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W 000	INITIAL COMMENTS A recertification and complaint survey were completed on 8/27/24 to 8/28/24 for intakes #NC00221018 and #NC00221147. The complaints were unsubstantiated, however a related deficiency was cited at W156. Additional deficiencies were cited as a result of the recertification.	W 000		
W 110	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that includes a separate record for each client and; This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to develop a system to maintain complete electronic clinical records for each client that remained readily available for review. This affected 6 of 6 of the audit clients (#1, #2, #3, #4, #5 and #6). The findings are: A. Record review on 8/27/24 of client #1, client #2 and client #4's individual program plans (IPP) and behavior support plans (BSP) were delayed one hour waiting for the qualified intellectual disabilities professional (QIDP) to transport the records to the facility from her office. B. Record review on 8/27/24 of client #4 and client #6's Physician's Orders was incomplete due the home manager and QIDP working at the home, not having access to the electronic records. On 8/27/24, Nurse A made an evening visit to the home, but was unable to access the electronic records to deliver to the surveyor for review.	W 110		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 110	Continued From page 1	W 110		

C. Record review on 8/27/24 of client #2's Incident Response Improvement System (IRIS) report for a new injury observed on 8/19/24 was not available for review. On 8/28/24, the QIDP did not bring a copy of the IRIS report to the home, with the investigation summary to review. On 8/28/24, Nurse A brought copies of client #2's emergency room report on 8/19/24 to the home for review.

D. Record review on 8/28/24 of client #2's abuse investigation (IRIS) report from 8/22/24 was not provided from the QIDP.

E. Record review on 8/28/24 of data collection for client #4's habilitation goals were not available for immediate review by the QIDP and Home Manager (HM), until the Behavior Specialist (BS) arrived at the home to print them. The BS, QIDP and HM did not have data analysis of the progress met on each of client #4's goals.

F. Record review on 8/28/24 of client #4's quarterly pharmacy drug review to determine the date a depression medication was discontinued, required the assistance of the nurse. The nurse printed a report at the home for review that was not attached to client #4's separate pharmacy record.

Interview on 8/28/24 with Staff B revealed she received a copy of the clients' physician's orders last night from Nurse A after the surveyor exited.

Interview on 8/28/24 with Nurse A confirmed she had to drive to the facility in order to print her nursing notes, pharmacy records and emergency room records that were requested for review. Nurse A also revealed she needed to call the

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W 110	Continued From page 2 Habilitation Specialist, working at another location, in order to have client #4's data analysis for habilitation goals read over the phone, to make available for review. Interview on 8/28/24 with the QIDP confirmed the facility could not assign the surveyor with credentials to access the clients electronic records. The QIDP acknowledged that she needed for different staff to come to the home to drop off the reports, to finish record review. Interview on 8/28/24 with the Quality Assurance (QA) Manager acknowledged the facility did not have a manner for the surveyor to access the clients' electronic records and that external reports had not been attached to the records as well.	W 110		
W 112	CLIENT RECORDS CFR(s): 483.410(c)(2) The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each clients' healthcare information was stored separately to maintain confidentiality. This affected 6 of 6 of the audit clients (#1, #2, #3, #4, #5 and #6). The finding is: Record review on 8/28/24 of the clients' quarterly drug regimen reviews (DRR) from September 2023 to June 2024 revealed a printed batch of printed DDR records of 60 named clients, from various group homes in their region. The reports contained some of the various 60 clients names and medications medications prescribed. Each	W 112		

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W 112	Continued From page 3 quarter the pharmacist compiled a list of combined group home clients, who did not have recommendations for changes. Interview on 8/28/24 with Nurse A revealed she looked for individual electronic pharmacy records in the compute and could not find any. The nurse acknowledged when she printed the DDR report for the group home, it released a batch report of multiple client's pharmacy information from their region. Interview on 8/28/24 with Nurse B revealed she reviews the DDR reports and acknowledged the report contained multiple clients from different group homes in the records. Interview on 8/28/24 with the Quality Assurance Manager revealed there should be a way separate each clients' pharmacy records to attach to individual electronic records, instead of getting a batch report.	W 112		
W 156	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the investigation report was completed within 5 working days. This affected 1 of 6 audit clients (#2). The finding is: Record review on 8/28/24 of the Incident Response Improvement System (IRIS) report for an incident on 8/19/24 involving client #2,	W 156		

