

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

PRINTED: 12/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G239		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2024	
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303			
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W 000	INITIAL COMMENTS A complaint survey was completed on 11/21/24 for intake #NC00223140. The complaint was substantiated. An immediate jeopardy was identified however the facility implemented a Plan of Protection and the immediate jeopardy was removed, and condition level deficiencies were cited. A revisit was also conducted for deficiencies cited on 6/4/24 and 9/3/24. Some deficiencies were corrected, however W217, W323, W331 and W347 remained out of compliance.			W 000			
W 122	CLIENT PROTECTIONS CFR(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility must This CONDITION is not met as evidenced by: The facility failed to ensure clients were not subjected to abuse or neglect (W127) and ensure all alleged violations are thoroughly investigated (W149). The cumulative effect of these systematic practices resulted in the facility's failures to provide statutory mandated services of client protections to its clients. An immediate jeopardy was determined on 11/21/24 relative to the facility's inability to protect its clients from elopements and engaging in high probability of serious injuries/or death, while communicating self-harm. An immediate jeopardy was identified however the facility implemented a Plan of Protection and			W 122			

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 122	Continued From page 1	W 122			
W 149	<p>the immediate jeopardy was removed, and condition level deficiencies were cited.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to assure its policies and procedures were implemented to prevent neglect and ensure client safety and supervision were followed for 1 of 3 audit clients (#3). The finding is:</p> <p>Record review on 11/21/24 of client #3's behavior support plan (BSP) dated 10/1/24 revealed self-harm (including threats of suicide), non-compliance and absence without official leave (AWOL) as some of his targeted behaviors. Client #'s 3 objective were: By 10/1/25, client #3's rate of disruptive behavior will be reduced to zero episodes per month for 6 consecutive months. Client #3 was prescribed Uzedey, Escitalopram, Clonazepam, Lithium Carb, Risperidone and Gabapentin for his behaviors and diagnosis of Bipolar Disorder, Post Traumatic Stress Disorder, Mild Intellectual Disability and Schizoaffective Disorder. He had previous psychiatric hospitalizations, with one as recently as 6/21/24 to 6/26/24. During this hospitalization, some of client #3's psychiatric medications: Divalproex, Guanfacine, Ingrezza, Melatonin and Prozasin, were discontinued.</p> <p>Further review revealed the BSP identified Preventive Strategies as: When making threats of self-harm, allow him to</p>	W 149			

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W 149	<p>Continued From page 2</p> <p>talk about his feelings and ensure he does not actively engage in self-harm or suicide. Only one staff should interact with him, during periods of aggression. If he begins to engage in self-injurious behaviors (SIB), staff should immediately block and redirect to prevent this behavior. A pillow or towel could be used to prevent injury. When non-compliant, only one staff is to verbally engage him, no more than 2x in a 10-minute period. Do not over prompt. Ask him if he would prefer another activity.</p> <p>Attempted AWOL- Maintain line of sight on him at all times, be sure to avoid drawing attention to the behavior. Let him know you will document his concerns and redirect him to another activity. All staff will be trained by the Psychologist, Program Manager or Qualified Intellectual Disabilities Professional (QIDP) in the appropriate implementation of program procedures.</p> <p>Record review on 11/21/24 of client #3's incident reports revealed numerous attempts since April, 2024 to elope from the home, threaten suicide, lay down in the road, and to bang his head repeatedly on the ground.</p> <p>- On 4/27/24 at 10:00 am, Staff K recorded while finishing up meds, client #3 went outside of the door, prompting Staff K to follow him outside. Client #3 fell out in the street and refused to get up when Staff K tried to assist him. After a few minutes, he got up and came back inside the home. Client #3 continued to make repeated attempts to leave the facility.</p> <p>- On 8/1/24 at 10:15 am, client #3 made a suicide threat to staff.</p> <p>- On 10/20/24 at 10:30 pm, Staff C revealed client #3 attempted to leave the facility and was</p>	W 149			

