

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

PRINTED: 08/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/22/2019
NAME OF PROVIDER OR SUPPLIER BRICES CREEK ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 BRICES CREEK ROAD NEW BERN, NC 28562	
(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 154	<p>STAFF TREATMENT OF CLIENTS 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 review of an incident and interviews, the facility failed to assure all allegations of abuse were thoroughly investigated. This affected 1 of 1 audit clients (#1). The finding is:</p> <p>An allegation made by client #1's family was not thoroughly investigated.</p> <p>An interview on 8/22/19 with the group home manager and the qualified intellectual disability professional (QIDP) revealed there was a question by client #1's father to a direct care specialist about client #1 being abused. The home manager stated the father had asked if staff were abusing client #1. The staff told him no. He asked because of her ducking and covering her head while with the family on visitation.</p> <p>The group home manager presented a documentation note of the incident during the interview on 8/22/19. The direct care staff note stated, "When picking up [client #1], from therapeutic leave, client #1's dad asked staff if any staff was hitting client #1 because she was flinching and saying 'Don't play me.' I had told</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>him that I didn't know anyone that is/was hitting her and that I don't hit client #1. He seem upset and change the topic." This incident report was dated 7/30/19.</p> <p>During further interview on 8/22/19, the QIDP indicated she was not sure if this had been investigated and called her corporate office to inquire. The corporate official was to call back by 5pm if she had investigated and there was no call back.</p> <p>During an interview on 8/22/19, the home manager stated the father's voice is often raised when talking and that the home staff do not raise their voice. She further indicated client #1 had never flinched as described with the home staff.</p> <p>Neither the home manager nor the QIDP could provide any evidence of investigation of the allegation.</p>	W 154			