

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

PRINTED: 06/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL SERVICES, INC. RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6310 MOUNT HERMAN CHURCH ROAD DURHAM, NC 27705		
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W 210	<p>INDIVIDUAL PROGRAM PLAN 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 Occupational Therapy (OT), Physical Therapy (PT) and vision evaluations for 2 of 2 newly admitted audit clients (#3 and #8). The findings are:</p> <p>A. Review on 6/17/24 of client #3's record revealed he had not received his OT, PT and vision evaluations. Further review revealed client #3 was admitted to the facility on 10/30/23.</p> <p>During an interview on 6/17/24, program manager confirmed client #3 had not received his OT, PT and vision evaluations.</p> <p>B. Review on 6/17/24 of client #8's record revealed he had not received his OT evaluations. Further review revealed client #8 was admitted to the facility on 12/19/23.</p> <p>During interview on 6/18/24, program manager confirmed client #8 had not received his OT evaluation.</p>	W 210			
W 213	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(ii)</p> <p>The comprehensive functional assessment must identify the client's specific developmental strengths. This STANDARD is not met as evidenced by: Based on record review and interview, the facility</p>	W 213			

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 213	Continued From page 1 failed to ensure 2 of 3 audit clients (#5 and #8) Independent Daily Living Assessment (IDLA) had been done. The finding are: A. Review on 6/17/24 of client # 8's Individual Program Plan (IPP) dated 10/10/23 revealed he was admitted to the facility on 12/19/23. Further review revealed client #8 does not have a IDLA. During interview on 6/18/24, the program manager confirmed client #8 did not have an IDLA. B. Review on 6/18/24 of client # 5's Individual Program Plan (IPP) dated 5/24/23 revealed she was admitted to the facility on 3/31/89. Further review revealed client #5 does not have a IDLA. During interview on 6/18/24, the program manager confirmed client #5 did not have and IDLA.	W 213			
W 217	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audit clients (#3) received an initial Nutritional assessment. The finding is: Review on 6/17/24 of client #3's record revealed there was no Nutritional assessment. Further review revealed client #3 was admitted to the facility on 10/30/23. During an interview on 6/17/24, program manager confirmed client #3 did not have a initial Nutritional assessment.	W 217			

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W 220	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 2 newly admitted clients (#3 and #8) received their initial speech/language assessments within 30 days of admission. The findings are:</p> <p>A. Review on 6/18/24 of client #3's record revealed he had not received his initial speech/language assessment within 30 days of admission. Further review revealed client #3 was admitted to the facility on 10/30/23.</p> <p>During an interview on 6/17/24, program manager confirmed client #3 did not have a speech/language assessment.</p> <p>B. Review on 6/18/24 of client #8's record revealed he had not received his initial speech/language assessment within 30 days of admission. Further revealed client #8 was admitted to the facility on 12/19/23.</p> <p>Interview on 6/17/24 , the program manager confirmed client #8 did not have a speech/language assessment.</p>	W 220			
W 221	<p>INDIVIDUAL PROGRAM PLAN 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 2 audit clients (#3). The finding is:</p>	W 221			

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W 221	Continued From page 3 Review on 6/17/24 of client #3's record revealed he had not received an auditory examination. Further review revealed client #3 was admitted to the facility on 10/30/23. During an interview on 6/17/24, program manager confirmed client #3 had not received his auditory examination.	W 221			
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, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#3 and #8) 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 and medication administration. The findings are: A. During meal observations in the home during the survey on 6/17 - 18/24, client #3's food was plated in the kitchen and bought to him by staff. Further observations revealed client #3's drinks were poured in the kitchen and bought to him by	W 249			

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W 249	<p>Continued From page 4</p> <p>the staff. At no time was client #3 prompted to participate in serving his food or pouring his liquids.</p> <p>Review on 6/18/24 of client #3's Independent Daily Living Assessment (IDLA) dated 1/8/24 revealed client #3 can independently serve himself an appropriate serving size from a large container using the appropriate utensils. Additional review revealed client #3 can pour liquids independently.</p> <p>During an interview on 6/18/24, program manager stated maybe client #3 can pour his liquids independently. Management staff revealed client #3's food was plated and brought to him due to a holdover from Coronavirus (COVID-19) procedures.</p> <p>B. During morning medication administration observations in the home on 6/18/24, management staff punched out client #3's pills and poured his water. At no time was client #3 prompted to participate in his own medication administration.</p> <p>Review on 6/18/24 of client #3's IDLA dated 1/8/24 revealed he can independently dispense medications from bottle or other container. Additional review revealed client #3 can pour liquids independently.</p> <p>During an interview on 6/18/24, program manager stated maybe client #3 can pour his liquids independently. Management staff did not know if client #3 can punch out his own pills.</p>	W 249			

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W 249	Continued From page 5 C. During lunch observation at the day program at 12:30pm , staff D fed client #8 his bowl of fruit. Client #8 fed himself the sandwich and fries. Review on 6/18/24 of client #8's functional skills assessment dated 12/4/23 revealed client #8 can eat with a fork independently, Interview on 6/18/24, program manager confirmed client #8 can fed himself independently.	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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure data relative to the accomplished of objective criteria was documented in measurable terms. This affected 1 of 3 audit clients (#8).The finding is: Review on 6/18/24 of client #8's Individual Program Plan (IPP) dated 10/10/23 revealed formal training programs for consuming 8 oz of water a minimum of 4 times daily preferably at meal and snack times 70% of the time for consecutive months. will utilize a visual schedule to facilitate successful transition 71% of the measured opportunities . The frequency of these goals are daily. Further review of data sheets for	W 252			

