

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

PRINTED: 04/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G115		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/24/2019	
NAME OF PROVIDER OR SUPPLIER DARTMOUTH ROAD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 210 DARTMOUTH ROAD RALEIGH, NC 27606			
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #5's Individual Support Plan (ISP) included objectives to meet her needs. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #5's ISP did not include specific objectives to address her communication needs.</p> <p>During observations throughout the survey in the home and at the day program on 4/23 - 4/24/19, client #5 was non-verbal and communicated with staff by pointing, using gestures or attempting to physically take staff to what she wanted or where she wanted to go. Although client #5 carried a communication notebook with her or kept it nearby, she was not observed to use the notebook nor was she prompted or assisted to utilize the communication notebook.</p> <p>Interview on 4/23/19 with Staff B revealed client #5 understands what is being said to her very well and is "very smart".</p> <p>Review on 4/24/19 of client #5's ISP dated 8/29/18 revealed she utilizes a communication book daily to address her communication skills. Additional review of the client's Communication Update and Guidelines for Functional</p>			W 227			

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 227	Continued From page 1 Communication dated 3/1/19 and 9/2018, respectively, revealed, "...[Client #5] is able to communicate her wants and needs fairly effectively...Her quality of expressive communication is sometimes vague, but can become specific with facilitated assistance... [Client #5] was on a formal program for many years to increase her expressive communication with manual signs and through use of her communication book..." Additional review of client #5's communication book revealed various picture symbols for communicating her mood, getting dressed, leisure, grooming, chores, clothing, vocational, movies, mealtime, foods and a list of the alphabet. Further review of client #5's IPP did not include current objectives to address her communication needs. Interview on 4/24/19 with the Home Supervisor revealed client #5 understands what is being said to her and has a communication book which she carries with her; however, she does not like to use it and does not use it "on a regular basis". Interview on 4/24/19 with the Qualified Intellectual Disabilities Professional (QIDP) indicated he was not aware of client #5 working on any communication objectives since he has been at the home for the past three years. The QIDP revealed the client understands questions asked of her; however, he acknowledged she continues to have deficits in her expressive communication and currently does not have a formal training objective in the area of communication.	W 227			
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for	W 242			

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W 242	<p>Continued From page 2</p> <p>those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure the Individual Support Plan (ISP) for 1 of 3 sampled clients (#4) included training in personal skills essential for privacy and independence in toileting, bathing, dressing, grooming and communication to meet the client's basic needs as evidenced by observation, interview and record verification. The finding is:</p> <p>Observations during the 4/23-24/19 survey revealed client #4 to be non-verbal and wander about the group home unless directed by staff to participate in an activity such as helping in the kitchen. Each activity was noted to require hand over hand assistance to complete. Further observations during the survey revealed part of client #4's wandering behaviors included wandering in client #5's bedroom repeatedly. For example, client #4 was observed to enter client #5's room during afternoon observations on 4/23/19 at 4:15 PM, 4:55 PM, 5:10 PM and 5:35 PM until 5:50 PM.</p> <p>Interview with the home supervisor and qualified intellectual disabilities professional (QIDP) on 4/24/19 revealed client #4 shows no independence in basic self-help and self-care skills and relies on staff to direct her through all activities using hand over hand assistance.</p>	W 242			

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W 242	<p>Continued From page 3</p> <p>Further interviews revealed client #4 is on a 2 hour toileting schedule and wears incontinence products due to toileting accidents. Continued interviews revealed client #4 can recognize her name and will respond most of the time to simple directions from staff, however the client's expressive communication is very limited and is mostly facial expressions and gestures.</p> <p>Review of client #4's ISP dated 8/9/18 revealed the client is currently working on objective training to brush teeth, wash hands, participate in medication pass and make a purchase 2 times a month. Further review of the IPP revealed a Community/Home Life Assessment dated 9/9/18 which notes the client is totally dependant on staff for toileting, bathing, dressing and all home activities and requires physical assistance with dressing and respecting others privacy. Interview with the QIDP verified no training is currently included in the client's ISP to teach the client these basic skill needs.</p>	W 242			