

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

PRINTED: 01/04/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/29/2023
NAME OF PROVIDER OR SUPPLIER AVENT FERRY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		
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W 120	<p>Continued From page 1</p> <p>vocational program has extra changes of clothing and supplies of incontinence products for client #2.</p> <p>Additional interview on 12/28/23 with the PM at the vocational program revealed there is a procedure in place that was established as a part of client #2's program that facility staff would come into the workshop once they arrive in the morning and client #2 would be checked to see if his incontinence product or clothing needed to be changed before they departed. The PM stated on 12/28/23 and several times the week before, the facility staff dropped off clients #2 and #5 without coming into the vocational center to check them in or checking to see if client #2 needed to be changed.</p> <p>Interview on 12/28/23 with a vocational staff assigned to client #2's classroom confirmed the dates and times of these incidents.</p> <p>Review on 12/28/23 of client #2's individual program plan (IPP) dated 11/9/23 revealed he needs assistance with toileting as he will not indicate if he is wet or dry. Further review revealed he wears incontinence products in addition to underclothing.</p> <p>Review on 12/28/23 of client #2's record indicated facility staff were to check client #2 before departing the facility in the mornings and then when they arrived at the vocational program, facility staff were to go inside, check him in and check him for wetness or dryness before they departed.</p> <p>B. Interview with the PM from the vocational program revealed client #5 has eaten his lunch in</p>	W 120	The QP and Program Manager will monitor and coordinate with both outside services through onsite visits, phone calls, and meetings to address client needs in an effort to ensure continued compliance.	2/9/2024	

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W 120	<p>Continued From page 2</p> <p>the van on the trip from the facility to the vocational center during the past 2 months which has resulted in client #5 not having lunch on several occasions. The PM stated the facility has been contacted at least 3-4 times during the past 2 months and asked to bring another lunch for client #5, however the facility did not bring any additional lunch items and the vocational program supplemented client #5's lunch.</p> <p>Interview with a vocational staff assigned to client #5's classroom at the vocational program confirmed she had phoned facility staff at least 3-4 times in the past 2 months to ask them to send an additional lunch for client #5, however the facility had not responded.</p> <p>C. During further interview on 12/28/23, the PM at the vocational program also stated that client #4 had not attended the vocational program in over 3 months and that the facility staff have not contacted them to let them if he will be returning. The PM at the vocational setting stated the contract work client #4 had been working on had been discontinued however, there were several work related tasks he could be involved in.</p> <p>Interview on 12/28/23 with the residential manager (RM) revealed she was told the contract work client #4 was working on was discontinued so the facility had not sent him to work. Further interview confirmed she was unaware if anyone had contacted the vocational program to confirm if client #4 would be returning to work.</p> <p>Interview on 12/29/23 with the Regional Director revealed she was not aware of these issues involving client #2, #4 and #5 and the lack of communication between the vocational program</p>	W 120			

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W 120	Continued From page 3 and the facility.	W 120		2/8/2024	
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: The team failed to: ensure services were coordinated with outside programs and issues across the two settings were promptly addressed. (W120); ensure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196 and W249); to complete multidisciplinary evaluations as required after admission (W210); to ensure that the comprehensive functional assessment was completed in the area of self care and independent living skills (W224); failed to develop an initial individual program plan for a newly admitted client (W226); failed to develop formal training to address self care, domestic living needs that were identified (W242) and failed to collect active treatment data as prescribed (W252). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.	W 195	The facility will take the necessary actions to ensure that all clients receive active treatment services through program review, assessment, IPP development, staff training, oversight by QP, RN and program manager through observations and coordination of outside services. For all clients, the QP and Program Manager will provide staff training to ensure consistent implement of active treatment services. A. The QP will coordinate with outside services through phone contact, onsite visits, IPP review and updates; and meetings to address outside services needs for all clients. B. QA and/or QP will coordinate with the treatment team and secure multidisciplinary evaluations for client #1. C. QP will schedule a team meeting, to review evaluations, complete the adaptive behavior inventory (ABI) as a tool to assess self-care and domestic care needs for Client #1.	2/9/2024 2/9/2024	
W 196	ACTIVE TREATMENT	W 196			