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W 149	<p>Continued From page 3</p> <p>stopped by staff. Client #3 then began to hit his head on the ground, prompting staff to use a pillow to prevent further harm. Client #3 was redirected to his room, when he told staff he would "kill himself". Staff stayed in the room with him until he fell asleep.</p> <ul style="list-style-type: none"> - On 11/14/24 at 7:30 pm, client #3 attempted an elopement. - On 11/15/24 at 12:00 pm, client #3 an attempted elopement and later during third shift, he successfully eloped from facility. - On 11/19/24 at 7:32 am, client #3 eloped from the facility. <p>Interview on 11/21/24 with the Home Manager (HM) revealed she was aware of the multiple elopements and had contacted the QIDP last week to notify him on 11/14/24 and 11/15/24.</p> <p>Interview on 11/21/24 with the QIDP revealed he was aware of the previous elopements but just received the incident reports from last week's incidents today. The QIDP acknowledged he did receive messages from the HM however, when she contacted him on 11/14/24 late evening, he was already in bed; when she contacted him on 11/15/24, "If he was busy in the middle of something, when reporting the AWOL, just can't assume he remembers everything." The QIDP confirmed he responded on 11/15/24 to the HM's messages and came to the home later that morning.</p> <p>Interview on 11/21/24 with the QIDP Supervisor revealed they have tried to get funding for 1:1 supports for client #3 before but it was denied. The QIDP Supervisor revealed the agency wanted to appeal the decision, but the guardian was not in agreement, because client #3 had</p>	W 149			

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W 149	Continued From page 4 been approved for funding in another program. The QIDP Supervisor acknowledged the guardian was already trying to coordinate discharging client #3 from the group home. Immediate Jeopardy (IJ) was identified on 11/21/24 at 5:00 pm and brought to the attention of the Home Manager, QIDP and QIDP Supervisor. A Safety Plan was put in place, which entailed a 1:1 immediately assigned to client #3, staff retrained on the his BSP and the Missing Person Policy by the home manager and before starting upcoming shifts; staff will ensure that all door alarms to exterior doors and client #3's bedroom door is kept open and checked and documented hourly by staff. All incidents will be immediately reported to the supervisor, who will also notify the nurse if client #3 exhibits suicidal behaviors. Staff will engage a 2 person transfer whenever client #3 is non-compliant in laying in the road, to ensure his safety. Staff will contact the police to report elopements, when they are unable to get client #3 to return to the home. The Plan of Protection was reviewed and accepted by the survey team on 11/21/24.			W 149			
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record review and interviews, the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to ensure the active treatment program for 1 of 3 audit clients (#3) was coordinated, integrated and monitored as needed. The finding is:			W 159			

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W 159	Continued From page 5	W 159			
W 195	<p>Cross Reference W249. The QIDP failed to ensure direct care staff implemented 1 of 3 audit clients (#3) behavior support plan was implemented consistently as written to redirect inappropriate behaviors.</p> <p>ACTIVE TREATMENT SERVICES CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p> <p>This CONDITION is not met as evidenced by: The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: To ensure specific objectives necessary to meet the client's needs (W196), to ensure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196 and W249).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to clients.</p>	W 195			
W 196	<p>ACTIVE TREATMENT CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive,</p>	W 196			

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W 196	<p>Continued From page 6</p> <p>consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: ased on interviews and record reviews, the facility failed to assure an aggressive and consistent active treatment program was provided for client #3. The finding is:</p> <p>Review on 11/21/24 of client #3's Individual Program Plan (IPP) dated 5/15/24 and Behavior Support Plan (BSP) dated 10/1/24 identified targeted behaviors included threatening self-harm, self-injurious behavior and attempted absence without official leave (AWOL).</p> <p>Cross reference W249. The team failed to assure that objectives were implemented and that sufficient interventions were used to maintain visual supervision of client #3, when communicating self-harm language, elopements from the home and when laying in the road, threatening suicide.</p>			W 196			
W 217	<p>INDIVIDUAL PROGRAM PLAN</p> <p>CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include nutritional status.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility</p>			W 217			

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W 217	<p>Continued From page 7</p> <p>failed to ensure 3 of 3 audit clients (#1, #2 and #3) received annual nutritional evaluations. The findings are:</p> <p>A. Record review on 6/4/24 of client #1's nutritional review revealed the last assessment was done on 4/19/23.</p> <p>B. Record review on 6/4/24 of client #2's nutritional review revealed the last assessment was done on 4/19/23.</p> <p>C. Record review on 6/5/24 of client #3's nutritional review revealed an absence of a nutritional assessment since his admission to the home on 8/21/23.</p> <p>Interview on 6/5/24 with the qualified intellectual disabilities professional (QIDP) revealed they have not had a registered dietician since a year ago. The QIDP revealed they were using the dietary orders that client #3 was on from his last group home.</p> <p>A follow-up survey was conducted on 9/3/24.</p> <p>A. Record review on 9/3/24 of client #1's nutritional review revealed the last assessment was done on 4/19/23.</p> <p>B. Record review on 9/3/24 of client #2's nutritional review revealed the last assessment was done on 4/19/23.</p> <p>C. Record review on 9/3/24 of client #3's nutritional review revealed an absence of a nutritional assessment since his admission to the home on 8/21/23.</p>	W 217			

