

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

PRINTED: 07/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER FOX RUN/ROBIN'S NEST GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3845 ROBIN'S NEST ROAD LA GRANGE, NC 28551		
(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 111	<p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain a recordkeeping system that accurately reflected 1 of 4 audit clients (#7). The findings are:</p> <p>During observations throughout the survey on 7/1/24 and 7/2/24, client #7 was not observed to wear knee pads. She was not observed to fall to the floor.</p> <p>Review on 7/1/24 of client #7's individual program plan (IPP) dated 8/16/23 revealed she wears knee pads during waking hours.</p> <p>Review on 7/1/24 of client #7's behavior support plan (BSP), dated 10/15/23, revealed she has intermittent episodes of self-injurious behaviors that place her at risk for injury, to include falling to the floor on her knees. She should wear padding over her knees during her waking day. Padding may be sewn into her pants or placed on underneath her pants to minimize pads falling down around her ankles or being removed.</p> <p>Interview on 7/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #7 does not wear knee pads anymore and they are no longer in her plan. No documentation was not presented to support the IPP or BSP had changed to eliminate the use of knee pads.</p>	W 111			
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p>	W 249			

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 249	Continued From page 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 reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services and identified in the Individual Program Plan (IPP) in the area of leisure activity. This affected 1 of 4 audit clients (#7). The finding is: Throughout observations in the home (Robin's Nest) on 7/1/24 and 7/2/24, client #7 did not participate in activities or meal preparation. Observation in the home on 7/1/24 from 3:50pm to 6:00pm revealed clients and staff in the den dancing to music videos as dinner was prepped. Client #7 was in her bed the entire time. On 7/2/24 from 6:30am to 7:45am, client #7 sat in a chair in the den before breakfast as her peers either danced or participated in meal preparation. Staff were not observed to prompt her to participate in dancing, walking, chores, meal preparation or group activity. Review on 7/1/24 of client #7's IPP, dated 8/16/23, revealed she should be encouraged to have activity plans to increase mobility such as household chores, dancing, walking, or anything	W 249			

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W 249	Continued From page 2 to increase mobility and promote weight loss gradually. Review on 7/1/24 of client #7's nutritional evaluation, dated 8/8/23 revealed she should be encouraged in activities to increase mobility such as chores, dancing, walking, anything to increase mobility to promote weight loss. Review on 7/2/24 of client #7's behavior support plan (BSP), dated 8/15/23, revealed she should be involved in a meal preparation activities each day, if possible, as part of altering her setting. The activities should involve making a dish from ingredients listed on her "free food" chart. In addition, she should have a structured routine. Interview on 7/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #7 had recently had a medication change and had become irritable with a decreased desire to participate in activities. The facility consulted with the psychologist to determine it would take two to four weeks for her medication change to be effective. However, the QIDP acknowledged staff should prompt client #7 to be more active and participate with the group.	W 249			
W 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility	W 371			

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W 371	<p>Continued From page 3</p> <p>failed to ensure training in the area of medication administration for 1 of 4 audit clients (#2). The finding is:</p> <p>During observations of medication administration in the home on 7/1/24 at 5:35pm, Staff D was observed to prepare client #2's medications without client #2 being present. Staff D secured medications from cart, popped pills into a pill cup, crush all pills, poured powder into a container of pudding, and stirred the pudding and medicaitons. She then called out for client #2 to come to the medication room for administration. Client #2 walked to the medication room. Staff D then called for client #2's peer to bring a cup of water for client #2 and proceeded to spoon-feed client #2 her medicine. Client #2 walked out of the medication room briefly, and Staff D prompted her to return to drink her water. Client #2 returned to the medication room, grabbed her water, and walked out of the room. At no time was client #2 offered the opportunity to participate in medication administration, nor did she have medications explained to her.</p> <p>Review on 7/2/24 of client #2's individual program plan (IPP), dated 1/11/24, revealed she takes medications while observed by staff to ensure medications are being swallowed. Her skills include getting her own drink cup and disposing of the cup in the medication room. In addition, she can take her medications with assistance. No training goals were included for medication administration.</p> <p>Review on 7/2/24 of client #2's adaptive behavior assessment (ABI) revealed she uses a spoon independently to eat.</p>	W 371			

