

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

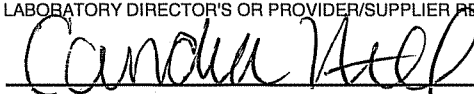
PRINTED: 05/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/15/2019
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NAME OF PROVIDER OR SUPPLIER DAUGHTRY FIELD ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365
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(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
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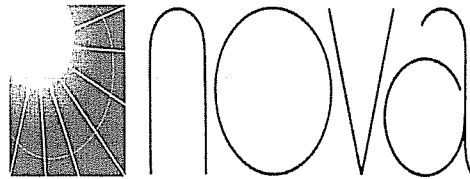
W 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 1 investigations reviewed 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	<p>Staff treatment of clients</p> <p>The facility will update the investigative procedures to ensure that a thorough investigation is completed.</p> <p>Responsible Persons: Inquiry/Investigative Team</p> <p>Frequency: Initial Training and as deemed necessary</p> <p style="text-align: center;">DHSR - Mental Health JUN 05 2019 Lic. & Cert. Section</p>	6-14-19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Program Director	(X6) DATE 5-30-19
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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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NAME OF PROVIDER OR SUPPLIER DAUGHTRY FIELD ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365		
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W 154	Continued From page 1 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. Review on 5/15/19 of the pictures of the wall revealed blood and could easily be seen.	W 154			



BEHAVIORAL HEALTHCARE CORPORATION
.....lighting the way to new beginnings

May 30th, 2019

Joy Alford, QIDP/SW
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Recertification Survey
Facility: Daughtry Field Road Group Home
MHL: 096-037

Dear Ms. Joy Alford,

We, Nova, IC., truly appreciates you for conducting our annual survey at our Daughtry Field Road Group Home Group Home located in Goldsboro, NC. We appreciate your input, patience, and knowledge. We always take surveys as an opportunity to learn, grow, and make improvements for the wellbeing of the population we serve. Thank you for all that you do to ensure efficiency, quality, and growth.

Furthermore, I, Candra Hill, Program Director, received a copy of the Statement of Deficiencies via e-mail. I have attached the Plan of Correction for Nova, IC.'s Daughtry Field Road Group Home Group Home located at 135 Daughtry Field Road Mount Olive, NC 28365.

Should you have questions, comments, or concerns, please feel free to contact me at your earliest convenience.

Very Respectfully,

Candra Hill
Program Director, MSW

Nova, IC.

Tuesday, May 30th, 2019