

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

PRINTED: 08/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/03/2018
NAME OF PROVIDER OR SUPPLIER KEYWEST CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1722 ATHENS AVENUE DURHAM, NC 27707		
(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 122	<p>CLIENT PROTECTIONS CFR(s): 483.420</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: The facility failed to: assure the clients were not subjected to physical abuse (W127) and to implement procedures to take appropriate corrective action to reasonably prevent the possibility of abuse, neglect, mistreatment or injury from potentially occurring to clients (W157).</p> <p>The cumulative effect of this practice resulted in the facility's failure to provide statutorily mandated services of client protections to its clients.</p>	W 122	<p>Keywest Center ultimate goal is to have a zero tolerance to any act of abuse, neglect, and exploitation committed against any client. In establishing a zero tolerance, Keywest Center has enacted preventive measures against abuse, neglect, and exploitation before it has the chance to even occur. Keywest has proactively developed a plan to limit situations where they may occur and decrease the likelihood that they will ever have to experience abuse, neglect and exploitation. Measures implemented:</p> <ul style="list-style-type: none"> *Re-training of the abuse/neglect/exploitation policy to all administrative and all direct care staff. Review and revision of policies. Education to consumers and guardians on self-protection, information in order to identify behaviors that constitute abuse, neglect and exploitation. Who they can talk to about concerns or have questions about the actions of their caregivers. Background screening and reference checks on prospective caregivers on continuance basis. Unannounced visits at different times of the day for the purpose of monitoring caregiver behaviors and activities. Education in direct care signs and symptoms of abuse, neglect and exploitation. Expansion of social circles so that more people would be involved in person's life and therefore recognize and identify any abuse, neglect and exploitation and can be easily and quickly reported. Training sections on personal safety, individual rights, assertiveness and effective communications. Review if hiring and managing direct care providers. Attendance to the Mental Health Licensure and Certification Training Monitoring of data and PCPs monthly. 	8/3/2018	
W 127	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(5)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and document review, the facility failed to assure 1 of 1 sampled client (#1) and 5 of 5 non sampled clients (#2, #3, #4, #5 and #6) were not potentially subjected to physical abuse and punishment. The finding is:</p>	W 127	<p>DHSR - Mental Health</p> <p>AUG 27 2018</p> <p>Lic. & Cert. Section</p>	9/17/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Tony R. Bullock	TITLE Administrator	(X6) DATE 8/8/18
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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 127	<p>Continued From page 1</p> <p>The facility did not assure client #1 was not potentially subjected to physical abuse or punishment.</p> <p>During a complaint investigation on 8/2/2018, the qualified intellectual disabilities professional (QIDP) was interviewed by both surveyors about a different client then revealed information about client #1. During this interview the QIDP revealed, "No staff, including myself are not allowed to touch the clients push, shove, hit. Yes, I have shoved. If a client gets in my space I will shove them out of my space. You can take that to whomever you want. Yes, I will shove, if I have asked a client [Client #1] to move out of my space over 3 times."</p> <p>Review on 8/2/18 of the facility's policy 00028 "Client Abuse, Neglect, Exploitation and Record Falsification Policy effective 1/1990 revealed, "A. Physical: The infliction of physical discomfort, pain or injury through the use of physical force by other than accidental means. Physical abuse also includes but is not limited to the following examples: 1. Striking an individual who works at [Facility's name] with hand (closed or open), foot (kicking), knee (kneeing), etc....3. Burning, cutting, shoving, jerking, tripping unreasonable confinement , or pushing in a manner that may cause or causes physical harm or injury.... B. Emotional: Abusive verbal or nonverbal interactions with or in the presences of individuals served that may result in distress, fear or a negative reaction. Emotional abuse includes but is not limited to the following examples which may or may not be intentional: 1. Threatening punishment, deprivation or physical violence of any form. 2. Baiting, teasing, taunting, scolding,</p>	W 127	<p>The Facility Director/QIDP denies using the word(s) shove, push or pull in describing interventions to deescalate Client #1 pass incident or any incident, as I have reviewed all previous Incident/ Accident/Injury Reports. Client #1 has a diagnosis of 299.00 (F84.0) Autism Spectrum Disorder-with accompanying intellectual impairment; and 319 (F79) Intellectual Development Disorder - severe-Level 3 -requires substantial support and exhibits the following behaviors when he becomes aggressive (flopping, pushing, deliberately falling on clients or staff; and SIB).</p> <p>In the BIP plan, interventions are used; to protect client #1 and staff from injury which are documented by his psychologist. Client #1's Psychiatrist, Primary Care Physician and Human Rights committee also are aware of his behaviors and techniques used.</p>		