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W 156	Continued From page 4 revealed she sustained a nasal contusion for an unknown reason. The Qualified Intellectual Disabilities Professional-B (QIDP-B) was assigned as the investigator. The investigation was submitted to IRIS on 8/20/24. Interview on 8/27/24 with the QIDP-A revealed the investigation was assigned to QIDP-B. Interview on 8/28/24 with the QIDP-B revealed she had completed the Working 5 day report but unable to submit without the Administrator's signature; who is on leave. The QIDP-B acknowledged the report was supposed to be completed by 8/26/24. The QIDP-B revealed, she had submitted an extension to submit the report on 8/28/24.	W 156		
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure clients individual program plan (IPP) was reviewed and revised after the client failed to make progress on objectives. The affected 1 of 6 audit clients (#4). The finding is: During observations in the home, 8/27/24 to 8/28/24, client #4 was observed to have disheveled, oily hair gathered in a ponytail.	W 257		

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W 257	Continued From page 5 Record review on 8/28/24 of client #4's IPP dated 10/11/23 revealed she completed 0% of her goal to wash her hair using with verbal cues at 80% accuracy by 4/7/24. In addition, client #4 completed 32.5% of her goal to take her medications, without refusal, by 4/7/24. Client #4 refused 100% of her goal to allow staff to assist her to complete thorough bathing by 4/7/24. Interview on 8/28/24 with Client #4 revealed she allowed Staff B to wash her hair a few days ago and acknowledged she had not washed it herself. Interview on 8/28/24 with Staff B revealed client #4 had the physical skills to wash her body, shampoo hair and take her medications, but her willingness to do it depended on her moods. Staff B revealed client #4 usually refused to perform her goals and was marked down for refusal. Interview on 8/28/24 with the Habilitation Specialist acknowledged client #4 had not made progress on her personal hygiene and medication goals. Interview on 8/28/24 with the Qualified Intellectual Disabilities Professional revealed client #4 had not made progress on her personal hygiene goals and also had medication changes on her self-medication goals. The QIDP acknowledged she should have revised the goals to reflect the data collected.	W 257		
W 362	DRUG REGIMEN REVIEW CFR(s): 483.460(j)(1) A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.	W 362		

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W 362	Continued From page 6 This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to maintain quarterly drug regimen reviews (DDR) in each clients' chart. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The finding is: Record review on 8/28/24 revealed the new pharmacist did not review clients #1, #2, #3, #4, #5 or #6 quarterly DDR in September, 2023. Interview on 8/28/24 with Nurse A revealed she was unaware the DDR was not completed last September because she has to go into their software database in order to review them.	W 362		
W 364	DRUG REGIMEN REVIEW CFR(s): 483.460(j)(3) The pharmacist must prepare a record of each client's drug regimen reviews and the facility must maintain that record. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure pharmacy performed a complete drug regimen review (DDR) for each client quarterly and maintained the record in each chart. This affected 6 of 6 of audit clients (#1, #2, #3, #4, #5 and #6). The findings are: A. Record review on 8/28/24 revealed the pharmacist did not forward a separate and complete DDR for clients #1, #3, #5 and #6, to maintain in each chart, on 9/7/23, 12/5/23, 3/4/24 and 6/1/24. B. Record review on 8/28/24 revealed the	W 364		

