

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

PRINTED: 08/29/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>O'BERRY NEURO-MEDICAL TREATMENT CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 OLD SMITHFIELD RD GOLDSBORO, NC 27530</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 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 reviews and interviews, the facility failed to ensure 6 of 14 audit clients (#1, #2, #6, #8, #11, #13) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive dining equipment use, choice, program implementation, and mealtime guidelines. The findings are:</p> <p>1. Client #8's mealtime guidelines were not implemented.</p> <p>During lunch observations in Building 277 on 8/26/19 at 12:12pm, client #8 consumed a whole slice of ham using his hands. Throughout the meal, the client was not prompted to place his hand in his lap.</p> <p>During lunch observations in Building 277 on 8/27/19 at 12:13pm, client #8 consumed a whole pork chop using his hands. Throughout the meal, the client consistently used both hands to hold his pork chop or placed his elbows on the table. Although Staff D sat beside him during the</p>	W 249	<p><b>DHSR - Mental Health</b></p> <p><b>SEP 17 2019</b></p> <p><b>Lic. &amp; Cert. Section</b></p> <p>The Interdisciplinary Team will meet to discuss client #8's Individual Program Plan including mealtime strategies and determine if any revisions are needed to the plan of care.</p> <p>Occupational Therapy and QIDP will observe and evaluate client #8's dining program and determine needed changes to address appropriate dining skills.</p> <p>Recommendations will be shared with the IDT to confirm corrective measures that will be implemented to address client #8's mealtime strategies.</p>	<p>09/13/2019</p> <p>09/13/2019</p> <p>09/20/2019</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Michael E. Bunch MD*

*Acting Center Director*

*09/09/19*

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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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: K7EI11      Facility ID: 955758      If continuation sheet Page 2 of 15

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W 249	<p>Continued From page 2</p> <p>11pm and when they move to the back, they move him to the back to sleep in that chair. Staff A and B in separate interviews stated the reason he does not sleep in his bed is due to him putting things like curtains or bedspreads down his throat. Staff B also said it is due to "PICA" and him needing to be with the staff at all times. Both staff also revealed that they do not offer client #11 a choice to sleep in his bed because he is not allowed to be in there alone. Staff B stated he has worked the shift before their shift to fill in and that shift does not offer him a choice to sleep in his bed either. Staff A stated in one interview, "This is his bedroom. We turn the light off and he sleeps right there every night."</p> <p>Review on 8/27/19 of client #11's IPP dated 11/12/19 revealed he has enhanced supervision/visual contact at all times. However, it stated that he should be given the choice to sleep in his bed or to sleep in a chair. There was also notations of him falling when in getting up from his chair on 4/3/19.</p> <p>Interview with the QIDP and the Home Life Support Assistant on 8/27/19 confirmed that all staff should offer client #11 a choice to sleep in his bed. It was also confirmed that when the staff move him from the front to the back and go right by his room, they should offer him an opportunity to sleep in his bed and sit by the door to supervise him.</p> <p>An interview on 8/27/19 with the psychologist revealed client #11's plan for PICA does not include him being restricted from sleeping in his bed and that the plan does include offering him a choice to sleep in his bed or a recliner.</p>	W 249	<p>will monitor through staff feedback and data review with ongoing observations per facilitation schedule.</p> <p>The Unit Consultant and Unit Nurse Manager will facilitate on a weekly basis.</p> <p>Psychology and Performance Improvement will provide observations and corrective feedback at least monthly and as needed</p>	Ongoing	Ongoing



