

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

PRINTED: 11/09/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/01/2018
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HOMES-SWANNANOVA			STREET ADDRESS, CITY, STATE, ZIP CODE 91 POPLAR CIRCLE SWANNANOVA, NC 28778	
(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	W 000		
W 149	<p>Intake #NC00144614</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: The facility failed to ensure its procedures to manage the behaviors of 1 of 1 sampled clients (#16) did not result in the neglect of other clients in the home as evidenced by observation, interview and record verification. The finding is:</p> <p>Review of client #16's individual program plan (IPP) dated 5/18/18 revealed a behavior support plan (BSP) updated 9/28/18 to address the client's disruptive behavior. Review of the BSP revealed client #16's disruptive behaviors are identified as non-compliance, intrusive seeking behavior, inappropriate aggressive contact, verbal aggression, PICA, physical aggression, property destruction, absent without leave (AWOL), verbally threatening self-injurious behavior, making untrue statements, invading the privacy of other clients' rooms and entering the bedroom of another client without permission or approval.</p> <p>Further review of the BSP, substantiated by interview with administrative staff, revealed the BSP was updated on 9/28/18 and included monitoring with the use of a silent alarm to be placed on client #16's door to alert staff when he leaves his room at night to keep client #16 from</p>	W 149		

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

TITLE

(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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W 149	<p>Continued From page 1</p> <p>going into others personal bedrooms. Further interview with administrative staff revealed the BSP update and silent alarm were a response to client #16's recent behaviors of entering other clients' bedrooms.</p> <p>Review of client #16's behavior log revealed the client was noted on 9/25/18 to be seen exiting client #29's bedroom by staff. Further review of the behavior log revealed once again on 9/28/18 client #16 was observed entering client #31's bedroom at 8:27 PM without permission and was caught at 10:50 PM going into client #29's bedroom after he was laying down to go to sleep.</p> <p>Continued review of the behavior log revealed after the BSP revision of 9/28/18, revealed other incidents continued to occur including 10/1/18 when client #16 stole staff's drink located in client #31's bedroom, 10/2/18 when client #16 was caught going through client #7's dresser and 10/11/18 when staff saw client #16 go into client #29's bedroom. Information included in the 10/11/18 entry revealed when staff got to the doorway, client #16 was exiting and client #29 stated client #16 had hit him.</p> <p>Interview with staff in Hawksbill and administrative staff revealed other than the revision to the BSP to include the use of the silent alarm and the need to keep better track of client #16, no other changes have been made in the home. Staffing patterns and numbers are still noted to be the same as well as the level of supervision provided for client #16. Subsequent interviews with administrative staff revealed that as of the 11/1/18 survey the silent alarm has not been installed as the facility is waiting for the alarm company to schedule a time.</p>	W 149			

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W 149	Continued From page 2 The facility recognized the need for increased supervision to assure client #16 did not exit his bedroom to enter others rooms and developed a plan. However, the facility did not implement alternative methods to appropriately monitor client #16 such as increasing staff or supervision until the alarm system could be installed. As a result, the facility ended up neglecting the needs of the other clients in the home.	W 149		