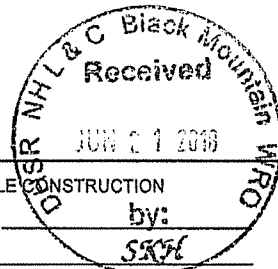


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 06/13/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ by: _____ B. WING _____ SRV	(X3) DATE SURVEY COMPLETED 06/12/2018
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NAME OF PROVIDER OR SUPPLIER TUCKASEEGEE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 TUCKASGEE ROAD CHARLOTTE, NC 28208
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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 312	<p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: The team failed to ensure medications to assist in the control of inappropriate behaviors for 1 of 2 sampled clients (#1) were used only as an integral part of the the individual habilitation plan (IHP) directed specifically toward the reduction of and eventual elimination of the specific behaviors for which it is employed as evidenced by interview and review of records. The finding is:</p> <p>Review of the records for client #1 revealed physician's orders dated 6/6/18. Review of the 6/6/18 physician's orders revealed client #1 is to receive Chlorpromazine (Thorazine), Risperdal, and Trazodone daily.</p> <p>Continued review of the records for client #1 revealed an IHP dated 9/14/17. Review of the 9/14/17 IHP revealed a behavior support plan (BSP) dated 5/15/18 to decrease incidents of disruptive behaviors to 4 or less episodes per month for 12 consecutive months. Continued review of the BSP revealed disruptive behaviors are defined as aggression and self-injurious behaviors. Further review of the BSP revealed the client is to receive Risperdal and Trazodone to assist in the control of these behaviors.</p> <p>Additional review of the BSP, verified by interview</p>	W 312	<p><u>W312</u></p> <p>In an effort to ensure medications to assist in the control of inappropriate behaviors for client #1 are used as an integral part of the individual habilitation plan (IHP) directed specifically toward the reduction of and eventual elimination of the specific behaviors, an updated Behavioral Support Plan was completed on 6/19/18 to include all meds including Chlorpromazine (Thorazine) that affect behaviors, all behaviors (sleep) targeted for reduction by medications will be included as target behaviors in Client #1 BSP.</p> <p><u>W312 continued</u> →</p>	8/12/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: TITLE: Program Director / Qualtrical Professional 6/19/18 (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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2018
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NAME OF PROVIDER OR SUPPLIER TUCKASEEGEE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 TUCKASGEE ROAD CHARLOTTE, NC 28208
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W 312	Continued From page 1 with the qualified intellectual disabilities professional and the house manager, revealed the BSP neither included the use of Chlorpromazine (Thorazine) to reduce or eliminate the disruptive behaviors nor did it identify sleep disturbance as a disruptive behavior. Additional interviews revealed Trazodone is being administered to address sleep disturbances and sleep logs are being kept for client #1 to measure the effectiveness of the Trazodone. Therefore, Chlorpromazine (Thorazine) is not identified as an integral part of the IHP for the reduction of disruptive behaviors for client #1 and sleep is not identified as a disruptive behavior for which Trazodone is being given.	W 312	<u>W312 continued:</u> To ensure all that medications are tracked and updated as they are implemented, reduced and/or discontinued, a copy of the psych consult will be forwarded to Lifespan's contracted Psychologist for for reference. We will further review target behaviors and any medications used to reduce those behaviors in our quarterly core team meeting. This procedure will be implemented or before August 12, 2018.	
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June 19, 2018

Recertification Survey Completed June 12, 2018 Plan of Corrections/Tuckasegee Group Home:

The following plans of corrections are in response to the state audit survey completed June 12, 2018.

W312

In an effort to ensure medications to assist in the control of inappropriate behaviors for Client 1 are used only as an integral part of the individual habilitation plan (IHP) directed specifically toward the reduction of and eventual elimination of the specific behaviors, an updated Behavioral Support Plan was completed on 06/19/2018 to include all meds including Chlorpromazine (Thorazine) that affect behavior. All behaviors (sleep) targeted for reduction by medications will be included as target behaviors in Client's 1 BSP. To ensure that medications are tracked and updated as they are implemented, reduced and/or discontinued, a copy of the Psych consult will be forwarded to LIFESPAN's Contracted Psychologist for reference. We will further review target behaviors and any medications used to reduce those behaviors in our quarterly core team meeting. **This procedure will be implemented on or before August 12, 2018.**

The group home staff appreciates the constructive analysis and we are dedicated in promoting a wholesome living environment that promotes independence and better quality of life. We look forward to hearing your feedback and welcoming your follow-up visit on or by August 12, 2018 to see that we are in compliance of all State regulations and the standard level of deficiencies noted are also corrected.

Sincerely,


Sonya Reid, Qualified Professional Residential Services

