

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

PRINTED: 07/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEVEN OAKS ROAD-DURHAM</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>614 SEVEN OAKS ROAD DURHAM, NC 27704</b>		
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W 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 4 audit clients (#2 and #4) included specific information to support their independence. The findings are:</p> <p>A. During dinner observations in the home on 7/22/24 at 5:05pm, client #4 used one hand to stabilize her steak on the plate and used the fork in her other hand to pull the steak apart. No knives were available at the table. Once the Site Supervisor (SS) observed client #4 was having difficulty with her meat, she retrieved a knife from an office and cut up client #4's meat for her. During additional observations on 7/23/24 at 7:06am, during the breakfast meal, client #4 used one hand to stabilize her waffles on the plate and used the fork in her other hand to pull the waffles apart. No knives were available at the table.</p> <p>Interview on 7/22/24 with the SS revealed all knives had been removed from the kitchen several months ago after another client in the home had a behavior outburst involving a knife.</p> <p>Review on 7/23/24 of client #4's Community Home Life Assessment (CHLA) revealed she can use a knife independently. Additional review of the client's IPP dated 10/29/23 revealed no information regarding the need for knives in the home to be kept out of the kitchen or how client #4's use and access to a knife would be supported, if needed.</p>	W 240			

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 240	Continued From page 1  Interview on 7/23/24 with the Program Manager confirmed knives in the home are kept in the office after the behavior incident involving another client; however, access to knives was not addressed for other clients in the home.  B. During observations in the home and at the day program throughout the survey on 7/22 - 7/23/24, client #2 participated in tasks such as playing video games in his bedroom, reading a menu, and identifying letters. Client #4 did not wear eyeglasses. The client was not prompted or encouraged to wear eyeglasses.  Interview on 7/23/24 with Staff A revealed client #2 lost his eyeglasses which are in the process of being replaced but has readers.  Review on 7/22/24 of client #2's IPP dated 6/11/24 revealed he uses glasses for his vision to be used "as needed". Additional review of the client's vision examination reports dated 8/11/22 and 10/11/23 revealed, "Myopia, Astigmatism". Further review of client #2's IPP did not provide specific information regarding his eyeglasses and their use.  Interview on 7/23/24 with the Site Supervisor (SS) and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 has eyeglasses which would be worn at certain times during the day like when he is playing video games in his room. Additional interview indicated staff should be prompting the client to wear his eyeglasses. The interview confirmed client #2's IPP did not provide specific information regarding when his eyeglasses should be used.	W 240		

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W 288 W 288	Continued From page 2 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #2's inappropriate behavior was included in a formal active treatment program. This affected 1 of 4 audit clients. The finding is:  During observations in the home on 7/22/24, knives were kept in an office of the home. No knives were located in the kitchen or used by clients at meals.  Interview on 7/22/24 with the SS revealed all knives had been removed from the kitchen several months ago after client #2 had a behavior outburst involving a knife.  Review on 7/22/24 of client #2's Behavior Support Plan (BSP) dated 9/25/24 revealed an objective to reduce episodes of target behaviors to 0 per month for 12 consecutive months. The BSP identified target behaviors of noncompliance, takeing food/drinks, verbal aggression, physical aggression, psychotic symptoms and putting his hands in his pants. Additional review of the plan did not indicate knives should kept in an office to address client #2's inappropriate behaviors.  Interview on 7/23/24 with the Program Manager confirmed knives had been removed from kitchen due to client #2's behavior; however, this technique was not included in his current BSP.	W 288 W 288			

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W 460	<p><b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1 received her modified diet as indicated. This affected 1 of 4 audit clients. The finding is:</p> <p>During dinner observations in the home on 7/22/24 at 5:05pm, client #1 was served steak, broccoli and pinto beans. Staff D added gravy to the steak and ground it up in a food processor while the broccoli and pinto beans were placed on the plate and mashed with a fork. Closer observation of the steak revealed it was minced, thick and dry while the broccoli had visible stems/florets throughout. Client #1 consumed the food items without difficulty.</p> <p>During breakfast observations in the home on 7/23/24 at 7:06am, Staff B ground up a sausage patty and waffles together in a food processor and placed it on client #1's plate. The mixture was ground, moist and thick. Client #1 consumed the food items without difficulty.</p> <p>Interview on 7/22/24 with Staff D revealed client #1 receives minced meat and "mushy moist" food. The staff stated, "It's not really pureed." Interview on 7/23/24 with Staff B indicated client #1's meats are pureed and other foods are "mashed on her plate".</p> <p>Review on 7/23/24 of client #1's Nutritional</p>	W 460			

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W 460	<p>Continued From page 4</p> <p>Assessment dated 5/21/24 and a diet list (dated 2/20/24) posted in the home revealed she receives a 1200 calorie diet with "Puree Meats, all other foods Mechanical soft/ground consistency. Moisten foods as needed." Additional review of food consistency descriptions/pictures posted in the kitchen of the home indicated for mechanical soft/ground consistency, "ALL FOODS MUST BE GROUND IN in the processor for a few seconds and moistened with broth/gravy, other sauces/dressings as needed with minimal chewing required." Further review of the list noted for pureed foods, "ALL FOODS pureed in the processor with hot/cold liquids added as needed to achieve smooth creamy consistency. No chewing required. Appearance is SMOOTH/LIKE PUDDING, not too runny."</p> <p>Interview on 7/23/24 with the Site Supervisor (SS) confirmed client #1 receives pureed meats with other foods ground and moist and staff should be following the descriptions posted in the home.</p>	W 460			