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W 364	Continued From page 7 pharmacist did not forward a separate and complete DDR for client #2, to maintain in her chart on 9/7/23. C. Record review on 8/28/24 revealed the pharmacist did not forward a separate and complete DDR for client #4, to maintain in her chart, on 9/7/24 and 6/1/24. Interview on 8/28/24 with Nurse A revealed the facility uses electronic records, which the pharmacists accesses offsite. Nurse A revealed she was unaware there were missing DDR reports for clients #1, #2, #3, #4, #5 and #6 because she has to go into a report to download it for review. Nurse A acknowledged the DDR reports had not been attached to the individual charts for the clients and revealed the quarterly DDR reports contained one document for all 60 clients served in their district. Interview on 8/28/24 with Nurse B revealed every quarter she checked the DDR reports from the pharmacy to make sure they were received. Nurse B did not have an explanation for the reason the reports were not separated for each clients electronic record. Interview on 8/28/24 with the Quality Assurance (QA) Manager revealed their software could produce individual DDR reports to maintain on each clients' electronic file. The QA Manager acknowledged they would need to communicate instructions to staff to gather these reports and attach to the clients record.	W 364		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)	W 368		

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W 368	Continued From page 8 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 observation, record review and interview, the facility failed to administer the medication for 1 of 6 audit clients (#6) based on Physician's Orders. The finding is: Observation on 8/28/24 at 7:19am revealed Staff A giving client #6 Omeprazole 40mg after he completed breakfast. Record review on 8/28/24 of the Physician's Orders for client #6 prescribed Omeprazole 40mg to be taken at 8:00am, 30 minutes before breakfast. Interview on 8/28/24 with Staff A revealed she was aware that client #6 had already consumed breakfast however, she was giving the medication afterwards based on the time to be given on the order. Interview on 8/28/24 with Nurse A revealed she was not aware the order for client #6's Omeprazole was written to be received after he ate breakfast.	W 368		
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 varying times and conditions. The finding is: Record review on 8/27/24 of monthly fire drills	W 441		

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W 441	Continued From page 9 revealed the following: First Shift Drills 10/5/23 at 8:05am 1/3/24 at 8:21am 7/21/24 at 8:45am Third Shift Drills 3/8/24 at 1:08am 5/3/24 at 1:56am 6/3/24 at 1:00am Interview on 8/28/24 with the Home Manager revealed staff would need to be retrained on times to complete the drills.	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 observations, record review and interview, the facility failed to ensure modified diets were prepared at the correct consistency for 2 of 6 audit clients (#1 and #3). The findings are: A. During observation in the home on 8/27/24 at 6:35pm, Staff C prepared a minced and moist consistency of pork chop and green beans for client #1. On the cabinets of the kitchen were enlarged pictures of puree diet textures. Client #1 was observed to consume the food without incident. Record review on 8/27/24 of client #1's Individual	W 460		

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W 460	Continued From page 10 Program Plan (IPP) from 1/24/24 revealed a dietary order of a regular pureed diet. B. During observation in the home on 8/27/27 at 6:35pm, Staff B used a fork to cut up a baked pork chop into 3/4"-1" bite size pieces. Client #3 was observed to consume the food without incident. Record review on 8/27/24 of client #3's IPP from 12/27/23 revealed a dietary order of coarsely chopped food into 1/4"-1/2" pieces due to missing front teeth. Interview on 8/28/24 with the Home Manager revealed all staff were trained by the dietician last year on modifying diets. The HM confirmed their dietary orders were current.	W 460		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that food was served at proper temperatures. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The finding is: During dinner observations in the home on 8/27/24 at 5:42pm, Staff C cooked dinner and had already removed the mashed potatoes, baked pork chops and green beans from the stove. The food sat in uncovered plastic bowls on the counter. Staff C started pureeing the food at 5:50pm, took the temperature of the foods at 6:05pm and reheated them at 6:15pm. The temperature ranged from 120-150 degrees. The bowls of food were covered with plastic wrap,	W 473		

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W 473	Continued From page 11 returned to the counter, before being placed on the dining room table at 6:25pm; the clients sat down at 6:35pm. Interview on 8/27/24 with Staff C revealed that her objective was to ensure the hot foods were served at 140 degrees. Interview on 8/28/24 with the Home Manager revealed when she walked past the kitchen at dinnertime, she noticed the food was not covered and told Staff C to get lids. The Home Manager revealed staff have been trained to serve hot food at 140 degrees.	W 473		