

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

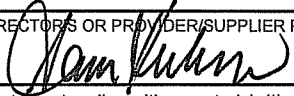
PRINTED: 06/15/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/14/2018</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MURDOCH DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 EAST C STREET BUTNER, NC 27509</b>
---	---

(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 000	INITIAL COMMENTS  An unannounced survey was completed on 6/14/18 to investigate a complaint of abuse. The allegation was not substantiated; however, a related citation was rendered for failure to complete an investigation within five working days.	W 000	<b>DHSR - Mental Health</b>  <b>JUN 20 2018</b>  <b>Lic. &amp; Cert. Section</b>	
W 156	<b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(4)  The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure an investigation ("inquiry") was completed within five working days. This potentially affected all clients residing in Woodside Cottage of the facility. The finding is:  An ongoing inquiry was not completed within five working days.  Review on 6/14/18 of an ongoing inquiry revealed that on "6/6/18 at 4:28pm" the Health Care Personal Registry (HCPR) investigator reported that a former employee at Woodside told her "that staff were taking the kids into the bathroom during behaviors at [Named] School. Staff would ask, 'Do you need a refreshing drink of water?' The child would leave the bathroom scared and overly apologetic to staff...." The report further included descriptions of four staff but no names. Further review of the inquiry packet revealed some written statements by some staff but no	W 156		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  	TITLE  <b>DIRECTOR</b>	(X6) DATE  <b>6/18/18</b>
--	------------------------------	---------------------------------

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.

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

PRINTED: 06/15/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/14/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>MURDOCH DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 EAST C STREET</b> <b>BUTNER, NC 27509</b>		
(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 156	<p>Continued From page 1 other information.</p> <p>When presenting the inquiry/investigation packet on 6/14/18 to the surveyors, the Advocate II revealed that this is an "ongoing investigation." She later clarified that this is an "inquiry" by the facility definition.</p> <p>Further interview with the Advocate II confirmed the inquiry is not complete and that the facility usually completes all inquiries and investigations within five working days. She acknowledged that she had not realized this inquiry was not completed within five days until now. She confirmed the inquiry was not completed within five working days when looking at a calendar.</p> <p>Interview on 6/14/18 with the Quality Assurance professional also confirmed the inquiry was not complete and is ongoing.</p>	W 156			

**Murdoch Developmental Center  
June 2018 ICF/IID Complaint Survey Plan of Correction**

---

**W 156**

**483.420(d)(4) Staff Treatment of Clients**

**The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident**

---

**1. An ongoing investigation was not completed within five working days.**

- The advocacy inquiry for this citation was completed on June 14, 2018.
- In addition to advocacy and management's existing tracking mechanisms for completion of investigations, an additional tracking mechanism was added to the advocacy log, which is completed and sent out to all advocates and management daily. This change will allow for management and advocacy to monitor and track due dates of open investigations on an everyday (business days) basis. All advocates and executive leadership will be trained on the addition to the advocacy log.

Target Date: July 1, 2018

**RECEIVED**

**JUN 20 2018**

**DHSR-MH Licensure Sect**