

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

PRINTED: 12/08/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/06/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTHRIDGE ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 SOUTHRIDGE RD JAMESTOWN, NC 27282</b>
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W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the person-centered plan (PCP) included interventions to support 1 of 3 sampled clients (#5) during mealtimes. The finding is:</p> <p>Observations in the group home on 12/6/23 at 5:37 PM revealed client #5 to participate in the dinner meal. The dinner meal consisted of the following: meatloaf, rice, broccoli, dinner roll, milk, water, and ice cream for dessert. Observations also revealed client #5 to use the following adaptive equipment during the dinner meal: scoop plate and small spoon. Continued observations at 5:37 PM revealed client #5 to participate in the dinner meal as his scoop plate continued to slide forward. Observations revealed staff C to use her left hand to position her hand in front of the plate to prevent it from slipping forward as client #5 continued to participate in the dinner meal.</p> <p>Review of the record for client #5 on 12/6/23 revealed a PCP dated 6/1/23. Continued review of the record for client #5 revealed an occupational therapy (OT) assessment dated 10/6/23 which indicated the client has the following adaptive equipment: scoop plate, small spoon, wheelchair and gait belt. Review of the nutritional summary dated 10/2/23 revealed client #5 is on a mechanical soft diet. Review of the record did not reveal a prescribed dycem mat to</p>	W 227	<p>W227</p> <p>The interdisciplinary team will meet to develop a person-centered plan for client #5, to include training objectives to meet the client's needs, and will develop a goal to best support client #5 during mealtimes.</p> <p>RTL will obtain an updated OT assessment for client #5 and retrain all staff on updated adaptive equipment.</p> <p>RTL will retrain all staff on the updated person-centered plan and training objectives for client #5.</p> <p>Targeted completion Date: 2/3/2024</p> <p style="text-align: center;"><b>RECEIVED</b> 12/10/2023 DHSS-IMH Licensure Sect</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Kevin Clark, Statewide ACF Director*

TITLE  
*12/20/2023*

(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 227	Continued From page 1 use during mealtimes.  Interview with the home manager (HM) on 12/6/23 revealed client #5 eats independently during mealtimes with staff prompts and adaptive equipment. Interview with the HM also revealed client #5 has access to a dycem mat to use, however the dycem mat has not been prescribed for regular use during mealtimes.  Interview with the qualified intellectual disabilities professional (QIDP) revealed client #5 does not use a dycem mat as an intervention and/or mealtime guidelines. Further interview with the QIDP revealed client #5 could benefit from using a prescribed dycem mat during mealtimes to improve his level of independence.	W 227		
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 reviews, and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders for 2 of 6 clients (#2 and #5) observed receiving medications. The findings are:  A. An observation on 12/06/23 at 7:48a.m. during medication administration, Staff E dispensed Tamsulosin 0.4mg (1), Calcium Tab 600mg (1), Carbamazepin CHW 100mg (1), Furosemide Tab 20mg (1), Sertraline Tab 50mg (1), Rosuvastatin Tab 5mg (1), GNPVite Cap 200units (3), Fiber Powder (1 Tbsp.), and Fluticasone Propionate	W 368	W368 RTL and/or Designee will retrain all staff on following physician orders. Monarch will continue to follow all physician orders by 1/19/2024. Monarch's adverse medication policy was followed regarding this citation.	

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W 368	<p>Continued From page 2</p> <p>Nasal Spray. Client #2 ingested all pills with a cup of water.</p> <p>Review on 12/06/23 of client #2's physician's orders signed 10/05/23 revealed, "Carbamazepin CHW 100mg; chew 1 tablet by mouth 3 times a day."</p> <p>Interview on 12/06/23 with the Nurse confirmed Carbamazepin should have been chewed per physician order prior to other medications.</p> <p>B. An observation on 12/06/23 at 8:04a.m. during medication administration, Staff E dispensed Fexofenadine 180mg Tab (1), Levetiraceta 500mg Tab (1), Donepezil 10mg Tab (1), Pantoprazole 40mg Tab (1), Tamsulosin 0.4mg (1), Risperidone 0.25mg Tab (1), Flurometholoine USP 0.1.%, Megestrol SUS 625mg/5m 5ml. Staff E crushed all pills except Tamsulosin and Risperidone. Client #5 ingested 2 pills with a cup of water and crushed pills with apple sauce.</p> <p>Review on 12/06/23 of client #5's physician's orders signed 10/10/23 revealed, "Pantoprazole Tab 40mg, take one Tablet by mouth daily, DO NOT CRUSH".</p> <p>Interview on 12/06/23 with the Nurse confirmed client #5's Pantoprazole should have not been crushed per physician's orders.</p>	W 368	This page is intentionally left blank.	
W 371	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(4)</p> <p>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</p>	W 371		