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W 196	<p>Continued From page 4 CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to implement consistent strategies, supports and programs to ensure 4 of 5 audit clients (#1, #4, #5 and #6) received active treatment services as described in their individual program plans (IPP) to ensure their skills and abilities in the areas of self care, domestic living and opportunities for client choice were assessed. The findings are:</p> <p>A. Cross reference W120. The facility failed to ensure that outside services met the needs of clients served in the vocational setting.</p> <p>B. Cross Reference W210. The facility failed to complete multidisciplinary evaluations as required after admission. This affected 1 of 5 clients (#1).</p> <p>C. Cross Reference W224. The facility failed to complete an assessment for 1 of 5 clients (#1) self care and domestic living needs after his admission on 9/21/23.</p>	W 196	<p>For all clients, the facility will ensure the provision of active treatment services to include but not limited to staff training, development and review of the CFA, development, and review of the initial and annual IPP, coordination of outside services, implementation of services, supports, strategies, data collection and interventions outlined in the IPP.</p> <p>A. The QP will coordinate with outside services through phone contact, onsite visits, IPP review and updates; and meetings to address outside services needs for all clients.</p> <p>B. QA and/or QP will coordinate with the treatment team and secure evaluations for client #1.</p> <p>C. QP will schedule a team meeting, to review evaluations, complete the adaptive behavior inventory (ABI) to assess self-care and domestic care needs for Client #1.</p> <p>D. The QP will develop the initial individual program plan (IPP) for client #1 and in-service all staff accordingly.</p> <p>E. The QP will coordinate with the treatment team and develop personal skill training for Client #1 upon review of his CFA, ABI, and multidisciplinary evaluations.</p>	2/9/2024	2/9/2024
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W 196	Continued From page 5 D. Cross reference W226. The facility failed prepare an initial individual program plan for a newly admitted client to the facility. E. Cross Reference W242. The facility failed to develop formal training for 1 of 5 clients (#1) to address identified needs in the areas of basic self care and domestic living skills. F. Cross-reference W249. The facility also failed to ensure clients #4, #5 and #6 were provided consistent opportunities to implement training programs, supports and services to address their identified needs as listed in their IPP's. G. Cross reference W252. The facility failed to collect data as prescribed for the formal written training programs for clients #4, #5 and #6.	W 196	F. For clients #1, #4, #5 and #6 the program manager and QP will provide in-service training to all staff on implementation of the IPP interventions. G. All staff will be in-service on data collection for all clients. The QP will monitor data collection weekly and provide update training to staff as needed to ensure continued compliance.	2/9/2024	
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) 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 reviews and interviews, the facility failed to ensure assessments for 1 of 1 newly admitted clients (#1) were completed within 30 days after admission. The finding is: Review of client #1's record revealed he was admitted to the facility on 9/21/23. Further review on 12/28/23 of client #1's record did not reveal the following evaluations: Speech, Occupational Therapy, Physical Therapy and Vocational evaluation	W 210	The facility will ensure for any newly admitted client, appropriate assessments to include but not limited to Speech Therapy, Occupational Therapy, Physical Therapy, Vocational Assessment, Adaptive Behavior Inventory within 30 days of admission. For Client #1, the ABI document and other assessments will be completed and filed in the record. The QP will ensure a copy of the assessments is available and is filed in the program record for any new admission within 30 days of the date of admission. QA and/or Reginal Director will monitor client records monthly to ensure continued compliance with initial team meetings and assessments for new admissions.	2/9/2024	