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W 217	Continued From page 8 Interview on 9/3/24 with the QIDP confirmed no nutritional evaluations had been completed for client #1, #2 or #3. The QIDP revealed the facility still had no obtained a registered dietician. A revisit was conducted on 11/17/24. Review on 11/21/2024 of the client #5's daily intake log for October and November, 2024 revealed he completed 100% of his meals. Review on 11/21/24 of client #5's monthly nurse assessments revealed recorded weights on 9/5/24 at 152 lbs. and on 10/15/2024 at 127.86 lbs. Client #5 had a 24.14 lbs. weight loss during this period, with no known reason.	W 217			
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 observation, record review and interviews, the facility failed to ensure 1 of 3 audit clients (#3) received a continuous active treatment program consisting of needed interventions as identified in the individual program plan (IPP) relative to serious behaviors. The finding is:	W 249			

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W 249	<p>Continued From page 9</p> <p>Observation on 11/21/24 at 10:00 am, the surveyors entered through the front door of the group home, which revealed the door alarm sensor in place, was turned off. A continued observation at 10:10 am, client #3 was observed in his bedroom, with the door closed, taking a nap. An additional observation at 11:15 am, client #3 was in the kitchen helping to prepare lunch with Staff B.</p> <p>Further observation on 11/21/24 at 2:00 pm during medication administration with Staff B, client #3's right foot revealed he had a deep abrasion on the bottom of his great big toe that was in the healing phase.</p> <p>Interview on 11/21/24 with client #3 revealed he had pain in the right foot, because he hurt it when running away. Client #3 acknowledged he had walked barefooted to a gas station or store, and when he got lost, he asked for someone to call 911.</p> <p>Interview on 11/21/24 with Staff B revealed client #3 repeatedly re-injured the wound on his right toe because he was often barefooted when walking away from the group home. Staff B revealed the last known incident that she was aware of occurred on 11/15/24 when client #3 left the home around 6:30 am and was gone for an hour. Staff B revealed client #3 has traveled as far as a local discount store and gas station; and was examined by EMS services while AWOL and returned home by the police.</p> <p>Record review on 11/21/24 of client #3's behavior support plan (BSP) dated 10/1/24 revealed self-harm (including threats of suicide),</p>	W 249			

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W 249	<p>Continued From page 10</p> <p>non-compliance and absence without official leave (AWOL) as some of his targeted behaviors. Client #3's objective were: By 10/1/25, client #3's rate of disruptive behavior will be reduced to zero episodes per month for 6 consecutive months.</p> <p>Further review revealed the BSP identified Preventive Strategies as: When making threats of self-harm, allow him to talk about his feelings and ensure he does not actively engage in self-harm or suicide. Only one staff should interact with him, during periods of aggression. If he begins to engage in self-injurious behaviors (SIB), staff should immediately block and redirect to prevent this behavior. A pillow or towel could be used to prevent injury. When non-compliant, only one staff is to verbally engage him, no more than 2x in a 10-minute period. Do not over prompt. Ask him if he would prefer another activity.</p> <p>Attempted AWOL- Maintain line of sight on him at all times, be sure to avoid drawing attention to the behavior. Let him know you will document his concerns and redirect him to another activity. All staff will be trained by the Psychologist, Program Manager or Qualified Intellectual Disabilities Professional (QIDP) QIDP in the appropriate implementation of program procedures.</p> <p>Record review on 11/21/24 of client #3's incident reports revealed numerous attempts since April, 2024 to elope from the home, threaten suicide, lay down in the road, and to bang his head repeatedly on the ground.</p> <p>- On 4/27/24 at 10:00 am, Staff K recorded while finishing up meds, client #3 went outside of the door, prompting Staff K to follow him outside.</p>	W 249			

