

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: 34G043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/29/2019
NAME OF PROVIDER OR SUPPLIER ERWIN AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ERWIN AVENUE ERWIN, NC 28339		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and confirmed by interviews with staff the facility failed to develop formal training for 1 of 3 audit clients (#6) to address desensitization before dental procedures and inappropriate behaviors. The findings include:</p> <p>1. Client #6's interdisciplinary team failed to consider training to address desensitization to help decrease her defensiveness during dental procedures.</p> <p>Review on 8/28/19 of client #6's dental record revealed she was seen by the Dentist on 7/19/19 and that she could not be examined because she would not tolerate having her mouth opened to examine her teeth. Further review revealed a physician order dated 6/27/19 to give Ativan 2 mg. by mouth 3 hours before dental procedures.</p> <p>Review on 8/29/19 of client #6's individual program plan (IPP) dated 3/27/19 revealed a toothbrushing program to brush her teeth 50% accuracy for 6 consecutive months that was implemented on 4/15/19. review on 8/29/19 of a progress summary dated 8/15/19 revealed " Two month decline in progress. Staff state she has been refusing to assist . Will discuss with team for recommendations due to recent dental exam.</p>	W 227	<p>RECEIVED SEP 16 2019 DHSR-MH Licensure Sect</p>		

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

Nesha Blue

TITLE

Blue / Administrator

(X6) DATE

09/13/19

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.

ERWIN AVENUE PLAN OF CORRECTIONS
For
Recertification Survey conducted August 28-29, 2019

W227 INDIVIDUAL PROGRAM PLAN

The Facility will develop formal training to address desensitization before dental procedures and before inappropriate behaviors are displayed. Each Client's record will be reviewed by the Clinical Core Team to ensure formal training (s) have been develop to address all needed supports of the Clients.

The Facility/Provider will revise Client's #6's "Tolerate tooth brushing Program" to include identified sensory regulatory activities. All Staff members will be trained on the implementation of the revised program.

The Facility/Provider will revise client #6's current Behavior Support Plan to include identified sensory regulatory activities to aid Client #6 in decreasing her **defensiveness during dental/medical treatments** as well Client # 6's **inappropriate behaviors of grabbing and hugging others**. All Staff members will be trained on the implementation of the revised Behavior Support Plan.

Monitoring of the implementation of the formal tooth brushing program as well the Behavior Support Plan will occur through behavioral interactions assessments, interaction/engagement assessments, formal program assessments and mealtime assessments completed at the Vocational Center as well as at the Erwin Avenue Group Home. The aforementioned assessments will increase from (2) monthly to (3) monthly for (2) months.

Monitoring of the effectiveness of the BSP will be accomplished through quarterly QIDP reviews and through chart reviews (two/year minimum) completed by any of the following clinical and management Staff: QIDP, Behavior Specialist, Habilitation Specialist, Vocational Program Manager, Nurse, OT/PT Habilitation Assistant, QA Specialist or Administrator.

Completion Date: 10-29-19

W263 PROGRAM MONITORING & CHANGE CFR (6): 483.440(F)(3)(ii)

Each Client's Behavior Support Plan will be reviewed by the QIDP and or the Behavior Specialist for need of written informed consent from the guardian(s). The Facility will ensure written informed consent is obtained from the guardians for a restrictive Behavior Support Plan.

Specifically, Client #4's restrictive Behavior Support Plan will be reviewed for need of additional clarification, interventions, or revisions. After any identified revisions are made of Client #4's Behavior Support Plan, the Behavior Specialist will ensure written informed consent is received from Client #4's guardian.

Monitoring of receipt of written informed guardian consents for restrictive Behavior Support Plans will be monitored by completion of chart reviews at least two annually and at one audit conducted annually by the Quality Assurance Specialist.

The chart reviews will be completed either of the following: QIDP, Behavior Specialist, Administrator, Habilitation Specialist, Home Manager, OT/PT Habilitation Assistant, or Vocational Program Manager.

Completion Date: 10-29-2019

W369 DRUG ADMINISTRATION CFR(s): 483.460(k)(2)

All clients will receive medications as ordered by the physician without errors. To eliminate the likelihood of future medication errors this facility will ensure the following:

- 1} All Staff will be re-inserviced on Medication Administration by the LPN.
- 2} Medication Administration Observations (AM and PM) will be completed by either of the following: The Nurse, QIDP, Habilitation Specialist, Home Manager, OT/PT Habilitation Assistant or the Vocational Program Manager.
- 3} The Medication Administration Record (MAR) will be checked at least weekly by either of the following: The Nurse, QIDP, Habilitation Specialist, Vocational Program Manager, or Home Manager. A form will be implemented and will be maintained at the front of the MAR. This form will indicate the signature of the person assessing the MAR and any comments of concern.
- 4} All Staff will be re-inserviced on providing the nursing staff of written notifications of needed medications three days before the last dose is administered. The re-inserviced will be conducted by the LPN.

Completion Date: 10-29-2019



September 13, 2019

Kimberly C. McCaskill, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

RE: Plan of Correction for Recertification Survey Conducted
August 28-29, 2019
Erwin Avenue Group Home, 100 Erwin Avenue, Erwin, NC 28339

Ms. McCaskill:

Enclosed is the Plan of Correction for the tags cited during your recent recertification survey conducted at the Erwin Avenue Group Home.

If there are any questions or concerns with this POC contact me at 919-894-5124, ext. 116 or pbell@rhanet.org.

Sincerely,

Pauline H. Bell

A handwritten signature in dark ink, appearing to read "Pauline H. Bell", is written over the typed name. The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent. Below the signature, the word "Enclosures" is typed.

Enclosures

Cc: File