

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

PRINTED: 05/22/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G319</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/15/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAUGHTRY FIELD ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>135 DAUGHTRY FIELD ROAD</b> <b>MOUNT OLIVE, NC 28365</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 154	<p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 1 investigations reviewed was thorough. This potentially affects all clients residing in the facility. The finding is:</p> <p>An investigation of the 4/21/19 incident was not thorough.</p> <p>A review on 5/15/19 of the investigation for an incident that resulted in an head injury dated 4/21/19 revealed there were interviews of staff and some interviewable clients/consumers. The alleged staff was suspended during the investigation. Client #1 received an injury to his head. Staff reported the injury as if the client had hit his head on the cabinet. However, the client stated Staff A went to the car and obtained a pipe, came in and hit him in the head while he laid in bed. All other staff on duty did not collaborate the client's story but one other client did collaborate it. For that reason, the staff was moved out of the home but not terminated. This was due to the other client witness often just going along with what he hears. The alleged abuse was not substantiated and the investigation was closed within the five working days required. This investigation was reported to health care personal registry (HCPR.)</p> <p>Interview on 5/15/19 with the administrator revealed the police had come in and found blood on the wall by client #1's bed. When asked if this</p>	W 154			
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 154	<p>Continued From page 1</p> <p>could be viewed by the surveyor she stated it could not because it had been cleaned. However, she had photos. The photos revealed blood on the wall. Because the police found this, the facility terminated the employee who had been moved. When asked why they did not look at the bed and wall where client #1 stated he was injured, the administrator could not answer. She further stated the marks on the wall were hard to see. She stated she will addend the investigation today.</p> <p>Review on 5/15/19 of the pictures of the wall revealed blood and could easily be seen.</p>	W 154			