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W 210	Continued From page 6	W 210			
W 224	<p>Interview on 12/29/23 with the Regional Director revealed she could not locate Speech, Occupational Therapy, Physical Therapy and Vocational evaluations for client #1.</p> <p>INDIVIDUAL PROGRAM PLAN 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 record review and confirmed by interviews with staff, the comprehensive functional assessment (CFA) for 1 of 5 audit clients (#1) was not completed. The finding is:</p> <p>Review on 12/28/23 of client #1's record revealed he was admitted to the facility on 9/21/23. Further review of client #1's record revealed no documentation of a CFA that evaluated his toothbrushing, toileting, bathing, grooming, money management, dressing, self care and community living skills.</p> <p>Interview on 12/29/23 with the Regional Director revealed she could not locate a comprehensive functional assessment of client #1's daily living, home living, self care and community living skills in client #1's record or in the documents that needed to be filed.</p>	W 224	<p>The facility will ensure for any newly admitted client, appropriate assessments to include a comprehensive functional assessment (CFA) is completed within 30 days of admission.</p> <p>For Client #1, the adaptive behavior inventory (ABI) document and other assessments will be completed to address personal skill training needs to include but not limited to oral hygiene, bathing, dressing, money management, home living skills, and training on priority needs.</p> <p>The QP will ensure a copy of the ABI and assessments is available and is filed in the program record for any new admission within 30 days of the date of admission.</p> <p>QA and/or Regional Director will monitor client records monthly to ensure continued compliance.</p>	2/9/2024 2/9/2024	
W 226	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan.</p>	W 226		2/9/2024	

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W 226	Continued From page 7 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the interdisciplinary team developed an individualized program plan (IPP) for 1 of 1 newly admitted (#1) within 30 days of admission into the facility. The finding is: Review on 12/28/23 of client #1's record revealed he was admitted to the facility on 9/21/23. Further review of client #1's record revealed no IPP meeting date or IPP. Interview on 12/29/23 with the the Regional Director revealed the previous qualified intellectual disabilities professional (QIDP) had resigned in December 2023. Further interview revealed the Regional Director could not locate an IPP document verifying this meeting had been held following client #1's admission on 9/21/23.	W 226	The facility will ensure for any newly admitted client, an initial team meeting is held, IPP is written, and program objectives are developed and implemented within 30 days of admission. The IPP document will be typed and place in the program record for Client #1's initial team meeting that was previously held. For Client #1, the IPP document and training objectives will be placed in the program and home records.	2/9/2024	
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure training was developed for 1 of 5 audit clients (#1) to address self care, daily living and dining needs identified in the individual program plan to promote personal independence. The finding is:	W 242	QA and/or Regional Director will monitor client records monthly to ensure continued compliance.	2/9/2024	

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W 242	Continued From page 8 Review on 12/28/23 of client #1's record revealed he was admitted to the facility on 9/21/23. Further review of client #1's record revealed in a pre admission meeting that the local mental health entity and facility staff had recommended implementing the following formal written training programs: to perform hygiene care hand over hand with assistance from staff, learn to prepare a beverage at mealtime, and select weather appropriate clothing each day. Review on 12/28/23 of client #1's program book in the facility revealed the following programs: to perform hygiene care hand over hand with assistance from staff, learn to prepare a beverage at mealtime, and select weather appropriate clothing each day. During observations of mealtime on 12/28/23 at 6:00pm, staff D prepared client #1's plate in the kitchen and precut his meat loaf before bringing his plate to the table. Staff C poured client #1's beverages for him. Client #1 did not finish his meal, got up from the dining room table and walked away. Staff D removed his plate and took it into the kitchen in case he decided to finish his meal later in the evening. Staff C and staff D did not prompt client #1 to assist with bringing his plates, cups to the table or removing his meal items after he was finished. Interview on 12/28/23 with staff A revealed he was not aware of any formal training programs that client #1 was working on. Interview on 12/28/23 with staff C revealed staff were working on client #1 to set his placesetting and to slow down his pace of eating at mealtime.	W 242	The facility will ensure for any newly admitted client, an initial team meeting is held, and program objectives are developed to address personal skill training needs, within 30 days of admission. For Client #1, the QP and/or QA will coordinate and facilitate a team meeting to review the status of formal training objectives and provide updates as applicable. For Client #1, training objectives will be developed and filed in the client's record. The QP will in-service all staff on Client #1's training objectives. The QP, QA and/or program manager will monitor in the home weekly to ensure implementation of client #1's personal skills training objectives. QA and/or Regional Director will monitor client records monthly to ensure continued compliance with development and implementation of personal skills training for all clients.	2/9/2024 2/9/2024 2/9/2024 2/9/2024	

