</p>	W 249		
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W 249	Continued From page 3  During medication administration observations in the home on 12/12/23 at 7:16am, Staff B punched out all of client #1's pills. At no time was client #1 given the opportunity to participate in his own medication administration.  During an interview on 12/12/23, the Qualified Intellectual Disabilities Professional (QIDP) stated clients #1, #2 and #5 should have been given to participate in their own medication administration to the best of their ability.	W 249			

*Murphy Clinical Director*