

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

PRINTED: 08/14/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER CHANDLER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 342 CHANDLER ROAD DURHAM, NC 27707		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 2 of 4 audit clients (#1and #6) were afforded privacy during personal care and toileting. The findings are:</p> <p>During observations in the home on 8/12/24 at 5:00 pm, client #1 went into the bathroom pull down his pants and used the bathroom with the bathroom door open. While client #6 walked out of his bedroom down the hallway to the bathroom wearing a adult diaper no pants and a tee shirt. Further observation on 8/13/24 at 7:30am staff C was assisting client #6 with his shower with the bathroom door open and client #1 walked in the bathroom while client #6 was showering and pulled down his pants and sat on the toilet. The home supervisor then walked down the hallway and closed the door.</p> <p>Review on 8/13/24 of client #1's Individual Personal Plan (IPP) dated 2/28/24 reveals he requires assistance for closing doors for privacy.</p> <p>Review on 8/13/24 of client #6's IPP dated 10/19/23 reveals he requires assistance for closing doors for privacy.</p> <p>Interview on 8/13/24 the interim home supervisor confirmed the doors should be closed during personal care time and while the consumers are using the bathroom.</p>	W 130			
W 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p>	W 210			

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 210	Continued From page 1 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 initial evaluations for 1 of 1 newly admitted audit client (#3). The findings are: The facility failed to obtain initial evaluations within 30 days of admission for client #3. Review on 8/12/24 of client #3's record revealed he had not received a physical therapy, vision and audiological evaluation . Further review revealed client #3 was admitted to the facility on 6/12/24. Interview on 8/13/24, the Program Administrator confirmed client #3 was a new admission and evaluations should have been completed. Client #3 was a transfer from another house and was unsure these evaluations needed to be completed.	W 210			
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 1 newly admitted client (#3) received an initial Nutritional assessment. The finding is: Review on 8/12/24 of client #3's record revealed	W 217			

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W 217	Continued From page 2 there was no nutritional assessment. Further review revealed client #3 was admitted to the facility on 6/12/24 .	W 217			
W 220	During an interview on 8/13/24, program administrator confirmed client #3 did not have a initial Nutritional assessment. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) 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 1 of 1 newly admitted client (#3) received an initial speech/language assessment within 30 days of admission. The finding is: Review on 8/12/24 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 6/12/24.	W 220			
W 262	Interview on 8/13/24, program administrator confirmed client #3 did not have a speech/language assessment. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observation, record review and	W 262			

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W 262	Continued From page 3 interview, the facility failed to ensure techniques used to manage inappropriate behaviors were reviewed and monitored by the human Rights Committee (HRC) for 1 of 4 audit clients (#3). The finding is: Observations in the home throughout the survey on 8/12/24 and 8/13/24, Staff A was observed wearing a key chain around her wrist to unlock the refrigerator and cabinets in the kitchen. The client in the home were never observed to use the key to retrieve food items. Record review on 8/13/24 of client #3 behavior support plan (BSP) signed 6/3/24 failed to identify locked kitchen cabinets and a locked refrigerator. Interview on 8/13/24 staff B revealed the clients steal food that's why the cabinets are locked. Client #3 has not stolen any food. Interview on 8/13/24 the program administrator confirmed the locks should be included into the current BSP.	W 262			
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 review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 or 4 audit clients (#1). The finding is: During morning observations in the home on	W 368			

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W 368	Continued From page 4 8/13/24 at 7:48am, the medication technician was observed administering Sertraline 100mg to client #1. Record review on 8/13/24 of client #1's physician's orders dated 4/11/24 revealed an order for "Sertraline 100mg. Take 1 tablet by mouth every night. " Interview on 8/13/24 with the nurse confirmed that the order reads that the Sertraline should be given at night, however the pharmacy enters the information in to the computer once the orders are received and the pharmacy has the order in the computer wrong.	W 368			
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 interviews, the facility failed to ensure 2 of 4 audit clients (#1 and #5) received their specially prescribed diet as indicated. The findings are: Observations in the home on 8/12/24 at 4:15pm client #1 and #5 sat down at the table for snack. Client #1 received a snack bag of potatoe chips and Client #5 received a snack bag of corn chips. Record review of client #1's nutritional evaluation dated 2/20/19 revealed a regular diet of dime ¼ pieces with double portions.	W 460			

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W 460	Continued From page 5 Record review of client #5 nutritional evaluations dated 10/19/23 revealed a regular diet consistency diet cut into ¼ pieces, and thin liquids. Interview on 8/13/24 the program administrator revealed client #1 and #5 should have received there prescribed diets at snack time.	W 460			