

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

PRINTED: 11/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER SCI-EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 338 COOPER DRIVE WINTERVILLE, NC 28590		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#9) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive equipment. The finding is:</p> <p>Observations throughout the survey on 11/18 - 11/19/24 in the home revealed client #9 participating in table activities, home routine activities, and dining. He did not wear glasses, and staff did not prompt him to wear glasses.</p> <p>Review on 11/18/24 of client #9's IPP, dated 2/29/24, revealed he wears glasses. In addition, he has ongoing guidelines to maintain his glasses and to ensure he wears his glasses. The medication monitor is responsible for visually inspecting his glasses each morning, and staff should encourage him to wear his glasses throughout the day.</p> <p>Interview on 11/19/24 with Staff B revealed client #9 does have glasses, but he often does not keep</p>	W 249			

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 249	Continued From page 1 them on. Interview on 11/19/24 with Staff C revealed client #9 has glasses but does not prefer to wear them. Interview on 11/19/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #9 has glasses. Staff should prompt him to put them on. Interview on 11/19/24 with the Director revealed client #9 has glasses but often does not keep them on. However, staff should prompts him to wear his glasses and make them available.	W 249			
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 1 of 4 audit clients (#7) received his specially prescribed diets as indicated. The finding is: During observations in the home on 11/19/24 at 7:50am, client #7 was served and consumed oatmeal, three turkey sausage links and one piece of toast. The sausage links and toast were cut into 1" pieces. Client #7 did not have any issues eating his meal. Review on 11/18/24 of client #7's Individual Program Plan (IPP), dated 6/20/24, revealed a prescribed calorie controlled diet with chopped	W 460			

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W 460	<p>Continued From page 2 consistency.</p> <p>Review on 11/19/24 of client #7's physician orders, dated 8/23/24, revealed he should have all food textured to chopped consistency.</p> <p>Interview on 11/19/24 with Staff A revealed client #7 should have chopped food items.</p> <p>Interview on 11/19/24 with the Qualified Individual Disabilities Professional (QIDP) revealed client #7 should have chopped consistency and not 1" pieces.</p>	W 460			