

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

PRINTED: 04/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER LYNN ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 515 LYNN ROAD 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 231	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii)</p> <p>The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the individual program plan (IPP) included goals which were expressed in behavioral terms that provide measurable indices of performance for 1 of 3 audit clients (#6). The finding is:</p> <p>Client objective did not provide measurable indices of performance.</p> <p>Review on 4/15/19 of client #6's IPP dated 8/8/18 revealed an objectives with no measuring indices:</p> <p>"[Client #6], will refrain from self-injury for 12 consecutive months."</p> <p>Interview on 4/16/19 with the qualified intellectual disabilities professional (QIDP) confirmed the objective statements the client needed to be revised to include measurable indices of performance.</p>	W 231			
W 248	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7)</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p>	W 248			

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.

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

PRINTED: 04/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER LYNN ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 515 LYNN ROAD 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 248	Continued From page 1 This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to assure outside services meet the needs of each client. This affected 2 of 3 audit clients (#2, #3). The findings are: Clients #2, #3 did not have current behavior support plans (BSP) available to at the home. During review on 4/15/19 of client #2's record at home revealed an individual program plan (BSP) dated 1/2/18. This was the most current IPP on file at the home. Further review at the office revealed a BSP dated 12/10/18. During review on 4/15/19 of client #3's record at home revealed an individual program plan (BSP) dated 3/2/18. This was the most current IPP on file at the home. Further review at the office revealed a BSP dated 3/1/19 During an interview on 4/16/19, with the Qualified Intellectual Disabilities Professional (QIDP) and home management confirmed client #2 and #3 did not current BSP since the charts are kept in the office.	W 248			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, interviews and record	W 288			

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

PRINTED: 04/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER LYNN ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 515 LYNN ROAD 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 288	Continued From page 2 review, the facility failed to ensure a technique to manage client #6's moods was included in a formal active treatment plan. This affected 1 of 4 audit clients (client #4). The finding is: The use of Risperdal was not included in client #4's active treatment plan. Review on 4/15/19 of client #4's physician's orders dated 1/2/19 revealed the client ingests Risperdal 0.5mg twice a day. Additional review of the client's record did not include a formal treatment plan which incorporated the use of Risperdal. Interview on 4/15/19, with the Qualified Intellectual Disabilities Professional (QIDP) confirmed he was not aware that client #4 takes Risperdal for behavior. The QIDP acknowledged the medication should be included in a formal active treatment plan.	W 288			
W 350	DENTAL SERVICES CFR(s): 483.460(e)(3) The facility must provide education and training in the maintenance of oral health. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure training was provided for the maintenance of the clients' oral health. This affected 1 of 3 audit clients (#6). The finding is: Training was not provided to address improving client #6's oral health. Review on 4/15/19 of client #6's dental report	W 350			

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

PRINTED: 04/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER LYNN ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 515 LYNN ROAD 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 350	Continued From page 3 dated 4/25/18 revealed, "Patient allowed exam only with dental hygiene rating of 4/10." Review on 4/15/19 of client #6's dental report dated 11/28/18 revealed, "lot of calculus no cleaning or dental hygiene rating." Review on 4/15/19 of client #6's dental report dated 1/23/19 revealed, "lot of plaque and calculus with dental hygiene rating 4/10." Review on 4/15/19 of client #6's individual program plan (IPP) dated 9/11/18 revealed, client #6 does have a service goal for good oral hygiene with toothbrushing guideline implemented 6/18. Interview on 4/16/19, the qualified intellectual disabilities professional (QIDP) revealed no training has been provided for client #6 and/or staff since his dental visit on 1/23/19. The QIDP acknowledged more training is needed.	W 350			
W 351	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(1) Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission). This STANDARD is not met as evidenced by: Based on record review and interview the facility	W 351			

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

PRINTED: 04/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER LYNN ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 515 LYNN ROAD 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 351	Continued From page 4 failed to assure 1 of 1 newly admitted audit clients (#1) was provided a dental examination no later than one month after admission to the facility. The finding is: Client #1 did not receive a dental examination in a timely manner. Review on 4/15/19 of client #1's record revealed he was admitted into the facility on 6/11/18. Further review revealed a dental examination dated 11/14/18. This assessment was not performed within 30 days of his admission. During an interview on 4/16, the qualified intellectual disabilities professional (QIDP) confirmed client #1's dental examination was not completed within 30 days of his admission.	W 351			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure food was served at an appropriate temperature. The finding is: Client #6's food was not served at an appropriate temperature. During dinner observations in the home on 4/15/19 at 5:28pm, staff B, removed the food from heating source and the food was transferred to a serving bowl. Client #5 was assisting in this procedure. Further observation revealed client #6	W 473			

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

PRINTED: 04/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER LYNN ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 515 LYNN ROAD 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 473	<p>Continued From page 5</p> <p>come to the table at approximately 6:02pm and was assisted on serving his food. At no time was the temperature of the food checked or food was heated.</p> <p>Interview on 4/15/19 with the home manager revealed they should take the temperature of food to ensure it is served at appropriate temperature. The home manager produced a document which indicates the appropriate temperature of hot and foods.</p> <p>Interview on 4/16/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be taking food temperatures as indicated by the document in safety book.</p>	W 473			