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W 127	<p>Continued From page 2</p> <p>using profane language or a loud harsh tone of voice or acting in any manner designed to humiliate a person in any manner inconsistent with his/her therapeutic goals."</p> <p>Review on 8/2/18 of the facility's policy and procedure Definitions of Types of Mistreatment(no date) revealed, "FORMS OF MISTREATMENT 1. Physical Abuse - The indication of physical discomfort, pain or injury through the use of physical force by other than accidental means. Examples of physical abuse include but not limited to: Hitting Kicking Pinching Hair pulling Shoving Unreasonable confinement...."</p> <p>Facility Director/QIDP admitted to shoving a client when he got in her face as part of an interview conduct by surveyors during a complaint investigation. Interview with the assistant QIDP revealed when told about the conversation and the allegation of physical abuse reported that he could not do anything as she was the owner/director of the facility. Immediate Jeopardy was called due to the director admitting she had abused a client in the past and remained working in the facility.</p> <p>During an interview on 8/3/18, the facility's psychologist provided a plan of correction to ensure client safety was provided to remove the immediate jeopardy (IJ): "1. ...QIDP will have no direct contact or supervision of [Facility's name] clients until completion of an independent investigation of an abuse issue is received by</p>	W 127	<p>At present time the Facility Director/ QIDP has no direct contact or supervision of Keywest clients until completion of an Independent Investigation of an abuse issue that is received, assessed and responded to by DHSR. The facility Director/QIDP is only in the facility while another staff member is present with the above mention restriction. Independent Investigation completed by Patricia Spivey, BSW, QP (patpiano19@gmail.com / 919-717-2162) and reports its finding which is being sent to DHSR and is listed below:</p> <p>No findings of allegations of abuse, neglect, or exploitation - All suspected or alleged cases of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult to the local DSS, pursuant to G.S. 108A Article 6, G.S. 7B Article 3 and 10A NCAC 27G.0610 did not occur in this facility and no such as of physical or mental abuse was determined. Several recent Incident/ Accident/Injury reports were reviewed dated: 4/27/18 - Shoulder Injury; 5/23/18 - Eye Injury; 7/1/18 - Ankle Injury and 7/25/18 - Incident Report detailing client falling into wall, causing huge hole but sustaining no injuries. With the exception of the ankle injury, the Facility Director/QIDP was absent when these incidents/injuries occurred. This known client was visited by family on 7/29/18 and there were no reports of injury. Facility policy and practices are being followed concerning client treatment, rights and protection.</p>		

