

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

PRINTED: 12/31/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/31/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KEYWEST CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1722 ATHENS AVENUE DURHAM, NC 27707</b>		
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W 129	<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 provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure client information was kept confidential. This affected 1 of 4 audit clients (#1) living in the home.</p> <p>During observations in the home throughout 12/30/24 - 12/31/24 a paper labeled "Medical Alert" was posted in the kitchen on a bulletin board. The paper contained a client #1's name and specific medication changes. Further review revealed staff were to sign the paper to acknowledge the changes.</p> <p>Interview on 12/31/24 with the qualified intellectual disabilities professional (QIDP) revealed the paper hanging on the board in the kitchen was a read and sign for staff to acknowledge the medication changes for client #1. The QIDP confirmed client information should not be in common areas of the home.</p>	W 129			
W 252	<p><b>PROGRAM DOCUMENTATION</b> CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data relative to the</p>	W 252			

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 252	Continued From page 1 accomplishment of objective criteria was documented in measurable terms. This affected 2 of 4 audit clients (#3 and #5). The findings are:  A. Review on 12/30/24 of client #3's Individual Program Plan (IPP) dated 5/31/24 revealed formal training programs as follows: -Increase appropriate behaviors -House cleaning, personal room -Clean bathroom after showering  Review on 12/31/24 of client #3's training documentation from October 2024-December 2024 revealed no documentation was collected.  B. Review on 12/30/24 of client #5's IPP dated 2/10/24 revealed formal training programs as follows: -Memory Recall/Self Help -Personal hygiene -Meal Prep  Review on 12/31/24 of client #5's training documentation from October 2024- December 2024 revealed no documentation was collected.  Interview on 12/31/24 the Qualified Intellectual Disabilities Professional confirmed data was not collect as written on the program goal sheets.	W 252			
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)  The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.	W 255			

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W 255	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that the Disabilities professional or other designated staff to complete monthly notes or review and modify programs to the individuals specific accomplishments. This affected 3 of 4 audit clients (#3, #4 and #5). The findings are:</p> <p>A. Review on 12/30/24 of client #3's Individual Program Plan (IPP) dated 5/31/24 revealed formal training programs as follows: -Increase appropriate behaviors -House cleaning, personal room -Clean bathroom after showering</p> <p>Review on 12/31/24 of client #3's training documentation from October 2024-December 2024 revealed no documentation was collected.</p> <p>B. Review on 12/30/24 of client #5's IPP dated 2/10/24 revealed formal training programs as follows: -Memory Recall/Self Help -Personal hygiene -Meal Prep</p> <p>Review on 12/31/24 of client #5's training documentation from October 2024-December 2024 revealed no documentation was collected.</p> <p>C. Review on 12/30/24 of client #4's IPP dated 4/27/24 revealed the following goals: -clothes washing -open refrigerator -toothbrushing -place hands on lap to slow down pace of eating</p>	W 255			

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W 255	Continued From page 3 Review on 12/31/24 of client #4's training documentation from October 2024-December 2024 revealed no documentation was collected.	W 255			
W 382	Interview with the qualified intellectual disabilities professional (QIDP) revealed there are no progress notes for the client's goals. <b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)  The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure all medications remained locked except when being administered. The findings are:  During observations in the home throughout 12/30/24 and 12/31/24, the office door was unlocked and opened. A basket was on top of a cabinet in the office that contained several over the counter medications such as Tylenol, Benadryl, Milk of Magnesia, NyQuil, Chloraseptic spray and rubbing alcohol.  Interview on 12/31/24 with the qualified disabilities professional (QIDP) revealed medications should always be locked except during medication administration.	W 382			
W 460	<b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.	W 460			

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W 460	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients received the specially prescribed diet as indicated. This affected 1 of 4 audit clients (#4 and #5). The findings are:</p> <p>A. During observations in the home on 12/30/24 at 5:30pm, client #4 sat down at the table for dinner.</p> <p>Further observations in the home on 12/30/24, client #5 received ground pork chop, boiled white potatoes and stewed cabbage.</p> <p>Record review on 12/30/24 of client #5's nutritional evaluation dated 1/17/24 revealed a prescribed diet of 1800-2000 calories, low fat, low cholesterol, soft cooked vegetables. Substitution list for low cholesterol listed sweet potatoes for white potatoes.</p> <p>B. During observations in the home on 12/30/24 at 5:45pm, client #4 sat down at the table for dinner.</p> <p>Further observations in the home on 12/30/24, client #4 received ground pork chop, boiled potatoes and stewed cabbage.</p> <p>Record review on 12/30/24 of client #4's nutritional evaluation dated 4/27/24 revealed a prescribed diet of 1800-2000 calories, low fat, low cholesterol, soft cooked vegetables and no sandwiches.</p> <p>Interview on 12/31/24 with the facility dietician</p>	W 460			

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W 460	Continued From page 5 revealed client #4 should have had a substitution for boiled potatoes since she is prescribed a low fat and low cholesterol diet.			W 460			