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W 249	<p>Continued From page 11</p> <p>Client #3 fell out in the street and refused to get up when Staff K tried to assist him. After a few minutes, he got up and came back inside the home. Client #3 continued to make repeated attempts to leave the facility.</p> <ul style="list-style-type: none"> - On 8/1/24 at 10:15 am, client #3 made a suicide threat to staff. - On 10/20/24 at 10:30 pm, Staff C revealed client #3 attempted to leave the facility and was stopped by staff. Client #3 then began to hit his head on the ground, prompting staff to use a pillow to prevent further harm. Client #3 was redirected to his room, when he told staff he would "kill himself". Staff stayed in the room with him until he fell asleep. - On 11/14/24 at 7:30 pm, client #3 attempted an elopement. - On 11/15/24 at 12:00 pm, client #3 an attempted elopement and later during third shift, he successfully eloped from facility. - On 11/19/24 at 7:32 am, client #3 eloped from the facility. <p>Interview on 11/21/24 with the Home Manager (HM) revealed she was aware of the multiple elopements and had contacted the QIDP last week to notify him on 11/14/24 and 11/15/24.</p> <p>Interview on 11/21/24 with the QIDP revealed he was aware of the previous elopements but just received the incident reports from last week's incidents today. The QIDP acknowledged he did receive messages from the HM however, when she contacted him on 11/14/24 late evening, he was already in bed; when she contacted him on 11/15/24, "If he was busy in the middle of something, when reporting the AWOL, just can't assume he remembers everything." The QIDP confirmed he responded on 11/15/24 to the HM's</p>	W 249			

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W 249	Continued From page 12 messages and came to the home later that morning. Interview on 11/21/24 with the QIDP Supervisor revealed they have tried to get funding for 1:1 supports for client #3 before but it was denied. The QIDP Supervisor revealed the agency wanted to appeal the decision, but the guardian was not in agreement, because client #3 had been approved for funding in another program. The QIDP Supervisor acknowledged the guardian was already trying to coordinate discharging client #3 from the group home. Interview on 11/21/24 with Staff A revealed client #5 had lost a lot of weight recently before hospitalization. Staff A weighed client #5 on 11/21/24 and recorded his weight at 141 lbs. Interview on 11/21/24 with the QIDP revealed client #5 was referred for a Nutritional Assessment in August, 2024 but it has not been completed. The QIDP acknowledged that he overlooked following up to get it scheduled.	W 249			
W 318	HEALTH CARE SERVICES CFR(s): 483.460 The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: The facility must ensure that specific medical services requirements are met. This condition is not met as evidenced by: The facility failed to ensure clients received annual	W 318			

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W 318	Continued From page 13 physical exams (W323); clients were provided with nursing services in accordance to their needs (W331); non-licensed nursing personnel who work with clients are under the supervision of licensed persons (W347); all drugs are administered in compliance with the physician's orders (W368). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated services of health care requirements.	W 318			
W 323	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 3 of 3 audit clients (#1, #2 and #3) received an annual physical exam from the doctor. The findings are: A. Record review on 9/3/24 of client #1's medical chart revealed no evidence of an annual physical exam during a 12 months period. An additional review revealed a medical consultation form for client #1 on 6/5/24 where the doctor diagnosed him with a Stage II decubitus ulcer on right buttocks and prescribed occlusive dressing. The consult also revealed the nurse reviewed the report (date unknown) and instructed staff to treat sore with medication and bandage, after the medication was delivered from pharmacy. Another medical consultation form completed by the qualified intellectual disabilities professional (QIDP) on 8/5/24 revealed a request for the	W 323			

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W 323	Continued From page 14 doctor to make a nutritionist referral. The doctor's response was orders for nutritionist and dermatologist. The doctor added, "pressure ulcer to sacrum healing well" and client #1's weight and height was recorded. B. Record review on 9/3/24 of client #2's medical chart revealed no evidence of an annual physical exam during a 12 months period. C. Record review on 9/3/24 of client #3's medical chart revealed no evidence of an annual physical exam during a 12 months period. Interview on 9/3/24 with the QIDP revealed the doctor has not examined any of the clients at the facility. The QIDP acknowledged he requests referrals for the doctor and refills, on the medical consultation forms. The doctor reviews the forms and writes orders; signs and returns the form to him. A follow-up visit was conducted on 11/21/24. D. Review on 11/21/24 of client #5's medical chart revealed no evidence of an annual physical exam during a 12 months period. Interview on 11/21/24 with the QIDP revealed because client #5 was not audited during the last survey, he did not schedule a physical exam.	W 323			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the	W 331			