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W 242	Continued From page 9 Further interview revealed client #1 requires physical assistance in performing bathing, dressing, toothbrushing, grooming and home living tasks. Interview on 12/28/23 with staff D revealed he was not aware of specific training programs that client #1 was working on but that he required physical assistance in performing bathing, dressing, toothbrushing, grooming and home living tasks. Interview on 12/29/23 with the regional director confirmed a comprehensive functional assessment for client #1 could not be located and that training has not been developed in the areas of dining, bathing, toothbrushing, home living since his admission on 9/21/23.	W 242	For all clients, the facility will ensure implementation of individual program plan (IPP) interventions to include but not limited to supports, services, strategies, and formal training objectives. For clients #1, #4, #5 and #6 the program manager and QP will provide in-service training to all staff on implementation of the IPP interventions. For Client #4, the IPP interventions of cleaning his bedroom, oral hygiene, and leisure will be implemented and integrated by staff throughout the home routine.	2/9/2024	
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. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to consistently implement supports, services and formal programming to clients in the facility. This affected 4 of 5 clients (#1, #4, #5 and #6). The	W 249	Staff will receive training on Client #6's IPP to address choices of leisure activities, formal training, and implementation of the active treatment schedule. Staff will receive training on Client #1' diet, IPP guidelines, strategies, or training relative to mealtime needs and other applicable training. The QP will consult with the Nurse and Nutritionist concerning any changes to the diet and monitoring of weights. The program manager, QA and/or QP will provide weekly observations in the home to ensure implementation of the IPP for all clients.	2/9/2024	

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W 249	<p>Continued From page 10 findings are:</p> <p>A. During observations on 12/28/23 in the facility from 1:45pm-2:45pm client #4 remained in his bedroom asleep. Staff A was working and did not check on him, interact with him or offer any activities to him.</p> <p>During observations at the facility on 12/28/23 client #4 remained in his bedroom asleep from 3:30pm-5:55pm. He was not offered any choices of activities or programs. Staff B and staff C were working. At 5:55pm, staff B walked in client #4's bedroom to wake him for supper.</p> <p>Observation on 12/28/23 of the activity cabinet revealed several board games and activities that could be offered for leisure choice. Observation of a memorandum posted on the wall for the client's active treatment schedule indicated from 4:00pm until 6:00pm was leisure choice, arts and crafts activities.</p> <p>Review on 12/29/23 of client #4's IPP dated 11/22/22 revealed he has the following formal training programs that are to be trained on 1st and 2nd shift: Cleaning his bedroom, following an oral hygiene routine and participating in a leisure activity.</p> <p>Interview on 12/28/23 with staff C revealed client #4 likes to sleep in the afternoons. However, opportunities were missed to train the client on his IPP objectives to support his active treatment program.</p> <p>Interview on 12/28/23 with the residential manager (RM) revealed client #4 remained at the facility from the workshop on 12/28/23 as a</p>	W 249			

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W 249	<p>Continued From page 11</p> <p>vocational contract had been discontinued and they had discontinued sending him to the vocational setting.</p> <p>Interview on 12/29/23 with the Regional Director revealed direct care staff should be engaging clients in leisure activities of their choice and training on formal goals in the afternoon when they return from work before supper in the evenings</p> <p>B. During observations in the facility on 12/28/23 from 3:30pm-6:00pm client #5 remained in his bedroom or walked in the hallway of the facility talking with staff B and staff C. No activities or formal programs were offered. Staff B asked client #5 if he would like to help in the kitchen for meal preparation but client #5 walked out of the kitchen and did not return to the dining room until supper was ready at 6:00pm.</p> <p>Review of client #5's written training programs revealed he has formal programs to complete oral hygiene tasks, complete a laundry routine, complete an exercise routine and household cleaning routine.</p> <p>Observation on 12/28/23 of the activity cabinet revealed several board games and activities that could be offered for leisure choice. Observation of a memorandum posted on the wall for the client's active treatment schedule indicated from 4:00pm until 6:00pm was leisure choice, arts and crafts activities.</p> <p>Interview on 12/29/23 with the Regional Director revealed direct care staff should be engaging clients in leisure activities of their choice and training on formal goals in the afternoon when</p>	W 249		

