

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/12/2019
NAME OF PROVIDER OR SUPPLIER CREST ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387	
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#4, #5) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP)'s. The findings are:</p> <p>Direct care staff did not offer leisure choices or engage clients #4, #5 in home living activities during observations on 6/11/19.</p> <p>During observations in the facility on 6/12/19 from 10:00am-11:00am and from 12:00pm-2:30pm clients #4, #5 were either in their bedrooms or in the living area of the facility with the blinds closed and no activities offered. Client #4 sat on the living room couch rocking back and forth watching the Disney television channel. Client #5 arranged broken puzzles and small animated</p>	W 249		

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: 06/14/2019
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W 249	<p>Continued From page 1</p> <p>animals on a table in the activity room. At intervals, client #5 sat in a living room chair in the living room and watched television.</p> <p>Both staff were seated in the living area of the facility and checked on clients #4, #5 and other clients in the bedrooms at intervals.</p> <p>Interview on 6/12/19 with client #5 revealed that many of the leisure supplies including several puzzles, an Uno game and other activities were broken and needed to be replaced.</p> <p>Interview on 6/12/19 with staff #A revealed several puzzle pieces had been misplaced, the Uno game was incomplete and there were no other working leisure activities. She stated staff had mentioned this to the residential manager. Further interview revealed client #4, #5 were out of school for their summer vacation. She stated clients could stay in their bedrooms, watch television or play with activities in the facility. When asked what training objectives clients #4, #5 were working on she stated both clients have money management objectives that are trained twice daily. Additional interview revealed direct care staff have to obtain approval from management before leaving the facility with the clients for community outings. When asked if any community outings were planned for this week, she stated she would have to ask the residential manager (RM).</p> <p>Interview with staff #B on 6/12/19 revealed he had been working at the facility for about one week. Staff B stated these leisure supplies had been broken since he started work.</p> <p>Review on 6/12/19 of client #4's IPP dated</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>9/26/18 revealed she has needs in the area of increasing her leisure skills continuing community outings, continue formal program to use a communication program, improve self-help skills and improve prevocational skills. Further review of the IPP revealed she has training objectives to improve money management with 40% independence, brush teeth with 45% independence, and display appropriate toileting skills (wiping after toileting) with 40% independence.</p> <p>Review on 6/12/19 of client #5's IPP dated 5/24/18 revealed she has needs to increase leisure skills, continue community outings, encourage group activities, improve dressing skills, improve toothbrushing skills, use utensils during mealtime, take clothing off hangers, continue her formal behavior support program and improve money management. Further review of the IPP revealed formal objectives to display appropriate toileting skills, brush her teeth thoroughly with 40% accuracy, identify money with 40% accuracy and decrease inappropriate behaviors through implementation of her behavior support program.</p> <p>Interview on 6/12/19 with the residential manager (RM) revealed clients #4, #5 are out of school and are at home this week. He stated several clients will be attending summer school which will include client #5 starting around June 24, 2019. The RM stated there are not definite plans for the other clients to be enrolled in other programs this summer and an alternate active treatment schedule for the clients that are out of school has not been developed.</p> <p>Interview on 6/12/19 with the qualified intellectual</p>	W 249			

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W 249	Continued From page 3 disabilities professional (QIDP) revealed clients #4 and #5 are out of school until August. She did confirm that several clients will be attending summer school which includes client #5 starting around June 24, 2019. She also confirmed an alternate summer active treatment schedule has not been developed for the clients in the home. She stated staff are able to take clients on community outings, carry out home living activities, leisure activities. She did however, acknowledge several of the table top activities are broken.	W 249			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the qualified intellectual disabilities professional (QIDP) failed to ensure 1 of 6 clients (#5) individual program plans (IPP's) were updated at least annually as required,. The findings include: 1. Client #5's IPP was not updated annually . Review on 6/12/19 of client #5's IPP revealed her last IPP meeting was held on 5/24/18. Interview on 6/12/19 with the qualified intellectual disabilities professional (QIDP) revealed she was unaware that client #5's IPP was not updated as required. Further interview revealed she is responsible for updating all IPP's for the clients in the facility.	W 260			

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W 435	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(1)</p> <p>The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure an adequate supply of recreational/leisure materials were available for informal active treatment programs to be implemented. The findings are:</p> <p>During observations in the facility on 6/12/19 from 10:00am-11:00am and from 12:00pm-2:30pm clients #4, #5 were either in their bedrooms or in the living area of the facility with the blinds closed and no activities offered. Client #4 sat on the living room couch rocking back and forth watching the Disney television channel. Client #5 arranged broken puzzles and small animated animals on a table in the activity room. At intervals, client #5 sat in a living room chair in the living room and watched television.</p> <p>Interview on 6/12/19 with client #5 revealed that many of the leisure supplies including several puzzles, an Uno game and other activities were broken and needed to be replaced.</p> <p>Interview on 6/12/19 with staff #A revealed they have mentioned to the residential manager (RM)</p>	W 435			

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W 435	Continued From page 5 that several of the leisure activities are broken and need to be replaced. Interview on 6/12/19 with the qualified intellectual disabilities professional (QIDP) revealed clients #4 and #5 are out of school until August. She also confirmed an alternate summer active treatment schedule has not been developed for the clients in the home. She stated staff are able to take clients on community outings, carry out home living activities, leisure activities. She did however, acknowledge several of the table top activities are broken.	W 435		