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W 252	Continued From page 6 the month of April 2024 revealed data was collected 10 times for the month. The month of May 2024 revealed data was collected for 1 day of the month of May.	W 252			
W 260	Interview on 6/18/24 the program manager revealed that staff had not documented the goals for the frequency they were written. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Behavior Support Plan (BSP) was revised at least annually. This affected 1 of 3 audit clients (#8). The finding is: Review on 10/23/23 of client #8's record revealed his BSP meeting was held 3/25/24. There was no additional documentation to show his BSP had been updated since that date.	W 260			
W 340	Interview on 6/18/24 the program manager revealed the BSP had not been finalized or sent to guardians at this time. NURSING SERVICES CFR(s): 483.460(c)(5)(i) 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:	W 340			

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W 340	Continued From page 7 Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to document in the medication administration record (MAR). The finding is: During medication administration observations in the home on 6/17/24, Staff A signed the MAR for three clients before they consumed their medications. Further observations of the MAR revealed Staff A's initials were signed in the columns for all three clients. During an interview on 6/18/24, program manager revealed staff are to put a dot in the column for the medications and then after the client consumes the medication, the staff are to go back and sign with their initials.	W 340			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(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: During medication administration observations in the home on 6/17/24 at 4:09pm. Staff A exited the medication room with a client. Further observations revealed both medication carts had keys in the locks and the carts were not locked. During an immediate interview, Staff A revealed she had been trained not to leave the medications unattended, because someone	W 382			

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W 382	Continued From page 8 might get the medications.	W 382			
W 436	<p>During an interview on 6/18/24, program manager stated medications should never be left unattended.</p> <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3 has access to his knee and back braces and client #5 had access to her lumbar roller. This affected 2 of 3 audit clients. The findings are:</p> <p>A. During observations in the home on 6/17 - 18/24 client #3 was observed not to be wearing his knee brace. At no time was client #3 prompted to wear his knee brace.</p> <p>During an interview on 6/18/24, client #3 told the surveyor he does not know where his knee brace was. Client #3 stated he could not locate the knee brace in his bedroom.</p> <p>During an interview on 6/18/24, program manager revealed a knee brace was recommended by PT.</p> <p>B. During observations in the home on 6/7/24 from 5:01pm - 5:45pm, client #3 was observed not to be wearing his back brace. Further observations revealed the back brace was on the</p>	W 436			

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W 436	<p>Continued From page 9</p> <p>floor of client #3's bedroom. At no time was client #3 prompted to wear his back brace.</p> <p>During an interview on 6/18/24, program manager revealed client #3's back brace was recommended by PT. Further interview revealed the back brace to assist with client #3's walking.</p> <p>C. During observations on 6/17/24, during day treatment activities, while sitting at the table for lunch and dinner client #5 was sitting without the lumbar roll, and staff did not offer her the lumbar roll. On 6/18/24, client #5 was observed during breakfast sitting without the lumbar roll, and staff did not offer her the lumbar roll.</p> <p>Record review on 6/17/2024 of client #5's physical therapy evaluation dated 8/10/23, revealed that she uses the portable lumbar roll to help her posture in sitting surfaces, and the lumbar roll should have been purchased for her use when sitting.</p> <p>Interview on 6/18/2024 at 9:20 am with the Program Manager revealed that client #5 primarily uses her lumbar roll while at the day program because of the chairs.</p> <p>Interview on 6/18/2024 with another Program Manger revealed that client #5 has a lumbar roll, and she uses it in day treatment; it is sometimes in another staffs office and staff gives it to her during the day.</p>	W 436			
W 441	<p>EVACUATION DRILLS</p> <p>CFR(s): 483.470(i)(1)</p> <p>and under varied conditions to-</p>	W 441			

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W 441	Continued From page 10 This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #15) residing in the home. The finding is: Review on 6/17/24 of the facility's fire drills revealed there were no fire drills conducted in, February, March, April, and May 2024. Interview on 6/18/24, the Program Manager confirmed the drills were missing for February, March, April and May 2024.	W 441			
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 review and interview, the facility failed to ensure 2 of 3 audit clients (#5 and #8) received the specially prescribed diet as indicated. The finding is: A. Observations on 6/17/24 at the day program at approximately 12:30pm, client #8 was at the lunch table. Client #8 received a mini sandwich, waffle fries and a fruit bowl. The waffle fries were a whole consistency. Record review of client #8's nutritional evaluation dated 3/16/24 revealed diet of 1800-2000 calories bite size pieces to avoid choking.	W 460			

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W 460	Continued From page 11 Interview on 6/18/24, the program manager confirmed client #8 fries should have been cut into bite size pieces. B. During observations in the facility on 6/17/24 at 12:20 pm, client #5 was seated at the table for lunch. Client #5 received a chopped ham and cheese melt sandwich with un-chopped sweet potato fries. Observations in the facility on 6/17/24 at 5:10 pm, client #5 was seated at the table for dinner. Client #5 received chopped broccoli, and unchopped Orzo pasta. Further observations in the facility on 6/18/2024 at 6:30 am, client #5 received a whole banana and a whole slice of wheat bread to eat with the cereal. Record review on 6/18/24 of client #5's nutritional evaluation dated 5/30/2024 revealed a prescribed diet of 1200 calories minced/moist texture. Interview on 6/18/24 with Program Manager revealed that client should have received a minced/moist diet, but noted recent dietary guidelines they received indicated that chopped meant minced/moist. Interview on 6/18/24 with additional Program Manager revealed that Client #5's diet should be of minced/moist consistency.	W 460			