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OMB NO. 0938-0391

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W 249	<p>Continued From page 12 they return from work before supper in the evenings.</p> <p>C. During afternoon observations from 3:30pm-6:00pm client #6 remained in his bedroom except for medication administration at 5:30pm. He was not offered any activities or formal training programs. Client #6 declined eating supper with his housemates and stated he wanted to use his gift card he received for the holiday to eat breakfast out the following day.</p> <p>Observation on 12/28/23 of the activity cabinet revealed several board games and activities that could be offered for leisure choice. Observation of a memorandum posted on the wall for the client's active treatment schedule indicated from 4:00pm until 6:00pm was leisure choice, arts and crafts activities.</p> <p>Review on 12/28/23 of client #6's IPP dated 11/28/23 revealed the following active treatment programs: follow a laundry routine, will iron a garment, and clean his bedroom. None of these formal programs or other leisure activities were offered during observations on 12/28/23.</p> <p>Interview on 12/29/23 with the Regional Director revealed direct care staff should be engaging clients in leisure activities of their choice and training on formal goals in the afternoon when they return from work before supper in the evenings.</p> <p>D. During observations of mealtime on 12/28/23 at 6:00pm, staff D prepared client #1's plate in the kitchen and precut his meat loaf before bringing his plate to the table. Staff C poured client #1's beverages for him. Client #1 asked about a food</p>	W 249		

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W 249	Continued From page 13 item in the pantry, when staff did not respond, he did not finish his meal, got up from the dining room table and walked away. Staff D removed his plate and took it into the kitchen in case he decided to finish his meal later in the evening. Staff C and staff D did not prompt client #1 to assist with bringing his plates, cups to the table or removing his meal items after he was finished. No other snack items or meal substitutions were offered. Review of client #1's nutritional evaluation revealed he has a regular pre-cut diet without any portion restrictions. His ideal weight range is listed as 125-150 pounds. Review on 12/29/23 of client #1's weights since his admission on 9/21/23 revealed the following: Admission on 9/21/23: 132 pounds November: 124.6 (lost 7.4 pounds) December: 120.8 pounds (has lost 12 pounds since admission)	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252			

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W 252	Continued From page 14 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure data for the objective training included in the individual program plans (IPP's) for 3 of 5 clients in the home (#4, #5 and #6) was documented adequately to determine accomplishment of the objectives. The findings are: A. Review on 12/28/23 of client #4's program book revealed he had written training programs to: Clean his bedroom with 100% verbal prompts for 12 consecutive review periods, follow oral hygiene routine for 10 consecutive review periods, and participate in a leisure routine for 5 minutes. Review of his data book revealed the following: Cleaning bedroom: September: no data October: no data November: no data December: no data Following oral hygiene routine: September: no data October: no data November: no data December: no data Participate in a leisure routine for 5 minutes: September: no data October: no data November: no data December: no data B. Review on 12/28/23 of client #5's program book revealed he had written training programs to	W 252	The facility will ensure that all staff complete documentation (data collection) relative to training objectives in accordance with each client's IPP. For Clients #4, #5, and #6, the QP and program manager will in-service all staff on data collection relative to all training objectives. The program manager will monitor in the home twice weekly to review status of all clients' training objectives to ensure data collection and continued compliance. The QP and/or QA will monitor in the home weekly as well to ensure data collection and/or documentation of all training objectives per each client's IPP.	2/9/2024 2/9/2024 2/9/2024