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W 331	<p>Continued From page 15</p> <p>facility failed to ensure 2 of 3 audit clients (#1 and #3) received the necessary ongoing nursing services to prevent declines in skin conditions. The findings are:</p> <p>A. Review on 6/4/24 of client #1's nursing notes revealed on 10/28/23 a discoloration of unusual texture was first noticed on his right buttocks that was determined to be an abscess. On 11/28/23, new physician's orders revealed to apply a protective cream to buttocks twice a day. There was no documentation on the chart the abscess was still being treated or had worsened. On 6/5/24, client #1 returned from a doctor's appointment with a consultant report that diagnosed him as having a stage II pressure ulcer on right buttocks.</p> <p>Interview on 6/5/24 with the qualified intellectual disabilities professional (QIDP) revealed there was no nurse working in the home but there was a contract nurse who came to the home every month. The QIDP acknowledged, staff have been trained to contact him for nursing concerns. On 6/1/24, he received a call from staff who was concerned about skin breakdown on client #1's right buttocks and sent a photograph to the QIDP. The QIDP revealed the buttock appeared to have a hole and he was worried that client #1 developed a pressure ulcer and made immediate arrangements to get an appointment for client #1 to see the doctor. The QIDP acknowledged the nurse was notified on 6/5/24 of client #1's pressure ulcer on buttocks.</p> <p>B. During observations in the home on 6/4/24 at 5:45pm, client #1 wore a surgical shoe on his right foot.</p>	W 331			

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W 331	<p>Continued From page 16</p> <p>Record review on 6/4/24 revealed on 5/1/24, client #3 was evaluated for right foot pain, was picking the skin on the great toe and received an x-ray and ultrasound. Client #3 was diagnosed with soft tissue injury and was noted to have displaced soft tissue flap on the tip of his right great toe. No fracture was detected from tests. Client #3 was placed on antibiotic for an infection to great toe. On 5/30/24, client #3 was sent to the emergency room due to the fat layer on great toe exposed. Client #3 was diagnosed with a right pressure ulcer on toe. Client #3's dressing should be changed daily, with antibiotic ointment applied, covered with bandage and he should continue to wear surgical shoe. Client #3 needs to follow-up with his podiatrist in 4 weeks.</p> <p>Interview on 6/5/24 with Staff A revealed client #1 would remove the bandage on great toe and did not always like to wear the surgical shoe. Staff A acknowledged she passed medications on day shift and was cleaning the wound on great toe that originated from a hang nail for client #3. Staff A revealed she was not told client #3's toe injury had worsened to an ulcer.</p> <p>Interview on 6/5/24 with the QIDP revealed the nurse was contracted and did not spend a lot of time in the home.</p> <p>A follow-up visit was conducted on 9/3/24.</p> <p>A. Record review on 9/3/24 of client #1 Nursing Monthly Assessment revealed the following: On 6/24/24, 7/19/24 and 8/12/24, the nurse completed an assessment without providing wound care services.</p> <p>Record review on 9/3/24 of client #1's medical</p>	W 331			

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W 331	<p>Continued From page 17</p> <p>chart revealed a medical consultation form from 6/5/24 where the doctor diagnosed him with a Stage II decubitus ulcer on right buttocks and prescribed occlusive dressing. The consult also revealed the nurse reviewed the report (date unknown) and instructed staff to treat sore with medication and bandage, after the medication was delivered from pharmacy. Another medical consultation form completed by the qualified intellectual disabilities professional (QIDP) on 8/5/24 revealed a request for the doctor to make a nutritionist referral. The doctor's response was orders for nutritionist and dermatologist. The doctor added, "pressure ulcer to sacrum healing well".</p> <p>Interview on 9/3/24 with the home manager revealed client #1's pressure ulcer healed.</p> <p>Interview on 9/3/24 with the QIDP revealed their contract nurse made monthly visits to the home. The QIDP revealed the nurse was not providing wound care and there were no nursing notes on the measurements of client #1's pressure ulcer and progress notes that indicated it was healed.</p> <p>B. Record review on 9/3/24 of client #3's Nursing Monthly Assessment revealed on 8/12/24, the nurse made a monthly visit to the home. The nurse's note revealed there were no indicators of pain or wound care for client #3.</p> <p>Interview on 9/3/24 with the home manager revealed client #3 was on a community outing for lunch and was unavailable to examine his toe with the pressure ulcer.</p> <p>Interview on 9/3/24 with the QIDP revealed client #3 was still getting wound care from the direct</p>	W 331			

