

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

PRINTED: 08/22/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/21/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MYRTLE GROVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6732 MYRTLE GROVE ROAD WILMINGTON, NC 28409</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 255	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(1)(i)</p> <p>The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #6's Individual Program Plan (IPP) was reviewed and/or revised as needed after he had completed objectives identified in the Behavior Support Plan (BSP). This affected 1 of 3 audit clients. The finding is:</p> <p>Client #6's IPP was not revised after he completed 2 of 5 BSP objectives.</p> <p>Review on 8/20/19 of client #6's BSP last revised on 5/11/19 revealed objectives to engage in fewer incidents of odd compulsive behavior/severe stereotypic or hyperactive behavior as evidenced by odd behavior/odd average monthly rating of 1.5 or less for 6 consecutive months (began 4/25/15) and to engage in inappropriate removing clothing from the closet 0 shifts for 6 consecutive months (began 5/16/13). Additional review of psychology progress notes for the objectives indicated the following:</p> <p>Compulsive behaviors</p> <p>06/18 - 1.5 07/18 - 1.1 08/18 - 1.2 09/18 - 1.2 10/18 - 1.4 11/18 - 1.2</p>	W 255			

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 255	Continued From page 1 12/18 - 1.2 01/19 - 1.1 02/19 - 1.2 03/19 - 1.5 04/19 - 1.2 05/19 - 1.4 06/19 - 1.1  Removing Clothes  4/18 to 6/19 - 0 incidents  During an interview on 8/21/19, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged client #6 has exhibited fewer inappropriate behaviors over the past year and has likely completed some of his behavior objectives.	W 255			