

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

PRINTED: 07/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER MURDOCH DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1600 EAST C STREET BUTNER, NC 27509		
(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 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure techniques manage the inappropriate behaviors of 2 of 4 audit clients (#2, #3) were included in their active treatment plans. This affected clients residing in Woodside and Meadowview living units. The findings are:</p> <p>1. Staff locked client #3's electric razor in the direct care staff office, however; this information was not included in his Individual Program Plan (IPP) or Behavior Support Program (BSP).</p> <p>During observations on 7/24/18 at 7:04am, direct care staff prompted client #3 to go to the bathroom to get his shower. Staff handed him his grooming kit.</p> <p>During an interview immediately afterwards on 7/24/18 at 7:05am, staff were asked if client #3 had access to all of his grooming items. Staff indicated client #3's electric razor is locked in the staff office due to concerns that he may injure himself with components from the razor.</p> <p>Review on 7/25/18 of client #3's IPP dated 4/16/18, revealed he had a priority training need to maintain/improve his grooming and hygiene skills. Further review of his IPP revealed a formal training objective to shave his face weekly for 20</p>	W 288	See attached Plan of Correction		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DIRECTOR

(X6) DATE

8/1/18

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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W 288	<p>Continued From page 1</p> <p>consecutive sessions, which was implemented on 5/15/18. Review of the training objective revealed no information to indicate client #3 had to ask direct care staff to get his electric razor out of the locked staff office.</p> <p>Review on 7/25/18 of client #3's BSP dated 5/1/18 revealed target behaviors of aggression, property destruction, elopement, non-compliance and self-injurious behaviors. Property destruction in client #3's BSP is described as throwing items on the floor and flooding the bathroom. Self-injury is described as cutting self, punching, hitting or kicking himself. There is no information in the BSP regarding client #3's electric razor being locked up in the direct care staff office.</p> <p>Interview on 7/24/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3's electric razor is locked in the staff office due to concerns that he may dismantle it and use components of his electric razor to cause property damage or attempt to harm himself. Further interview confirmed there is no information in client #3's IPP or BSP regarding his electric razor being locked in the staff office due to concerns that he may injure himself.</p> <p>2. Staff locked client #2's electric razor in the staff office due to concerns that he may injure himself with components from the razor, however; this information was not included in the IPP or BSP.</p> <p>During observations on 7/24/18 at 7:52am client #2 was shaving in the bathroom with direct care staff giving him verbal cues through the bathroom door to complete all areas on his face. Immediately afterwards direct care staff took</p>	W 288	See attached Plan of Correction	

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W 288	Continued From page 2 client #2's electric razor and locked in the staff office drawer. Further observation indicated there were 9 electric razors locked in this drawer. Interview on 7/24/18 with direct care staff revealed client #2's electric razor is locked because of concerns he may attempt to harm himself with components from the razor. Review on 7/25/18 of client #2's IPP dated 4/26/18 revealed a priority training need to maintain/increase grooming/hygiene skills. Further review revealed client #2 can shave his face when needed but needs assistance to complete this task. There is no information in the IPP regarding client #2's electric razor being locked in the staff office. Review on 7/25/18 of client #2's BSP dated 5/10/18 revealed he has target behaviors of aggression, property destruction, elopement, program refusal, stealing and threats of self-harm. Further review of this plan revealed he requires visual supervision when he is in the bathroom and in the living unit. There is no information in the BSP regarding client #2's electric razor being locked in the staff office. Interview on 7/24/18 with the Division Director confirmed client #2's electric razor is locked in the staff office due to concerns that he may attempt to harm himself with components from the razor. She further acknowledged this information is not included in client #2's IPP or BSP.	W 288	See attached Plan of Correction	
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing,	W 460	See attached Plan of Correction	

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W 460	<p>Continued From page 3 well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #1 received her prescribed diet as indicated. This affected 1 of 1 audit clients residing in Newport. The finding is:</p> <p>Client #1 did not receive her prescribed diet as indicated, including necessary supplements and additions.</p> <p>During dinner observations in the home on 7/23/18 at 5:10pm, client #1 was served pureed food items and nectar thickened tea, water and milk. The client consumed 2 - 3 bites of the food, drank her liquids and threw away the remaining food. No other food or drink items were offered or consumed by client #1 before leaving the dining room.</p> <p>During breakfast observations in the home on 7/24/18 at 7:18am, client #1 consumed pureed food items and nectar thickened milk and water. The client consumed all food and drink items. No other food or drink items were offered or consumed by the client at breakfast.</p> <p>During additional dinner observations in the home on 7/24/18 at 5:14pm, client #1 consumed 2 - 3 bites of pureed food items and drank nectar thickened Kool-aid, milk and water. The client then threw away the remaining food. No other food was offered or consumed by client #1; however, she did drink additional glasses of thickened water and Kool-aid.</p>	W 460	See attached Plan of Correction		