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W 331	<p>Continued From page 18</p> <p>care professionals and he did not have any skin care documentation for the ulcer.</p> <p>A follow-up visit was conducted on 11/21/24.</p> <p>C. Review on 11/21/2024 of the client #5's daily intake log for October and November, 2024 revealed he completed 100% of his meals.</p> <p>Review on 11/21/24 of client #5's monthly nurse assessments revealed recorded weights on 9/5/24 at 152 lbs. and on 10/15/2024 at 127.86 lbs. Client #5 had a 24.14 lbs. weight loss during this period, with no known reason.</p> <p>Interview on 11/21/24 with the nurse revealed that she completed her monthly assessment on 10/15/24 and did not notice the 24.14 lb. weight loss or compare weights from the previous month.</p> <p>Review on 11/21/24 of client #5's "Daily Flow Sheet," revealed he had only 4 bowel movements between 10/1/24 to 10/15/24. There was a total of 9 bowel movements in the month of October, 2024. The data flow sheet revealed client #5 had one hard bowel movement on 10/23/24 but no other bowel activity was documented prior to a scheduled colonoscopy on 10/25/24.</p> <p>Review on 11/21/24 of client #5's monthly nursing assessments revealed the nurse examined him on 10/15/24, detecting no problems or concerns with his bowel sounds, when stethoscope applied to abdomen.</p> <p>Review on 11/21/24 of client #5's Gastrostomy report dated 10/23/2024 noted client #5's diagnosis of chronic idiopathic constipation,</p>	W 331			

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W 331	<p>Continued From page 19</p> <p>abdominal pain, unintentional weight loss, and a recommendation to be screened for chronic neoplasia.</p> <p>Interview on 11/21/24 with the nurse revealed she was not aware of client #5 experiencing no bowel movements in October, 2024 for a prolonged period. The nurse revealed she does not complete in-depth assessments, make health referrals for the clients, attend treatment team meeting, or ask the QIDP questions about concerns regarding the clients' health. The nurse acknowledged she was not contacted when client #5 had to be hospitalized 11/6/24 to 11/7/24 due to a bowel obstruction.</p> <p>Interview with the House Manager on 11/21/24 revealed she is supposed to review the "Daily Flow Sheet" every three days. She admitted to reviewing the sheet, noticing client #5's data, prompting her to inform the QIDP, but was unable to provide documentation of their conversation.</p> <p>Interview on 11/21/24 with the QIDP revealed that client #5 was scheduled for a colonoscopy on 10/25/24, of which was unsuccessful due to fecal impaction. The QIDP revealed he had received the colonoscopy instructions in advance and recalled sharing them with direct care staff, but he did not know if they followed the directions. The QIDP further stated the colonoscopy procedure was unsuccessful and canceled due to client #5 not eliminating all of his stool, prior to the appointment. He acknowledged client #5 had to be hospitalized on 11/6/24 to 11/7/24 due to a bowel obstruction.</p> <p>Based on record review and interviews, the facility failed to ensure 3 of 5 clients (#1, #3, and #5) receive the necessary ongoing nursing</p>	W 331			

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W 331	<p>Continued From page 20 services to prevent decline. Finding are:</p> <p>Review of client #5's weight recorded on the nurse ' s monthly assessment were as follows: 8/12/24, 151lbs, 9/5/24, 152lbs and on 10/15/24, 127.86lbs, a weight loss of 24.14 lbs. in 39 days.</p> <p>Review of the October 24 Daily Flow Sheet revealed staff recorded 9 bowel movements during the month, and 10/15/2024 the date of the nurse's assessment he had only two bowel movement from 10/1/24 to 10/15/24.</p> <p>Review of the diagnosis findings results from the Gastroenterology appointment on 10/23/24 revealed that client #5 was diagnosed with chronic, idiopathic constipation, abdominal pain, unintentional weight loss, and screening for chronic Neoplasia.</p> <p>Interview with the house manager on 11/21/24 revealed that it was her responsibility to assess the data flow sheet every three days, she advised that she recognized client #5 was not having consistent bowel movements and notified the QIDP. She advised there was no documentation of her report to the QIDP. She revealed that client #5 attended a Gastroenterology appt on 10/23/24.</p> <p>Interview on 11/21/24 with the nurse revealed on her 10/15/24 monthly assessment, she documented there were no problems found. She advised that she used her stethoscope to check for normal bowels, detected no problems, and recorded her finding on the 10/15/24 assessment. The nurse further revealed that staff did not communicated any problems with client # 5 's infrequency of bowel movements. She admitted to asking a staff regarding his health status and</p>	W 331			