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W 249	Continued From page 3  3. Client #6 was not prompted to use her adaptive spoon during medication administration.  During afternoon medication administration observations in Building 501 on 8/26/19 at 3:56pm, client #6 was spoon fed her medications by a facility nurse. Further observations revealed the facility nurse used a plastic spoon. At no time was client #6 offered or prompted to use a spoon with a foam buildup.  During morning medication administration observations in Building 501 on 8/27/19 at 7:53am, the facility nurse handed client #6 a plastic spoon. Further observations revealed client #6 was not able to firmly grip the spoon and she let go of it. The facility nurse then proceeded to spoon feed client #6 her medications. At no time was client #6 offered or prompted to use a spoon with a foam buildup.  Review on 8/27/19 of client #6's ability to self medicate dated 4/23/19 stated, "Disposable spoon with foam buildup."  During an interview on 8/27/19, the facility nurse revealed client #6's adaptive spoon is used "when she appears to want to assist."  4. Client #1's mealtime guidelines and Occupational Therapy recommendations were not followed.  a. During lunch observations in Building 279 on 8/26/19 at 12:17pm, client #1 was seated at the	W 249	Client #6 was scheduled and has moved from ICF/IID level of care to Specialized Nursing level of care on September 03, 2019.  Occupational Therapist will observe and evaluate client #6 and her adaptive equipment needs during medication administration in her current residential setting.  Recommendations will be shared with client #6's current Interdisciplinary Team and strategies appropriate for her current residential setting will be reflected in her Nursing care plan.  The Interdisciplinary Team will meet and review the use of adaptive equipment in Group Home 501 to ensure that the appropriate equipment is being used for each of the clients.  GH 5-1 staff will be in-serviced on any recommendations and revisions regarding use of adaptive equipment during medication administration by the QIDP and Floor Shift Nurse Supervisor.  Monitoring will occur daily by the QIDP and the Floor Shift Nurse Supervisor.  Weekly monitoring will occur by the Unit Consultant and Unit Nurse Manager.  Audits will be conducted by the Director of Nursing, Assistant Director of Nursing, and Performance Improvement.	09/03/2019	09/03/2019	09/03/2019	09/13/2019	09/27/2019	Ongoing

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W 249	Continued From page 4 table in her wheelchair with her feet resting on the leg rests of the wheelchair. She was eating her meal with one napkin tucked into the collar of her shirt and a portion of another napkin under her plate, with the two napkins overlapping in the middle. Her plate was positioned on the overlapping napkins. Throughout the meal, staff were holding a large green noney cup with a flat base for client #1 to drink from. During the observation, client #1 was not using a non skid mat, foot stool or dining room chair. In addition, there was no observation of client #1 independently using or being prompted to use a large green noney cup with flat base.  b. During dinner observations in Building 279 on 8/26/19 at 5:33pm, client #1 was seated at the table in her wheelchair with her feet resting on the leg rests of the wheelchair. Client #1's plate was positioned on a non-skid mat. Throughout the meal, staff were holding a large green noney cup with a flat base for client #1 to drink from. During the observation, client #1 was not using a foot stool or dining room chair. In addition, there was no observation of client #1 independently using or being prompted to use a large green noney cup with flat base.  c. During breakfast observations in Building 279 on 8/27/19 at 7:59am, client #1 was observed seated at the table in her wheelchair with her feet resting on the leg rests of the wheelchair. Client #1's plate was positioned on a non-skid mat. Throughout the meal, staff were observed to prompt client #1 to drink from her cup. She was observed to pick her cup up with staff assistance and drink from it. When prompted at other times, if having difficulty, staff would provide hand-over-hand assistance for client #1 to drink	W 249	Client #1 was scheduled and has moved from ICF/IID level of care to Specialized Nursing level of care on September 03, 2019.  Occupational Therapist and QIDP will meet and evaluate client #1's mealtime and will share recommendations with client #1's current Interdisciplinary Team to address the appropriate use of napkins, noney cup, nonskid mat, foot stool and dining chair versus wheelchair.  Strategies appropriate for client #1's current level of care will be reflected in her Nursing care plan.  Monitoring will occur daily by the QIDP and the Floor Shift Nurse Supervisor.  Weekly monitoring of all residents in 279 will occur by the Unit Consultant, Unit Nurse Manager, and Performance Improvement.  Monthly observations of all residents in 279 mealtimes will occur by Occupational Therapy, Speech Language Pathologist, and Performance Improvement.	09/03/2019	09/03/2019
				Ongoing	
				Ongoing	
				Ongoing	