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W 460	<p>Continued From page 4</p> <p>Staff interviews (2) on 7/24/18 revealed client #1 should consume a pureed diet with thickened liquids. Additional interview indicated the client's thickened liquids and thickened Ensure Plus are already prepared and in the refrigerator in the dining room.</p> <p>Review on 7/23/18 of client #1's Individual Program Plan (IPP) dated 2/14/18 revealed an interim meeting was held on 6/22/18 to temporarily change the client's diet to "pureed consistency". Additional review of client #1's meal card indicated she receives a pureed food consistency and nectar thick liquids. The card also noted yogurt and 16 oz of nectar thick Ensure Plus should be added at breakfast while yogurt, pudding and 16 oz of nectar thick Ensure Plus should be added at lunch and pudding and 16 oz of nectar thick Ensure Plus should be added at the dinner meal. Further review of the meal card revealed the client should also receive 8 oz of nectar thick Ensure Plus or 8 oz of nectar thick Ensure Clear for less than 50% meal intake.</p> <p>Interview on 7/24/18 with the Qualified Intellectual Disabilities Professional (QIDP) and on 7/25/18 with the Division Director confirmed client #1 should consume thickened Ensure Plus at meals and additional items identified on her meal card (i.e. yogurt and pudding) as indicated.</p>	W 460	See attached Plan of Correction	
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Murdoch Developmental Center
2018 ICF/IID Annual Recertification Survey Plan of Correction

W288

483.450(b)(3) Management of Inappropriate Client Behavior

Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.

- 1. Standard not met as evidenced by audit clients #2 and #3 electric razors being locked in the tech station without being included in their active treatment plans.**

Teams will evaluate each person served on BART and STARS for their ability to safely store their electric razors in an accessible location. Rights restrictions will be implemented for any person deemed unable to be safely provided free access to their razor. Persons determined in need of a rights restriction will have a plan developed that works toward restoration of independent access to their razor. The need for continuation of a rights restrictions will be documented in the person's record by the Unit Manager each month that the restriction remains in effect. To prevent reoccurrence, management staff within Meadowview and Woodside Cottages will be retrained by Advocacy Services on the Center's standard procedures pertaining to the restriction of personal items. Division management within Meadowview and Woodside Cottages will monitor for compliance with the Center's standard procedures through twice monthly random checks for a period of time sufficient to assure ongoing compliance.

Target Date: September 1, 2018

W460

483.480(a)(1) Food and Nutrition Services

Each Client must receive a nourishing, well balanced diet including modified and specially-prescribed diets.

- 1. Standard not met as evidenced by audit client #1 not receiving her prescribed diet as indicated, including necessary supplements and additions.**

All direct care staff assigned to Newport Cottage Unit III, will be inserviced on Client #1's prescribed diet by the cottage Preceptor/Dietician.

Mealtime monitoring will be conducted by Newport cottage professional staff (QIDP, Division Director, Nurse Supervisor, Social Worker, Dietician, Speech Pathologist) during at least 3 meals per week (breakfast, lunch, dinner) to monitor for compliance and immediate feedback provided to direct care staff as indicated. To prevent reoccurrence, observations and any concerns will be documented on the *Newport Cottage Mealtime Monitoring* report and submitted to the cottage Director or designee when completed, for review and follow up.

Target Date: September 1, 2018



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of State Operated Healthcare Facilities
Murdoch Developmental Center

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
DALE ARMSTRONG • Deputy Secretary - DSOHF
PAM KUHNO • Director of Murdoch Developmental Center

August 1, 2018

Ms. Lesa Williams
Facility Survey Consultant II
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Recertification Survey July 23-25, 2018
Murdoch Developmental Center
Provider Number 34G002

Dear Ms. Williams:

Please find enclosed Murdoch Developmental Center's Plan of Correction as a result of the ICF/IID Recertification Survey conducted July 23-25, 2018.

If you have any questions or concerns, please feel free to contact my office at (919) 575-1000.

Sincerely,

Pam Kuhno
Director of Murdoch Developmental Center

Enclosure

Cc: Niki Ashmont
Dale Armstrong

DHSR - Mental Health

AUG 06 2018

Lic. & Cert. Section

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • MURDOCH DEVELOPMENTAL CENTER

LOCATION: 1600 East C Street, Butner, NC 27509

FACILITY MAILING ADDRESS: PO Box 3000, Butner, NC 27509 – Courier 17-10-01

www.ncdhhs.gov/divisions/dsohf/murdoch-developmental-center • TEL: #919-575-1000 • FAX: #919-575-1007

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