

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

PRINTED: 12/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G157		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2024	
NAME OF PROVIDER OR SUPPLIER MINERAL SPRINGS I AND II				STREET ADDRESS, CITY, STATE, ZIP CODE 410 & 414 MINERAL SPRINGS ROAD DURHAM, NC 27707			
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W 000	INITIAL COMMENTS			W 000			
W 130	<p>A recertification and complaint surveys were completed on 12/10/24 for intakes #NC00224565 and NC00224562; the allegation was substantiated and no deficiencies were cited. During the recertification, deficiencies were cited.</p> <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 1 of 6 audit clients (#3) were afforded privacy during personal care and toileting. The finding is:</p> <p>Observations in the home on 12/10/24 at 6:45am, client #3 was observed in the bathroom using the toilet with his pants down. The door to the bathroom was open, and during the observation, a staff yelled from the front of the home for client #3 to close the door.</p> <p>Record review on 12/10/24 of client #3's Adaptive Behavior Inventory (ABI) dated 4/2/24 requires assistance and reminders to close doors and ensure privacy.</p> <p>Interview on 12/10/24 the home supervisor revealed staff should follow client #3 to the bathroom to ensure privacy is provided.</p>			W 130			
W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the</p>			W 189			

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 189	<p>Continued From page 1</p> <p>employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the disposable of medications and the usage of disposable gloves. The findings are:</p> <p>A. During morning medication administration on 12/10/24 in the home at 9:24am, client #7 dropped a capsule on the floor. Staff B let client #7 continue with the medication administration and he opened up the capsule and put the contents into his applesauce. Client #7 was observed consuming the contents of the capsule.</p> <p>During an interview on 12/10/24, Staff B revealed the capsule should have been replaced with another one.</p> <p>During an interview on 12/10/24, the facility's nurse stated Staff B should have been called and she would have instructed staff to replace client #7's capsule with another one.</p> <p>B. Dinner preparation observations in the home on 12/9/24 at 5:00pm, Staff B wore latex gloves while touching various surfaces and objects in the meal preparation area. The staff entered the kitchen pantry to retrieved food items and then to turn off the alarm in the dinning area. Staff B then returned to the meal preparation area and preceded to prepare dinner and place food items in serving dishes.</p> <p>Further morning observations in the home on</p>	W 189			

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W 189	Continued From page 2 12/10/24 at 8:30am Staff C wore latex gloves while preparing breakfast in the kitchen while touching various surfaces. Staff C moved a clients wheelchair closer to the table then went back into the kitchen to bring more dishes to the table. The staff was not observed t change her gloves during this observation.	W 189			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) implementation. This affected 5 of 6 audit clients (#3, #8, #9, #11 and #12). The findings are: Observation in the home on 12/10/24 at 7:00am-8:30am, clients #3, #9, #8, #11 and #12 sat at the kitchen table with no activities or waiting	W 249			

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W 249	Continued From page 3 on breakfast. Interview on 12/10/24 with the home manager confirmed the clients usually sit at the table and wait for breakfast and to take their medications. Interview on 12/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should be involved in active treatment during the morning routine.	W 249			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 4 of 6 audit clients (#6, #7, #8 and #11). The findings are: A. Review on 12/9/24 of client #6's Behavior Support Plan (BSP) dated 7/1/24, revealed there is no signed BSP consent. Further review revealed client #6 has behavior medications. B. Review on 12/9/24 of client #7's BSP dated 10/1/24, revealed there there is no signed BSP. Further review revealed client #7 has behavior medications. During an interview on 12/10/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients #6, #7, #8 and #11 BSP consents did not have current written informed	W 263			

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W 263	Continued From page 4 consent from their legal guardians. C. Review on 12/9/24 of client #8's BSP dated 9/10/24 revealed there is no signed BSP. Further review revealed client #8 has behavior medications. D. Review on 12/10/24 of client #11's BSP dated 5/24/24 revealed there is no signed BSP. Further review revealed client #11 has behavior medications. During an interview on 12/10/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients #6, #7, #8 and #11 BSP consents did not have current written informed consent from their legal guardians.	W 263			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 2 of 6 audit clients (#11 and #9). The findings are: Observations in the home throughout the survey on 12/9/24 through 12/10/24, client #11's and #9's fingernails were noted to be very long.	W 340			

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W 340	Continued From page 5 Record review on 12/10/24 of client #11's Adaptive Behavior Inventory dated 4/2/24 revealed the client doesn't perform any portion of this skill in nail trimming. Record review on 12/10/24 of client #9's Adaptive Behavior Inventory dated 4/16/24 revealed the client doesn't perform any portion of this skill in nail trimming. Interview on 12/10/24 with the home manager revealed that all clients should have nails trimmed every Wednesday. Interview on 12/10/24 with the facility nurse revealed client #11's nails were long and needed trimming.	W 340			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #8 was furnished eye glasses as indicated. This affected 1 of 6 audit clients. The finding is: Observations in the home throughout the survey on 12/9-12/10/24, client #8 did not wear eye glasses. The eye glasses were unable to be located in the home. Review on 12/9/24 of client #8's individual	W 436			

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W 436	Continued From page 6 personal plan dated 10/1/24 listed eye glasses under the adaptive equipment section. The IPP revealed client #8 should be prompted to wear glasses. Interview on 12/10/24 with the Home Manager revealed should could not locate client #8 eye glasses and doesn't recall the last time seeing the eye glasses. Interview on 12/10/24 the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #8 should have eye glasses and be prompted to wear the eye glasses daily.	W 436			
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 food was served at the appropriate temperature. This potentially affected 2 of 6 (#6 and #7) audit clients. The finding is: During breakfast observations in the home on 12/10/24 at 8:15am, oatmeal were placed in a serving dish and at 8:18am, the sausage patties was placed in a serving dish. Further observations revealed client #5 began eating at 8:43am, followed by the other clients in the home. At no time were any of he clients' food reheated prior to them eating. During an interview on 12/10/24, Staff A stated food should be reheated after fifteen minutes, after sitting out. During an interview on 12/10/24, the Qualified	W 473			

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W 473	Continued From page 7 Intellectual Disabilities Professional (QIDP) revealed hot food should be reheated after sitting out.	W 473			