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W 249	<p>Continued From page 5</p> <p>from her cup. During the observation, client #1 was not using a foot stool or dining room chair.</p> <p>Review of client #1's IPP on 8/26/19 revealed that client #1 uses adaptive dining equipment and devices. A non skid mat is used to stabilize her high-sided three sectional plate; mealtime footstool to provide support for proper foot positioning during meals; and a large green nose cup with flat base to promote independence.</p> <p>Review of client #1's record on 8/27/19 revealed a OT evaluation dated 1/2/19. OT recommendations state that client #1 should sit upright in a dining room chair with her feet supported on the floor. Adaptive equipment should be used at each meal (plate, spoon, foot stool and non skid mat).</p> <p>Interview with the QIDP on 8/27/19 revealed that the staff could have been using the napkins during lunch on 8/26/19 to catch food that was spilling and the non skid mat "may have been under the napkin." When asked why client #1 would be sitting in a wheelchair during meals instead of in a dining room chair using the foot stool, the QIDP revealed that the foot stool is available for use if needed. However, the QIDP stated that client #1's skills are regressing and staff use the wheelchair. The QIDP confirmed that the interdisciplinary team had not met to discuss this issue and that the OT's recommendations should be followed per the OT evaluation and IPP.</p> <p>5. Client #2's behavior support plan (BSP) was not implemented.</p> <p>a. During afternoon observations in Building 278</p>	W 249	<p>The Interdisciplinary Team will meet to discuss client #2's Individual Program Plan including behavior plan for appropriateness of strategies, methods for addressing attempted departures and redirection of thumb sucking, and any additional recommendations.</p>	09/04/2019	

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W 249	<p>Continued From page 6</p> <p>on 8/26/19 from 3:26pm to 4:15pm, client #2 was observed trying to leave the activity area on multiple occasions. Each time she would try to leave the room, staff would block her by extending their arms and moving side to side. One staff was observed on several occasions to state "she just wants a hug" as client #2 was trying to get around her to leave the room. Throughout the observation, she was observed to be sucking her thumb.</p> <p>Review on 8/27/19 of client #2's BSP dated 7/1/19 reveals that she has a non target behaviors of "attempted departure," meaning she will attempt to leave a supervised area. The BSP states that client #2 should be provided with opportunities to walk and move around throughout her day both inside and outside of her home. In addition, if she wants to walk, she should be provided with the opportunity and space to do so. If it is time for an activity and she is restless or fidgety, she should be redirected to the task after allowing her to walk around for a few minutes.</p> <p>Interview with the QIDP on 8/27/19 revealed that staff should have allowed client #2 to walk, go to her room or to the bathroom and then return to the activity room. The QIDP confirmed that the BSP guidelines are currently what staff should be following.</p> <p>b. During observations in Building 278 on 8/26/19 from 4:15pm to 4:25pm, client #2 was observed in the dining room assisting with setting the table for dinner. Throughout the observation, client #2 was observed to suck her thumb.</p> <p>During observations in Building 278 on 8/27/19</p>	W 249	<p>Staff will be in-serviced on revision to plan of care for client #2 by the assigned clinician (i.e. Psychologist).</p> <p>Monitoring will occur on a nightly basis by the Home Life Support Assistant. On a daily basis the QIDP and Nursing Management will monitor through staff feedback and data review with ongoing observations per facilitation schedule.</p> <p>The Unit Consultant and Unit Nurse Manager and Performance Improvement will facilitate on a weekly basis.</p> <p>Psychology will provide observations and corrective feedback at least monthly and as needed.</p>	<p>09/18/2019</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	