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W 371	Continued From page 4 Interview on 7/2/24 with the facility nurse revealed client #2 does not always cooperate with medication administration and can move quickly. Therefore, staff have to be with her and assist to ensure she does not lose or spill medication. However, staff should encourage clients to participate in medication administration for independence. In addition, client #2 can get her cup, feed herself, and be prompted to participate. Interview on 7/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2's behavior may require staff to mix her medications, but she is capable of feeding herself the pudding with medications and should have the opportunity to participate.	W 371			
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 record review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is: Review on 7/1/24 of the facility's fire drills conducted June/2023 through June/2024 revealed the following drills within the same one-hour time: *2nd Shift Drills (Fox Run): 5/28/24 at 4:15pm, 2/26/24 at 4:25pm, 11/22/23 at 4:25pm, and 8/25/23 at 4:25pm *3rd Shift Drills (Fox Run): 6/26/24 at 6:05am, 3/26/24 at 6:36am, 12/22/23 at 5:05am, 9/25/23 at 5:30am	W 441			

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W 441	Continued From page 5 *3rd Shift Drills (Robin's Nest): 6/26/24 at 6:15am, 3/26/24 at 6:22am, 12/22/23 at 5:45am Interview on 7/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed drills should be varied.	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 observation, record review and interview the facility failed to ensure clients received a modified and specially-prescribed diet as indicated. This affected 2 or 4 audit clients (#7 and #11). The findings are: A. During dinner observations in the home on 7/1/24, client #7 was served and consumed salad with fat-free dressing, one portion of Hamburger Helper with pasta, 1/2 garlic bread, one portion of broccoli, and a snack pack sugar-free pudding. During breakfast observations in the home on 7/2/24, she was served two pancakes, two pieces of turkey bacon, and one large serving of grits. She was not offered 8 oz. of Crystal Light prior to any meal. Review on 7/1/24 of client #7's individual program plan (IPP), dated 8/16/23, revealed a prescribed, weight loss diet of 1200 calories. Her diet should include low cal snacks, whole raw fruit and veggies, with fiber mix at lunch, as well as a large salad at lunch and supper. She may have water	W 460			

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W 460	<p>Continued From page 6</p> <p>before meals, as well as fat-free, sugar-free condiments for all meals. Her diet should be strictly followed so that starches are limited to only one per meal. For breakfast, she may have either 1/2 cup of bran, 1 slice whole grain bread, or 1/2 cup of oatmeal. For lunch and dinner, she should receive only 1 serving of starchy food.</p> <p>Review on 7/2/24 of client #7's nutritional evaluation, dated 8/8/23, revealed fluids should be encouraged with offering 8 oz. of Crystal Light or water before the meal. Seconds should only include salad, diet gelatin, or extra lean meat.</p> <p>Interview on 7/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #7 is on a weight loss diet, but the nutritionist had stated she could have all food on the menu as long as it was not a sugary food. In addition, client #7 is not required to have water prior to meals. However, no documented change in offering Crystal Light prior to meals or allowance of more than one starch per meal was presented.</p> <p>B. During lunch observations in the home on 7/1/24, client #11 was served and consumed salmon. His prescribed diet meal card was placed beside his plate. He was not offered a substitute for fish.</p> <p>Review on 7/1/24 of client #11's prescribed diet meal card revealed he should not receive fish.</p> <p>Review on 7/1/24 of client #11's IPP, dated 6/6/24, revealed client 11's diet as a whole regular diet, with no seafood allowed due to allergy. Additionally, staff should monitor Chinese food such as fried rice, spring rolls, salad dressing, sauces like steak and Worcestershire sauce,</p>	W 460			

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W 460	<p>Continued From page 7</p> <p>soups broths, and dishes prepared with fish based sauces by always reading the ingredients when eating at restaurants for food preparation precautions.</p> <p>Review on 7/2/24 of client #11's nutritional evaluation, dated 7/29/22, revealed an allergy to seafood. No seafood or fish is to be consumed.</p> <p>Interview on 7/2/24 with the Residential Supervisor revealed that client #11 is allergic to seafood and his IPP, as well as his nutritional evaluation confirms he is not to be served seafood. In addition, the meal card placed on the table by staff also confirms he should not have seafood. He is to receive a substitute.</p> <p>Interview on 7/2/24 with the QIDP revealed client #11 is allergic to seafood according his IPP and nutritional evaluation. He should be served a substitute.</p>	W 460			