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W 331	Continued From page 21 no concerns were reported. She was unable to remember the staff's name or description. She advised that she does not compare previous assessment information, and this include weights, she also does not attend treatment team meetings, or request information regarding the health status of each client the home. She advised if there is a problem, her expectation is for staff including the house manager and QIDP to tell her, and they should contact the primary care physician. She further advised that she does not make referrals. She only provides medication management training and complete monthly assessments. She further revealed that she was also unaware that client #5 was hospitalized on 11/7/24 for a bowel obstruction.	W 331			
W 347	NURSING STAFF CFR(s): 483.460(d)(5) Non-licensed nursing personnel who work with clients under a medical care plan must do so under the supervision of licensed persons. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medication technicians were supervised by a licensed nurse in order to perform wound care treatments for pressure ulcers for 2 of 3 audit clients (#1 and #3). The findings are: A. Record review on 9/3/24 revealed a medical	W 347			

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W 347	<p>Continued From page 22</p> <p>consultation form on 6/5/24, client #1 was diagnosed with a Stage II decubitus ulcer on right buttocks and prescribed occlusive dressing. The consult also revealed the nurse reviewed the report (date unknown) and instructed staff to treat sore with medication and bandage, after the medication was delivered from pharmacy. There were no notes of any treatments prescribed and the skin condition of the pressure ulcer over a 3 months period. The record lacked documentation the pressure ulcer on the right buttock was healed.</p> <p>Record review on 9/3/24 of client #1's monthly nursing assessments, on 6/24/24, 7/19/24 and 8/12/24; revealed the nurse did not perform wound care services for client #1 during the visits.</p> <p>Interview on 9/3/24 with the home manager revealed client #1's pressure ulcer healed, and direct care professionals applied medications for treatment.</p> <p>Interview on 9/3/24 with the QIDP revealed their contract nurse made monthly visits to the home. The QIDP revealed the nurse was not providing wound care and there were no nursing notes on the measurements of client #1's pressure ulcer and progress notes that indicated it was healed.</p> <p>B. Record review on 9/3/24 of client #3's monthly nursing assessment on 8/12/24, revealed there were no indicators of pain or wound care provided by the nurse.</p> <p>Interview on 9/3/24 with the home manager revealed client #3 received wound care from direct support professionals.</p>	W 347			

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W 347	<p>Continued From page 23</p> <p>Interview on 9/3/24 with the QIDP revealed client #3 was still getting wound care from the direct care professionals and he did not have any skin care documentation for the ulcer.</p> <p>A follow-up visit was conducted on 11/21/24.</p> <p>Observation on 11/21/24 at 2:00 pm, revealed Staff B entered the medication room with client #3, unlocked the medication closet to remove the medication cart. Staff B used a key to unlock the controlled drawer to remove 1 capsule of Gabapentin 300mg for client #3. There was no other staff in the room that counted the controlled medication before or after Staff B dispensed the medication.</p> <p>Record review on 11/21/24 of the November 2024 medication administration record (MAR) for client #3 revealed the following: a prescription for Clonazepam 1 mg, to take every 12 hours for agitation. Client #3's was diagnosed with intellectual disability, Bipolar Disorder, Post Traumatic Stress Disorder and Schizoaffective Disorder. The back of the MAR documented Clonazepam was out of stock between 11/1/24 to 11/7/24. There were two blister packs, containing a 28 days' supply of Clonazepam that started on 11/11/24. Out of the two packs of medications, (total 56 pills) only 9 pills were missing. There was no documentation on the back of the blister pack, which date or staff administered the pills to client #3. Several staff had documented on the back of the MAR, the Clonazepam was administered to client #3 on these dates and times: 11/13/24 at 8:00 am/pm, 11/16/24 at 8:00 (?), 11/18/24 at 8:00 am, 11/19/24 at 8:00 am/pm, 11/20/24 at 8:00am/pm and 11/21/24 at 8:00 am.</p>	W 347			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 347	<p>Continued From page 24</p> <p>Record review on 11/21/24 of client #3's November, 2024 incident reports revealed elopements on 11/14/24 at 7:30 pm, 11/15/24 at 12:00 pm an attempted elopement. On third shift, client #3 successfully eloped from facility as well as on 11/19/24 at 7:32 am.</p> <p>Interview on 11/21/24 with the Home Manager (HM) revealed they have had ongoing problems with the mental health agency and the pharmacy filling the prescriptions in a timely manner and there has been gaps in medications coverage. The HM further acknowledged, she had been instructed by the QIDP that they did not have to sign the blister packs and date them. The HM revealed she normally reviewed the MARs every week to make sure clients received their medications. The HM acknowledged in order to determine which staff did not give client #3 his medication, she would need to review the video footage of the medication room.</p> <p>D. Record review on 11/21/24 of client #1's November, 2024 MAR revealed staff recorded his blood glucose numbers daily on a log. There was diabetic guidance in the MAR binder on how to recognize hyperglycemia and low blood sugar symptoms. There was no guidance on what constituted elevated blood glucose levels. On 11/6/24 at 7:00 am, the blood glucose was 270, on 11/7/24 at 7:30 am, it was 359 and on 11/8/24 at 7:00 am, it was 246.</p> <p>Record review on 11/21/24 of the Nurse Monthly Assessment report from 10/15/24 revealed client #1 had no current issues.</p> <p>Interview on 11/21/24 with the HM revealed</p>			W 347			