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W 249	<p>Continued From page 7</p> <p>from 9:30am to 9:51am, client #2 was observed on multiple occasions to be sitting in the activity room sucking her thumb.</p> <p>Further review of client #2's BSP dated 7/1/19 states that she will suck her thumb. If she does, staff should encourage her to remove her thumb from her mouth or by providing light physical prompt by touching her hand gently.</p> <p>Interview with the QIDP on 8/27/19 revealed that staff should have prompted client #2 to remove her hand from her mouth and if she didn't, provide her with the light physical prompts.</p> <p>6. Client #13's behavior management strategies were not implemented.</p> <p>During observations in Building 278 on 8/27/19 from 9:30am to 9:51am, client #13 was observed sitting at the table and staff were repeatedly verbally prompting her to participate in a coloring activity and attempting to physically prompt her to color a picture with hand-over-hand assistance. During the observation, client #13 was observed on multiple occasions to hit herself in the chest.</p> <p>Review of client #13's IPP on 8/27/19 revealed that she will hit herself in her chest when she is upset or repeatedly encouraged to do something she does not want to do.</p> <p>Review of client #13's record on 8/27/19 revealed that she has a history of self-injurious behavior which is most often hitting herself in the chest. In the Annual Behavior Update dated 2/13/19, the person centered supports and suggested strategies state if client #13 starts to display SIB (which is hitting herself in the chest), staff should</p>	W 249	<p>Client #13 was scheduled and has moved from ICF/IID level of care to Specialized Nursing level of care on September 03, 2019.</p> <p>The Interdisciplinary Team will meet to discuss client #13's Individual Program Plan including behavior plan for redirecting self-injurious behaviors, and appropriate programmatic activities for engaging client #13, and any additional recommendations.</p> <p>Strategies appropriate for client #13's current level of care will be reflected in her Nursing care plan.</p> <p>Monitoring will occur daily by the QIDP and the Floor Shift Nurse Supervisor.</p> <p>Weekly monitoring will occur by the Unit Consultant, Unit Nurse Manager, and Performance Improvement.</p> <p>Psychology will provide observations and</p>	<p>09/03/2019</p> <p>09/03/2019</p> <p>09/03/2019</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	



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W 368	Continued From page 9	W 368	Monitoring will occur daily by the QIDP and the Floor Shift Nurse Supervisor.	Ongoing	
	Interview on 8/26/19 with the building's nurse confirmed the order was current; however, she usually administers the medication in applesauce because client #14 takes it better that way.		Weekly monitoring will occur by the Unit Consultant and Unit Nurse Manager.	Ongoing	
	Interview on 8/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication's physician's orders should have been followed as written.		Audits of Medication Administration will be conducted by the Director of Nursing, Assistant Director of Nursing, and Performance Improvement.	Ongoing	
W 454	<b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a clean and sanitary environment was maintained and the potential for cross-contamination was prevented. This potentially affected all clients residing in Building 276 and Building 278. The findings are:  1. Furniture was not kept clean and sanitary.  During evening observations in Building 276 on 8/26/19 at 5:01pm, a client had a toileting accident while seating in a chair in the living room of the home. Staff C made other staff in the area aware of the client's toileting accident and indicated she needed to take him to the bathroom as his pants were wet with urine. Staff C then left the area with the client. After Staff C left, the chair used by the client remained in the living room area and was not cleaned or sanitized.	W 454			
			The Interdisciplinary Team will meet to review the incident in GH 276 and determine corrective action to prevent future incidents (i.e. cleaning toileting accidents immediately) to prevent cross contamination.	09/09/2019	
			Recommendations will be shared with staff in the form of an in-service training by the assigned clinician (Infection Control Nurse).	09/27/2019	
			Monitoring will occur daily by the QIDP, Floor Shift Nurse Supervisor, Unit Nurse.	Ongoing	

