

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

PRINTED: 04/05/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
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NAME OF PROVIDER OR SUPPLIER LYNN ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 515 LYNN ROAD DURHAM, NC 27707
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(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 4 audit clients (#6) had the right to have a current consent obtained from his legal guardian. The finding is:</p> <p>Consent was not dated by client #6's legal guardian.</p> <p>Review on 4/3/18 of client #6's record revealed he has a behavior support plan (BSP) which includes the following medications: Depakote, Clonidine, Risperdal, Klonopin, Vistaril and Ativan. Further review revealed the guardian had signed the consent, but there was no date to indicate when the consent was signed.</p> <p>During an interview on 4/3/18, the qualified intellectual disabilities professional (QIDP) was unaware client #6's BSP consent was not dated by his guardian.</p>	W 125	<p>DHSR - Mental Health</p> <p>APR 11 2018</p> <p>Lic. & Cert. Section</p> <p>W 125-The Behavior Analyst will obtain written Consent for all individuals with Behavior Support Plans (BSP), specifically in regards to dates and signatures on all Consents from parent/guardians. Monitoring of the BSP will occur through the chart review process completed quarterly by the Clinical Team. In the future, the QP will ensure that all consents are obtained, signed, dated and filed in the charts.</p>	6/2/18
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</p>	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Carlos Vest, Acting Administrator* TITLE: _____ (X6) DATE: *4/11/18*

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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NAME OF PROVIDER OR SUPPLIER LYNN ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 516 LYNN ROAD DURHAM, NC 27707	
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W 249	Continued From page 1 plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#6) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of diet, adaptive dining equipment and behavior management. The findings are: 1. Client #6's diet consistency was not followed. During breakfast observations in the home on 4/3/18, client #6 consumed 1 whole slice of bacon. Further observations revealed there were no staff in the dining area as client #6 consumed the bacon. During an interview on 4/3/18, the home manager (HM) revealed client #6's diet consistency is chopped, due to the fact he is a choking risk. Review on 4/2/18 of client #6's nursing evaluation dated 9/26/17 stated, "Nutrition...dime-sized pieces...." Additional review of client #6's nutritional evaluation dated 9/22/17 revealed, "Diet...chopped into dime size pieces". Client #6's physicians orders signed 2/1/18 revealed, "...chopped (dime size)...." Review of client #6's choking risk assessment dated 11/8/17 stated, "Interventions implemented to reduce risk for choking: Food cut dime size". Review of client #6's choking prevention guidelines updated 9/23/17 revealed, "Staff follow diet consistencies as ordered by the physician. Current diet orders	W 249	W249 (1). The Nurse and Home Manager will in-service all staff on Client #6's diet consistency, as well as diets of all individuals supported in the home. Monitoring of the diet consistency will take place through Mealtime Assessments completed at least twice a week for the next 30 day by the Clinical Team. In the future, the QP will ensure all staff are trained on individuals' diet consistencies.	6/2/18

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NAME OF PROVIDER OR SUPPLIER LYNN ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 616 LYNN ROAD DURHAM, NC 27707
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W 249	<p>Continued From page 2 are...dime sized...."</p> <p>During an interview on 4/3/18, the qualified intellectual disabilities professional (QIDP) confirmed client #6's food should be dime size pieces.</p> <p>2. Client #6's adaptive dining equipment was not utilized.</p> <p>During lunch observations in the on 4/2/18, client #6 utilized a regular plate and place mat. At no time was client #6 offered his adaptive dining equipment.</p> <p>Review on 4/2/18 of client #6's JPP dated 10/2/17 revealed, "...the following adaptive equipment: hi-sided sectional plate with non-slip mat, 3 compartment dish...." Review on 4/3/18 of client #6's nutrition evaluation dated 9/22/17 stated, "adaptive equipment: hi-sided sectional plate with non-slip mat, 3 compartment dish...."</p> <p>During an interview on 4/2/18, the QIDP confirmed client #6's adaptive dining equipment should be utilized at all meals.</p> <p>3. Client #6's behavior support plan (BSP) was not followed.</p> <p>During afternoon observations in the home on 4/2/18, client #6 was observed twirling a piece of string with his fingers. From approximately 4:09pm until 4:24pm, client #6 was sitting outside with a piece of string in his hands. At approximately 4:22pm a staff person came over to where client #6 was sitting outside and bent over to talk with him. At no time was client #6 redirected to dispose of the string. Further</p>	W 249	<p>W249 (2). The Habilitation Specialist will in-service all staff on the adaptive equipment for all individuals. Monitoring of the adaptive equipment will take place through Mealtime Assessment to be completed at least twice weekly for the next 30 days by the Clinical Team. In the future the QP will ensure staff are trained to utilize adaptive equipment as prescribed for each Person Supported.</p>	6/2/18
			<p>W 249 (3). The Behavior Analyst will in-service all staff on each individual's Behavioral Support Plan, specifically Client #6. Monitoring of the BSP will occur twice weekly with an Interaction Assessment completed by the Clinic Team for the next 30 days. In the future, the QP will ensure all staff are trained to implement each individual's Behavioral Support Plan as outlined.</p>	6/2/18

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W 249	<p>Continued From page 3</p> <p>observations from 4:27pm until 4:34pm, client #6 was observed twirling a piece of string with his fingers, while sitting outside. Client #6 was observed crossing his legs and the ankle area of his right sock had 3 holes. Further observations revealed client #6 reaching down and pulling pieces of string from his right sock and twirling it. At no time was client #6 redirected to dispose of the string.</p> <p>During an interview on 4/3/18, staff revealed when client #6 is observed with string he needs to be redirected to another activity.</p> <p>Review on 4/2/18 of client #6's BSP dated 8/4/17 stated, "...plays with strings, which should be discouraged due to a history of attempting to ingest them". Additional review of client #6's IPP dated 10/2/17 revealed, "[Client #6] enjoys playing with his string, however, staff should monitor him since he has a history of ingesting the string. Staff should also make sure to redirect him from tearing his socks and give him his designated string to use instead. He has a tendency to pick at his socks when nervous, and should be redirected to preferred activity. Review of client #6's physician orders signed 2/1/18 revealed, "...H/O PICA..."</p> <p>During an interview on 4/3/18, the QIDP confirmed client #6's BSP should have been followed as written.</p>	W 249			