

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/04/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOORE COUNTY HOME FOR AUTISTIC ADULTS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1112 DEVONSHIRE TRAIL ABERDEEN, NC 28315</b>
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W 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> 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, interviews, the facility failed to ensure 3 of 4 audit clients (#2, #3 and #5) were afforded privacy during medication administration.</p> <p>During observations in the home on 9/4/24 between 7:00am-7:30am client #2 entered the medication room the door to the room was left open. Staff A named medications that were being administered and listed side effects. Other clients would walk down the hall to the bathroom which was across the hall from the medication room. Further observation revealed client #3 and client #5 while being administered medications, the door to the medication room was left opened, and staff and clients were walking up and down the hallway during medication administration.</p> <p>Interview on 9/4/24 the facility nurse confirmed when medications are being administered, the door to the medication room should be close to offer privacy for each client.</p>	W 130		
W 154	<p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on document reviewed and interview, the facility failed to ensure and unknown injury were thoroughly investigated. This affected 1 of 4 audit clients (#1). The finding is:</p>	W 154		

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 154	Continued From page 1 Review of the facility documents did not reveal an investigation had not been completed regarding the incident on 1/29/24. Further review of client #1 incident report and nursing notes attached to medical consultant forms of a surgery on 1/31/24 on client #1 left arm. Follow up appointments continuing to 5/1/24 referring to a broken arm.  Interview on 9/4/24 the qualified intellectual disabilities professional (QIDP) revealed she gathered statements but did not conduct and investigation. QIDP confirmed she was not sure of how client #1 broke her arm that resulted in her having to have surgery.	W 154			
W 220	<b>INDIVIDUAL PROGRAM PLAN</b> 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 review and interview, the facility failed to assure the individual program plan (IPP) for 2 of 4 sampled clients (#2 and #5) included a current assessment of the client's speech and language development and needs. The findings are:  A. Observations during the 9/4- 9/5/24 survey revealed client #2 to be non-verbal. He followed directions when assisting with meal preparation and walking about the home. However, he did not communicate choices through visuals.  Review on 9/4/24 of client #2's IPP, dated 9/26/23, revealed he communicates with limited verbalizations and gestures and has a need to improve his skills in communication.	W 220			

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W 220	<p>Continued From page 2</p> <p>Review on 9/5/24 of client #2's most recent speech therapy evaluation, dated 7/12/12, revealed he is referred to annual developmental evaluations, including speech therapy. In addition, he can use a picture-symbol board for communication.</p> <p>Interview on 9/5/24 with the Qualified Intellectual Disabilities, Professional (QIDP) revealed client #2 most recent speech evaluation would be in his book. She confirmed that the most recent evaluation was in 2012 and client #2 did not have a communication board.</p> <p>B. Observations during the 9/4- 9/5/24 survey revealed client #5 to be non-verbal. During transitions between activities choices, he sat and stared at staff, waiting for direction. He was not offered the use of a communication board. Staff were not observed to use sign language.</p> <p>Review on 9/4/24 of client #5's IPP, dated 10/20/23, revealed he communicates through gestures and independently obtaining what he wants. In addition, he has a need to improve his skills in communication.</p> <p>Review on 9/5/24 of client #5's most recent speech therapy evaluation, dated 11/20/12, revealed he uses a communication board for routines, as well as some limited sign language.</p> <p>Interview on 9/5/24 with the Qualified Intellectual Disabilities, Professional (QIDP) revealed client #5 most recent speech evaluation would be in his book. She confirmed that the most recent evaluation was in 2012 and client #5 did not use a communication board.</p>	W 220			

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

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W 454 W 454	Continued From page 3 <b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observation and interview the facility to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This affected 1 of 4 audit clients (#5)  Observation on 9/4/24 at 7:30am, staff A assisted client #5 punch pill pack with the pill falling on to the counter and staff A picked up the pill with her hand and placing it into the pill cup with other medications.  Interview on 9/4/24 staff A revealed the pill didn't hit the floor and that it was fine.  Interview on 9/4/24 the facility nurse revealed that the pill should have been considered contaminated. Staff A should have called the nurse and administered another pill and called the pharmacy to order a replacement pill.	W 454 W 454			