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W 347	<p>Continued From page 25</p> <p>sometimes client #3 had high blood glucose in the morning and it improved afterwards if provided with a lot of water. The HM acknowledged staff should recheck the blood glucose later, and acknowledged the log did not have any follow-up readings recorded after it was elevated.</p> <p>Interview on 11/21/24 the QIDP acknowledged that he reviews the MARs along with the HM.</p> <p>Review of client #5's weight recorded on the nurse's monthly assessment were as follows: 8/12/24, 151 lbs., 9/5/24, 152 lbs. and on 10/15/24, 127.86 lbs., a weight loss of 24.14 lbs. in 39 days.</p> <p>Review of the October 24 Daily Flow Sheet revealed staff recorded 9 bowel movements during the month, and 10/15/2024 the date of the nurse's assessment he had only two bowel movement from 10/1/24 to 10/15/24.</p> <p>Review of the diagnosis findings results from the Gastroenterology appointment on 10/23/24 revealed that client #5 was diagnosed with chronic, idiopathic constipation, abdominal pain, unintentional weight loss, and screening for chronic Neoplasia.</p> <p>Interview on 11/21/24 with the nurse revealed on her 10/15/24 monthly assessment, she documented there were no problems found. She advised that she used her stethoscope to check for normal bowels, detected no problems, and recorded her finding on the 10/15/24 assessment. The nurse further revealed that staff did not communicate any problems with client #5's infrequency of bowel movements. She admitted</p>	W 347			

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W 347	Continued From page 26 to asking a staff regarding his health status and no concerns were reported. She was unable to remember the staff's name or description. She advised that she does not compare previous assessment information, and this include weights, she also does not attend treatment team meetings, or request information regarding the health status of each client the home. She advised if there is a problem, her expectation is for staff including the house manager and QIDP to tell her, and they should contact the primary care physician. She further advised that she does not make referrals. She only provides medication management training and complete monthly assessments. She further revealed that she was also unaware that client #5 was hospitalized on 11/7/24 for a bowel obstruction. Interview with the QIDP revealed there is no established means of communicating health concerns amongst the nurse, house manager and QIDP, and he further revealed that client #5's weight loss and bowel concerns was not communicated to the nurse.			W 347			
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 record review and interview, the facility did not ensure medications were given as ordered for 1 of 3 audit clients (#3). The finding is: Record review on 11/21/24 of the November 2024 medication administration record (MAR) for client			W 368			

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W 368	<p>Continued From page 27</p> <p>#3 revealed the following: a prescription for Clonazepam 1 mg, to take every 12 hours for agitation. Client #3's was diagnosed with intellectual disability, Bipolar Disorder, Post Traumatic Stress Disorder and Schizoaffective Disorder. The back of the MAR documented Clonazepam was out of stock between 11/1/24 to 11/7/24. There were two blister packs, containing a 28 days' supply of Clonazepam that started on 11/11/24. Out of the two packs of medications, (total 56 pills) only 9 pills were missing. There was no documentation on the back of the blister pack, which date or staff administered the pills to client #3. Several staff had documented on the back of the MAR, the Clonazepam was administered to client #3 on these dates and times: 11/13/24 at 8:00 am/pm, 11/16/24 at 8:00 (?), 11/18/24 at 8:00 am, 11/19/24 at 8:00 am/pm, 11/20/24 at 8:00am/pm and 11/21/24 at 8:00 am.</p> <p>Interview on 11/21/24 with the Home Manager (HM) revealed they have had ongoing problems with the mental health agency and the pharmacy filling the prescriptions in a timely manner and there has been gaps in medications coverage. The HM further acknowledged, she had been instructed by the QIDP that they did not have to sign the blister packs and date them. The HM revealed she normally reviewed the MARs every week to make sure clients received their medications. The HM acknowledged in order to determine which staff did not give client #3 his medication, she would need to review the video footage of the medication room.</p>	W 368			