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W 127	Continued From page 3 DHSR; and has been assessed and responded to by DHSR. 2. Pending resolution by DHSR of the above referenced issue, [QIDP's name] can only be in the [Facility's name]...while another staff member is present and she is subject to the same restrictions listed in item 1 above."	W 127	Documents including record review offer well defined information, medical intervention and agency reporting all under the supervision of the Facility Director/QIDP	9/17/18	
W 157	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) If the alleged violation is verified, appropriate corrective action must be taken. This STANDARD is not met as evidenced by: Based on an interviews and document review the facility failed to take the appropriate corrective action to prevent the possibility of abuse, mistreatment and/or injury from occurring to 1 of 1 sampled client (#1). The finding is: The corrective measure to prevent the possibility of client abuse, mistreatment or injury from occurring was not provided. During a complaint investigation on 8/2/2018, the qualified intellectual disabilities professional (QIDP) was interviewed by both surveyors about a different client then revealed information about client #1. During this interview the QIDP revealed, "No staff, including myself are not allowed to touch the clients push, shove, hit. Yes, I have shoved. If a client gets in my space I will shove them out of my space. You can take that to whomever you want. Yes, I will shove, if I have asked a client [Client #1] to move out of my space over 3 times." Review on 8/2/18 of the facility's policy 00028	W 157	Training Session on Client's Rights and Responsibilities held and attended by all employees and employers. Reviewed and discussed with Facility management its policy and practices about client abuse / abuse policy and revised. Purpose: To establish a uniform policy and procedures for reporting and responding to all abuse/neglect/ exploitation allegations and deaths. It is the policy and the responsibility of Keywest to report all allegations of abuse/neglect/exploitation and deaths within the required time frames in an appropriate and thorough manner. All employees (which includes owners/ operators, contractors, subcontractors and volunteers) of Keywest shall adhere to the standards set forth in these policy directives ("Client Abuse, Neglect, and Expolitation"; "Rules for Interaction"; "Rights of Persons Residing at Keywest"; and "Social Interaction". Procedure(s): If an employee witness, is told of, or suspects an incident of physical abuse, sexual abuse, mental abuse, finanical exploitation, neglect, or a death has occurred, the employee or agency shall report the allegation immediately.	8/3/18	

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W 157	<p>Continued From page 4</p> <p>Client Abuse, Neglect, Exploitation and Record Falsification Policy effective 1/1990 revealed, "A. Physical: The infliction of physical discomfort, pain or injury through the use of physical force by other than accidental means. Physical abuse also includes but is not limited to the following examples: 1. Striking an individual who works at [Facility's name] with hand (closed or open), foot (kicking), knee (kneeing), etc....3. Burning, cutting, shoving, jerking, tripping unreasonable confinement, or pushing in a manner that may cause or causes physical harm or injury...."</p> <p>Review on 8/2/18 of the facility's policy and procedure Definitions of Types of Mistreatment(no date) revealed, "FORMS OF MISTREATMENT 1. Physical Abuse - The indication of physical discomfort, pain or injury through the use of physical force by other than accidental means. Examples of physical abuse include but not limited to: Hitting Kicking Pinching Hair pulling Shoving Unreasonable confinement...."</p> <p>During an interview on 8/2/18, the assistant qualified intellectual disabilities professional (AQIDP) was informed of the information the QIDP revealed to the surveyors. The AQIDP stated, "What am I to do? She is the owner, this is her facility." Additional interview revealed he did not know what to do. The surveyors informed the AQIDP, the QIDP should not be allowed around the clients and no action was immediately taken.</p>	W 157	<p>Nothing precludes the employee and/or employer from reporting the allegation immediately to the agency. Incident Management /Investigation - If an allegation would meet the definition of abuse and neglect, Keywest shall: Ensure the immediate care and protection of the victim(s); Obtain medical exam, when applicable and fully document the findings; Remove accused employee(s) / employer-owner / consultant(s) / volunteer(s) from having contact with any individuals at the agency, when there is credible evidence supporting an allegation of abuse, pending the outcome of any further investigation, prosecution or disciplinary action against the individuals.</p> <p>The Incident Response Improvement System Reviewed.</p> <p>Keywest will also notify all other appropriate agencies such as any regulatory or accrediting agencies as required by all governing rules or statutes, including federal requirements.</p> <p>Keywest adheres to this statement: All incidents will be documented and analyzed as part of the quality assurance and improvement process: Level 1 incidents are to be documented on the provider agency's internal form and should not be submitted in IRIS. Level II and Level III incidents must be documented in IRIS. All incident reports are protected quality assurance documents and should not be filed in the Individual's service record. Illness of a consumer: Medical illness is not reportable unless it results in injury or death or is believed to be caused by abuse/neglect or medication error.</p> <p>A Treatment Team meeting will be held to review and update the incident and receive recommendations to improve the quality of care for its consumers.</p>	8/3/18	9/17/18