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W 454	<p>Continued From page 10</p> <p>Interview on 8/26/19 with Staff C and Staff G revealed when toileting accidents happen on furniture in the home, the furniture should be cleaned immediately afterwards. Both staff indicated cleaning products were available in the home.</p> <p>Review on 8/27/19 of the facility's Infection Control Handbook (revised 6/6/11) under Sanitation of Residential and Non-Residential Areas revealed procedures to "Cleanse furniture, appliances, bed, tabletops, etc., every twenty-four (24) hours, more often if needed, with a germicidal solution...Continuously monitor all areas to assure the environment is clean at all times." Additional review of the Support Procedure Manual (revised 4/12/19) under Cleaning, Sanitizing and Disinfecting of the Group Home noted, "On a daily basis all living areas will be cleaned and sanitized by assigned staff while adhering to all applicable infection control and regulatory guidelines (OSHA, Sanitation, ICF/MR, and Nursing Facility) to ensure a clean and sanitary living area for each of the residents who reside at O' Berry Neuro-Medical Treatment Center)."</p> <p>Interview on 8/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the chair should have cleaned after the client's toileting accident.</p> <p>2. Precautions were not taken to prevent possible cross-contamination for all residents in building 278.</p> <p>During afternoon observations in the home on 8/26/19 from 3:26pm to 4:25pm, client #2 was</p>	W 454	<p>Manager, Unit Consultant, and Environmental Services staff.</p> <p>Sanitation Inspects will be conducted by Performance Improvement, Infection Control Nurse, and Safety Officer per policy schedule.</p> <p>The Interdisciplinary Team will meet to review the incident in GH 278 and determine corrective action to prevent future occurrence (i.e. thumb sucking while assisting with meal set-up) of cross contamination.</p>	Ongoing	09/09/2019

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/27/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>O'BERRY NEURO-MEDICAL TREATMENT CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 OLD SMITHFIELD RD GOLDSBORO, NC 27530</b>		
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W 454	Continued From page 11 observed to suck her thumb on multiple occasions. At 4:15pm, staff gave client #2 a stack of cloth napkins to take to the dining room. After putting the cloth napkins in a bin, client #2 washed her hands with staff assisting, and after drying her hands, immediately put her thumb back in her mouth. Client #2 assisted staff with scooping ice into a bin. Client #2 then assisted staff with setting up the dining room tables in preparation for supper time, including touching the cloth napkins, her peers adaptive dining equipment, forks, spoons, cups (at times with fingers inside the cups) and plates. In addition, throughout this process, client #2 was observed on multiple occasions sucking her thumb between touching these items.  Review of client #2's record on 8/27/19 revealed a Behavior Support Plan dated 7/1/19. The BSP stated that client #2 sucks her thumb and that staff should encourage her to remove her thumb from her mouth or provide light physical prompts.  Interview on 8/27/19 with the QIDP revealed that staff should have redirected client #2 from sucking her thumb and immediately wash her hands each time she did this prior to touching the dining equipment and utensils to prevent possible cross contamination.	W 454	Recommendations will be shared with staff in the form of an in-service training by the assigned clinician (Infection Control Nurse).  Monitoring will occur daily by the QIDP, Floor Shift Nurse Supervisor, Unit Nurse Manager, Unit Consultant, and Environmental Services staff.  Sanitation Inspects will be conducted by Performance Improvement, Infection Control Nurse, and Safety Officer per policy schedule.	09/27/2019  Ongoing  Ongoing	
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)  The facility must assure that each client eats in a manner consistent with his or her developmental level.  This STANDARD is not met as evidenced by:	W 488			