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W 252	<p>Continued From page 15</p> <p>complete oral hygiene tasks, complete a laundry routine, complete an exercise routine and household cleaning routine. Review of his data book revealed the following:</p> <p>Complete oral hygiene tasks: September: no data October: no data November: no data December: no data</p> <p>Complete laundry routine: September: no data October: no data November: no data December: no data</p> <p>Complete an exercise routine: September: no data October: no data November: no data December: no data</p> <p>Household cleaning routine: September: no data October: no data November: no data December: no data</p> <p>C. Review on 12/28/23 of client #6's program book revealed the following programs: Follow a laundry routine, Will iron a garment, and clean his bedroom. Review of his data book revealed the following:</p> <p>Follow laundry routine: September: No data October: data on the 12th-17th, 28th November: no data</p>	W 252		

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W 252	Continued From page 16 December: no data Will iron garment: September: no data October: data on the 12th-17th, 28th November: no data December: no data Clean his bedroom: September: no data October: no data November: no data December: no data Interview on 12/29/23 with the Regional Director revealed she was unaware that direct care staff were not collecting data on client #4, #5 and #6's training programs. Further interview revealed she had assumed the residential manager may be monitoring data collection, however admitted additional training and monitoring may be needed in this area.	W 252			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) 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 reviews and interviews, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 5 audit clients (#6). The finding is: During observations on 12/28/23 in the facility from 3:30pm-6:00pm, the surveyor asked staff C, who was the designated medication technician, at	W 368			

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W 368	<p>Continued From page 17</p> <p>3:30pm if any of the clients in the facility received afternoon medications. Staff C stated he was not certain but would check the electronic medication administration record (EMAR). At 5:15pm, staff C had not given any afternoon medications but was in the office looking at the EMAR.</p> <p>Review on 12/28/23 of the paper medication administration record (MAR) at 5:15pm revealed the following for client #6: Clonidine 0.1mg. Give (1) tablet by mouth twice daily at 8am, 4pm and Benztropine Mesylate 1 mg. Give (1) tablet by mouth twice daily at 8am, 4pm. Further review revealed Metformin 850mg. Give (1) tablet by mouth twice daily with meals 8am, 5pm.</p> <p>Interview on 12/28/23 with staff C revealed medication can be administered one hour before or up to one hour after the prescribed medication administration time. Further interview revealed he was outside the medication administration time for client #6's Clonidine and Benztropine as he thought staff A had administered these medications before he left his shift at 3:30pm.</p> <p>During continued observations in the facility on 12/28/23 at 5:30pm, staff C contacted the residential manager (RM) and then administered Benztropine Mesylate 1 mg. and Clonidine 0.1 mg. Staff C asked client #6 if he had a snack when he returned from the vocational setting at 3:15pm and he answered he had crackers. Staff also administered Metformin 850mg. (1) tablet that client #6 took with water. Staff C did not confirm what snack client #6 had eaten, what time it was eaten nor did he offer additional snack choices.</p> <p>Observations on 12/28/23 of supper at the facility</p>	W 368	<p>The facility will ensure each client's medication(s) is administered in accordance with physician's orders.</p> <p>For clients #1, and all other clients in the home, the QP will schedule in-service training for all medication trained staff- assigned to the home.</p> <p>The RN will be present to provide this in-service training on each client's medication regimen.</p> <p>For Client #6 staff will be given specific instructions by the RN on administration of evening medications at 4PM and 5PM accordingly per physician's orders and the MAR. In addition, for Client #6, staff will be instructed to administer his Metformin at 5PM with his evening meals- in accordance with physician's orders.</p> <p>The program manager will monitor twice a week in the home during the evening and morning medication pass to ensure compliance.</p> <p>The QP, QA and/or RN will monitor the medication pass weekly in the home to ensure continued compliance.</p>	<p>2/9/2024</p> <p>2/9/2024</p> <p>2/9/2024</p> <p>2/9/2024</p> <p>2/9/2024</p>	

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W 368	<p>Continued From page 18</p> <p>at 6:00pm, revealed that client #6 declined eating supper with his housemates and was not offered any other meal items or snack choices.</p> <p>Interview on 12/29/23 with the Regional Director confirmed that direct care staff A should have communicated before leaving his shift with the RM or with staff C regarding medications that were to be administered at 4pm. Further interview confirmed staff C should have confirmed what time client #6 had eaten before he administered Metformin 850mg.</p>	W 368		
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