

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

PRINTED: 06/14/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2024
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NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303
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(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
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E 004	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p>	E 004	<p style="text-align: center;">RECEIVED JUL 01 2024 DHSR-MH Licensure Sect</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Brad Secret BS, QP</i>	TITLE	(X6) DATE <i>6.26.24</i>
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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.

Plan of Correction
6.5.2024 Annual Survey
Thomas S. Decatur Group Home
Standard Level Deficiencies Noted to be corrected by 8.4.2024.

E004

Clinical Team will review the Emergency Preparedness Plan (EP) and update if needed. If changes are made, Clinical Team will inservice staff of these changes. Clinical Team will review the plan annually for any needed updates. This deficiency to be corrected by 8.4.2024.

E006

Clinical Team will review the EP and update to include an all-hazards approach Risk Assessment including missing clients. Clinical Team will inservice staff of these changes. Safety Manager will review the plan annually for any needed updates. This deficiency to be corrected by 8.4.2024.

E018

Clinical Team will review the EP and develop a system to track on-duty staff and sheltered patients in the facility's care during an emergency. Clinical Team will inservice staff of these changes. Clinical Team will review the plan annually for any needed updates. This deficiency to be corrected by 8.4.2024.

E022

Clinical Team will review the EP and develop a shelter-in-place policy. Clinical Team will inservice staff of these changes. Clinical Team will review the plan annually for any needed updates. This deficiency to be corrected by 8.4.2024.

E023

Clinical Team will review the EP and develop an emergency medical records storage system. Clinical Team will inservice staff of these changes. Clinical Team will review the plan annually for any needed updates. This deficiency to be corrected by 8.4.2024.

E030

Clinical Team will review the EP and develop a system to identify clients and guardians. Clinical Team will inservice staff of these changes. Clinical Team will review the plan annually for any needed updates. This deficiency to be corrected by 8.4.2024.

E039

Clinical Team will review the EP and conduct a full-scale exercise to test the EP. Clinical Team will inservice staff of these changes. Clinical Team will review the plan annually for any needed updates. This deficiency to be corrected by 8.4.2024.

W104

Clinical Team will purchase new dining room chairs for Thomas S. Decatur Group Home. Clinical Team will monitor with safety assessments conducted in the home at least monthly. This deficiency to be corrected by 8.4.2024.

W148

The Qualified Professional will contact client #1's guardian to notify the guardian of the client's health status. The Qualified Professional will inservice staff and House Manager to completing Level I incident reports properly. The Clinical team will review Incident Reports as they are generated to ensure guardians have been contacted for any needed status changes. This deficiency to be corrected by 8.4.2024.

W153

The Qualified Professional will contact law enforcement for the substantiated abuse of client #3 on 4.29.2024. The Clinical team will review Incident Reports and Investigations to ensure law enforcement has been notified for any allegations of abuse, neglect, or exploitation. This deficiency to be corrected by 8.4.2024.

W159 A-D

The Qualified Professional will follow up on Client #3's scheduling of assessments with clinicians. The Qualified Professional will review Client #1's progress with the formal objective to walk upstairs independently and review, revise, or replace the formal objective. The Qualified Professional to review and inservice client #2's formal objectives with staff to properly document the results of training formal objectives. The Qualified Professional will review the ABIs for clients #1, 2, and 3 and update them as needed. The clinical team will review the ABI assessments to ensure they are up-to-date during regular chart reviews. This deficiency to be corrected by 8.4.2024.

W210 – call hospital to see if they will do the referrals for speech, nutrition, PT, OT

The Qualified Professional will follow-up with Client #3's GP to have the referrals identified in the initial appointment to be scheduled by the referring clinicians. The clinical team will review the ABI assessments to ensure they are up-to-date during regular chart reviews. This deficiency to be corrected by 8.4.2024.

W217 A-C

The Qualified Professional will schedule clients #1-3 with a registered dietitian to evaluate their nutritional needs. The clinical team will review the ABI assessments during regular chart reviews. This deficiency to be corrected by 8.4.2024.

W252 A-B

The Qualified Professional will inservice staff regarding clients #1 and 2 for their formal objectives to be documented properly. The clinical team will review the ABI assessments to ensure they are up-to-date during regular chart reviews. This deficiency to be corrected by 8.4.2024.

W255

The Qualified Professional will review client #1's formal objective to walk upstairs independently. The Qualified Professional will review, revise, or replace the formal objective based on findings and inservice staff with any changes made to the objective. The Qualified Professional the formal objectives at least monthly for progress made on the objective's goals. This deficiency to be corrected by 8.4.2024.

W259 A-C

The Clinical Team to review and update the Comprehensive Functional Assessment for clients #1-3. The clinical team to monitor the Comprehensive Functional Assessments to ensure it is up-to-date during regular chart reviews. This deficiency to be corrected by 8.4.2024.

W262 A-C

HRC to review Behavior Support Programs for clients #1-3. The clinical team to monitor the HRC's review of each BSP during regular chart reviews. This deficiency to be corrected by 8.4.2024.

W263

The Clinical Team to revise the current Behavior Support Plan for Client #3. The Qualified Professional to acquire the guardian's approval for the plan. The Clinical team to monitor the BSP consent to ensure it is up-to-date during regular chart reviews. This deficiency to be corrected by 8.4.2024.

W289 Staff will be trained with NCI training before 8.4.24

The NCI Trainer to train staff when it is appropriate to use an NCI holds and when it is not appropriate. NCI Trainer to train staff at least annually. This deficiency to be corrected by 8.4.2024.

W331 A & B

Nurse to review clients fully during assessments. Qualified Professional to inservice staff to contact the nurse when health concerns arise. The clinical team to monitor with regular chart reviews. This deficiency to be corrected by 8.4.2024.

W454

The Qualified Professional to inservice staff to clean up after someone has had a toileting accident. This cleaning is to include the area where the Toileting Accident occurred. The clinical team to monitor with assessments at least monthly. This deficiency to be corrected by 8.4.2024.

W487

Clinical Team to meet and discuss options to have different available food items that can be offered to client #3 when all other attempts have been exhausted to gain his cooperation with eating his meal(s) at the dining room table. Clinical Team to monitor with assessments at least monthly to ensure this food is available to client #3. This deficiency to be corrected by 8.4.2024.