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W 371	<p>Continued From page 3</p> <p>is an appropriate objective, and if the physician does not specify otherwise.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure 2 of 6 clients (#2 and #5) were provided the opportunity to participate in medication self-administration or provided teaching relative to name, purpose, and side effects of medications administered. The findings are:</p> <p>A. The system of drug administration failed to assure client #2 was provided the opportunity to participate in medication self-administration. For example:</p> <p>Observation on 12/06/23 at 7:48 a.m. revealed client #2 entered the medication room. Staff E prepared medications for administering by assisting Client # 2 with punching them into the medication cup. Staff E dispensed Tamsulosin 0.4mg (1), Calcium Tab 600mg (1), Carbamazepin CHW 100mg (1), Furosemide Tab 20mg (1), Sertraline Tab 50mg (1), Rosuvastatin Tab 5mg (1), GNPVite Cap 200units (3), Fiber Powder (1 Tbsp.), and Fluticasone Propionate Nasal Spray. Further observation revealed Staff E prompted Client #2 to take pills with a cup of water/fiber powder. Subsequent observation revealed Staff E to place one spray of Fluticasone nasal spray in each nostril. Client #2 was not observed to receive any training during medication pass or to participate beyond receiving medications from Staff E.</p> <p>Record Review on 12/06/23 for client #2 revealed a LTSS Skill Assessment dated 03/06/23. Continued review of the Skill assessment</p>	W 371	<p>W371</p> <p>Residential Team Leader or designee will retrain all staff on medication education during medication passes, to include providing the opportunity for clients to punch out medications by 1/19/2024. Residential Team Leader or designee will monitor by completing medication observations for at least 1 time per week for 4 weeks.</p>	
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W 371	<p>Continued From page 4 revealed client #2 can participate in medication administration but relies on others for accuracy and safety.</p> <p>Interview with the Nurse on 12/06/23 verified client #2 should participate in the medication administration with staff providing the basic teaching of name of medications and reason for the medications.</p> <p>B. The system of drug administration failed to assure client #5 was provided the opportunity to participate in medication self-administration. For example:</p> <p>Observation on 12/06/23 at 8:04 a.m. revealed client #5 entered the medication room. Staff E removed medication packets from a locked medication closet and prepared medications for administering by punching them into the medication cup. Staff E dispensed Fexofenadine 180mg Tab (1), Levetiraceta 500mg Tab (1), Donepezil 10mg Tab (1), Pantoprazole 40mg Tab (1), Tamsulosin 0.4mg (1), Risperidone 0.25mg Tab (1), Flurometholoine USP 0.1.%, Megestrol SUS 625mg/5m 5ml. Further observation revealed Staff E poured 5ml of Megestrol into a cup and poured into Client #5's mouth. Staff E placed one drop of Flurometholoine in each of client #5's eyes. Subsequent observation revealed Staff E poured medications into apple sauce and fed to client #5. Client #5 was not observed to receive any training during medication pass or to participate beyond taking medications from Staff E.</p> <p>Record Review on 12/06/23 for client #5 revealed a LTSS Skill Assessment dated 05/15/23. Continued review of the Skill assessment</p>	W 371	This page is intentionally left blank.	
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W 371	<p>Continued From page 5 revealed client #5 can participate in medication administration but relies on others for accuracy and safety.</p> <p>Interview with the Nurse on 12/06/23 verified client #5 should participate in the medication administration with staff providing the basic teaching of name of medications and reason for the medications.</p> <p>Facility Policy and Procedure Manual dated 01/27/17 on Medication Administration revealed "Staff may provide educational information as outlined in the agency policy on medication education, to include what medication(s) the individual is taking, what it is for, and possible side effects of the medication."</p>	W 371		
W 448	<p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(2)(iv)</p> <p>The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate all problems with evacuation drills specific to the analysis of the timeliness of the evacuation: The finding is:</p> <p>Review of facility fire drill reports from 10/04/22 through 11/16/23 revealed staff documented extended times to complete the evacuation; 7 of 14 evacuation duration times exceeded three minutes. Continued review of the fire drills revealed no identified reason or issue with the evacuations that reflected an extended evacuation time. Review of fire drills for the review year revealed the following:</p>	W 448	<p>W448 RTL or designee will retrain all staff on completion of fire drills to include evacuation times, and reporting problems to RM/RTL when fire drills have extended evacuation times, and to include documentation of extended evacuations by 1/19/2024. It is to be noted that a person supported who had several instances of refusing to evacuate during drills is no longer supported at this site.</p> <p>RM/RTL will review monthly fire drills that are completed over the next 3 months, monitoring will be ongoing to ensure that documentation is completed accurately, and fire drill issues are noted if any.</p>	

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W 448	<p>Continued From page 6</p> <p>12/10/22 - 3rd - 5.30 minutes 1/10/23 - 1st- 5.30 minutes 2/10/23 -2nd- 9.00 minutes 5/5/23 - 2nd- 3.30 minutes 6/7/23 - 3rd - 5.30 minutes 9/7/23 - 3rd - 14.00 minutes 11/16/23 -2nd- 3.18 minutes</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 12/06/23 revealed she was not aware of the extended times noted on the fire drills and that they were reviewed by the QA/QI staff. Continued interview with the QIDP confirmed no inquiry or investigation had been conducted regarding the extended evacuation times and that she was unsure of the facility's fire drill policy extended time frame. Further interview with the QIDP verified there should be documentation to support any extended evacuation time during a drill.</p>	W 448	This page is intentionally left blank.	
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