

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

PRINTED: 03/11/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2018
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NAME OF PROVIDER OR SUPPLIER CREST ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387
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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)	(X6) COMPLETION DATE
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W 192	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were adequately trained to perform skills and competencies directed toward client #2's health needs. This affected 1 of 3 audit clients. The finding is:</p> <p>Staff were not sufficiently trained to remove client #2's medicated patch as ordered.</p> <p>During observations of medication administration in the home on 2/27/18 at 7:05am, client #2 was assisted to apply a medicated patch to his left buttock. Immediate observation of the medication box revealed, "Apply one patch every morning. Do not leave patch on for more than 9 hours."</p> <p>Immediate interview with the medication technician revealed the patch is applied in the morning and removed at night during his evening shower.</p> <p>Review on 2/27/18 of client #2's physician's orders dated 2/1/18 - 5/1/18 indicated an order for Daytrana 30mg with one patch to be applied to the skin every morning. The order noted, "Do not leave patch on for more than 9 hours."</p> <p>Interview on 2/27/18 with the home manager indicated client #2's medicated patch is be applied in the morning and should be removed</p>	W 192	<p>By 3/18/2018 all staff will be inserviced and trained on medication administration. To include though not limited to client #2 physician orders Staff will be monitored weekly by Home Manager, bimonthly by Hab. Spec/np and monthly by nurse for adherence.</p>	3/18/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE QIP/BDP	(X8) DATE 3/15/18
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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 192	Continued From page 1 after he gets home from school in the afternoon.	W 192		
W 203	Further interview on 2/27/18 with the habilitation specialist revealed client #2's medicated patch is used for his behavior and should be applied in the morning around 7am and the old patch is removed at the same time. Additional interview indicated the patch is worn for 24 hours. ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(i) At the time of the discharge the facility must develop a final summary of the client's developmental, behavioral, social, health and nutritional status. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 4 clients who had been discharged had a discharge summary that included specific information as required. The finding is: One discharge summary did not include necessary and required status information. Review on 2/27/18 of one discharge report for a client who was admitted on 5/30/14 and discharged on 10/12/17 revealed a discharge summary dated 10/20/17. It included no information in regards to the objective status, social skills, nutritional status, behavioral status or a summary of overall regression, maintenance or progress in his skills. Interview on 2/27/18 with habilitation specialist	W 203	All discharges will include objective status, social skill status, nutritional and behavioral status summary. The discharge summary will be reviewed and signed by the Inter-disciplinary team for accuracy and completeness. An inservice will be completed to address the components of a discharge summary by 3/18/18 by the QA/QI department.	3/18/18

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W 203 W 220	<p>Continued From page 2 confirmed the discharge report did not include the information listed above.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include speech and language development.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 1 of 3 new admissions (#4) received a needed speech evaluation. The finding is: Client #4 did not have a speech evaluation completed.</p> <p>Throughout observations on 2/26/18 and 2/27/18, client #4 spoke but was difficult to understand. Staff asked her to repeat what she said several times. The surveyor asked staff what was said by client #4 and the staff responded by asking client #4 to repeat it.</p> <p>Review on 2/27/18 of client #4's individual program plan (IPP) dated 5/5/17 revealed she had a cleft palate and needed to improve her communication skills, specifically the use of speech. Additional review of the client's physical examination dated 4/24/17 identified needs and orders for "Labs, OT, PT, Speech Evaluation". Further review revealed there was no speech evaluation.</p> <p>Interview with group home manager on 2/27/28 confirmed client #4 did not have a speech evaluation.</p>	W 203 W 220	<p>All comprehensive functional assessments will include all assessments as recommended/ordered. Specifically, client #4 assessments will be completed as identified. The Hab. Spec. will review all assessments 2 weeks after admission and 30 days after admission by EP.</p> <p>Inservice will be conducted by QA/QI regarding regulation requirements,</p>	3/18/18

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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 reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#2) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of meal preparation and medication administration. The findings are:</p> <p>1. Client #2 was not prompted or assisted to participate in meal preparation tasks.</p> <p>During observations of meal preparation in the home on 2/26/18 at 5:08pm - 5:27pm, staff performed various cooking tasks without prompting or encouraging clients to participate. For example, the staff used an electric can opener to open four cans of mixed vegetables, poured the vegetables in to a pot, filled a pot with water, turned on the burners, mixed in ingredients to prepare rice pilaf, and stirred items. Chicken nuggets were also observed on a pan in the oven. During this time, two clients, including client #2, were in other areas of the home. The clients were not prompted or encouraged to participate</p>	W 249	<p>All staff will be inserviced on Active Treatment and will be monitored weekly by Home manager bi monthly by Hab Spec and monthly by GP for implementation. To include though not limited to client #2 and client #3 for meal preparation and medication administration.</p>	3/19/18

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W 249	<p>Continued From page 4 in meal preparation tasks.</p> <p>Review of client #2's IPP dated 12/1/17 revealed an adaptive behavior inventory which indicated he is partially independent with some self-initiation on all tasks for meal preparation except for a few areas in which he is totally (usually self-initiating). This includes total independence on using measuring cups and partial independence in preparing frozen food in an oven and planning meals.</p> <p>Staff interview on 2/27/18 revealed all clients can participate with meal preparation by stirring on the stove, operating dials, putting food into pots and operating a can opener.</p> <p>Interview on 2/27/18 with the habilitation specialist revealed all clients should participate in meal preparation according to their abilities and staff should not prepare the meals.</p> <p>2. Client #2 was not prompted to participate with medication administration to his maximum potential.</p> <p>During observations of medication administration in the home on 2/27/18 at 7:01am, client #3 assisted with the administration of his medication by applying a medicated patch, punching his pills, pouring water, taking his pills and throwing away trash. The client was not prompted or encouraged to perform any other tasks.</p> <p>Review of client #3's IPP dated 12/1/17 revealed that he is able to get his water, hold his cup, take his pills, throw trash out and identify his medications and their purpose.</p>	W 249			

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W 249	Continued From page 5 Interview with staff on 2/27/18 revealed client #2 can participate in medication administration and should have been encouraged to do so.	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 assure 1 of 3 audit clients (#2) received guardian consent for his behavior support plan (BSP) prior to implementation. The finding is: Client #2 did not have guardian consent for a behavior plan prior to implementation. Review on 2/27/18 of client #2's record revealed an IPP dated 12/1/17 which included a behavior program with medication. Further review of the record revealed a blank guardian consent form for his behavior plan. There was no other documentation of verbal or written consent. Interview with the home manager on 2/27/18 revealed the guardian failed to sign that consent because the guardian had signed several other facility consents and thought they had covered everything.	W 263	All behavior programs will be reviewed by Hab Spec and QIP to ensure legal guardian's consent. QA/QI will inservice on the regulation to all staff.	3/18/18
W 324	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(ii) The facility must provide or obtain annual physical examinations of each client that at a minimum	W 324		

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W 324	<p>Continued From page 6</p> <p>includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure current immunization records were obtained for client #4. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #4's record did not contain her current immunizations.</p> <p>Review on 2/27/18 of client #4's record revealed she had been admited to the facility on 4/8/17. Additional review of the record did not include her current immunizations.</p> <p>Interview on 2/27/18 with the habllitation speclalist and facility's nurse (via telephone) revealed they have had difficulty obtaining proper records for client #4 including her current immunizations.</p>	W 324	<p>The facility will ensure that all newadmissions will provide a copy of their immunizations prior to admissions.</p> <p>Administrative staff and team members will be inserviced on the requirement by the QA/QI dept. QP will monitor for completeness.</p>	3/18/18
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