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W 488	<p>Continued From page 12</p> <p>Based on observation, record review and interview, the facility failed to ensure each client ate in a manner which was not stigmatizing. This affected 3 of 14 audit clients (#1, #10, #12). The finding is:</p> <p>1. Clients were not assisted to eat in the least stigmatizing manner.</p> <p>a. During lunch observations in Building 277 on 8/26/19 at 12:08pm, client #12 consumed his meal with the upper portion of his napkin tucked into the collar of his shirt and the lower portion of the napkin positioned underneath his plate. The client consumed his food with his napkin positioned in this manner while Staff F sat next to him and assisted him at the meal.</p> <p>Interview on 8/27/19 with Staff F revealed she had positioned the napkin in this manner to prevent food from falling into client #12's lap. Additional interview indicated the staff had not been trained to position the client's napkin in this manner.</p> <p>Review on 8/27/19 of client #12's Individual Program Plan (IPP) dated 2/13/19 revealed the client requires staff assistance at meals. Additional review did not indicate napkins should be applied in the manner described for client #12 at meals.</p> <p>Interview on 8/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #12's napkin should not have been utilized in the manner described.</p> <p>b. During dinner observations in Building 276 on 8/26/19 at 5:30pm, client #10 consumed his meal</p>	W 488	<p>The Interdisciplinary Team will meet to discuss client #12's Individual Program Plan including appropriate napkin usage and determine if any revisions are needed to the plan of care.</p> <p>Occupational Therapy and QIDP will observe and evaluate client #12's dining program and determine needed changes to address dining skills including appropriate napkin usage.</p> <p>Recommendations will be shared with the IDT to confirm corrective measures that will be implemented to address client #12's mealtime strategies are occurring in a manner consistent with his developmental level.</p> <p>Staff will be in-serviced on appropriate use of the napkin by the assigned clinician (QIDP and Floor Shift Nurse Supervisor).</p> <p>Monitoring will occur on a daily basis by QIDP, Floor Shift Nurse Supervisor, Unit Consultant, and Unit Nurse Manager.</p> <p>Monthly observations of mealtimes will occur by Occupational Therapy, Speech Language Pathologist, and Performance Improvement.</p> <p>The Interdisciplinary Team will meet to discuss client #10's Individual Program Plan</p>	<p>09/09/2019</p> <p>09/23/2019</p> <p>09/27/2019</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>09/09/2019</p>	

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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: K7E11      Facility ID: 955758      If continuation sheet Page 14 of 15

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W 488	Continued From page 14  Review on 8/26/19 of client #1's IPP revealed that she utilizes a non-skid mat during dining to help prevent her plate from sliding while scooping and wears a clothing protector.  Interview on 8/27/19 with staff H revealed that staff use the napkins this way "to catch the food and saliva that is falling."  Interview on 8/27/19 with the QIDP revealed that staff "most likely do this to keep the area clean and spillage from getting on her clothing." The QIDP confirmed that because client #1's wears a clothing protector, this should not be done because if the clothing protector became dirty it could be changed out. In addition, the QIDP stated that the expectation is any food that has fallen onto the napkins, table, etc. should be discarded in the trash and never put back on a plate to be consumed.	W 488	and will share recommendations with client #1's current NF Interdisciplinary Team to address the appropriate use of napkins.  Strategies appropriate for client #1's current level of care will be reflected in her Nursing care plan.  Monitoring will occur daily by the QIDP, Floor Shift Nurse Supervisor, Unit Consultant, and Unit Nurse Manager.  Monthly observations of mealtimes will occur by Occupational Therapy, Speech Language Pathologist, and Performance Improvement.	09/03/2019  Ongoing  Ongoing	



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

KODY KINSLEY • Deputy Secretary for Behavioral Health & IDD

HELEN WOLSTENHOLME • DSOHF Director

MICHAEL BUNCH, MD • Acting Director

September 09, 2019

Lesia Williams. MSW, QIDP  
NC Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
2718 Mail Service Center  
Raleigh, North Carolina 27699-2718

RE: Plan of Correction for ICF/IID

Dear Ms. Williams:

Attached is a copy of O'Berry Neuro-Medical Treatment Center Plan of Correction for the deficiency cited during the survey conducted on August 26, 2019 through August 27, 2019. Corrective and follow-up action for the deficiency will be completed by October 26, 2019.

Please do not hesitate to call me if you have any questions or concerns about the plan of correction. I can be reached at (919) 581-4013 or by electronic mail at [lisa.ruggery@dhhs.nc.gov](mailto:lisa.ruggery@dhhs.nc.gov).

Sincerely,

Lisa B. Ruggery  
Deputy Director – Standards Management

LBR/

Attachment

DHSR - Mental Health

SEP 17 2019

Lic. & Cert. Section

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • O'BERRY NEURO-MEDICAL TREATMENT CENTER

LOCATION: 400 Old Smithfield Road, Goldsboro, NC 27530

FACILITY MAILING ADDRESS: 400 Old Smithfield Road, Goldsboro, NC 27530

www.ncdhhs.gov • TEL # 919-581-4001 • FAX: # 919-581-4005

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