

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

PRINTED: 10/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2019
NAME OF PROVIDER OR SUPPLIER SCI-DUPLIN HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 120 ORVILLE STREET WARSAW, NC 28398		
(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>PROGRAM MONITORING & CHANGE 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 #3's Individual Program Plan (IPP) was revised after she had completed an objective. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #3's IPP was not revised after she had completed 1 of 4 objectives.</p> <p>Review on 10/15/19 of client #3's IPP dated 11/19/18 revealed an objective, "Over the next calendar year, [Client #3] will not have more than 4 episodes of inappropriate behavioral outbursts per month for 10 out of 12 calendar months." Review of the psychology progress notes from January 2018 - August 2019 revealed the following behavioral episodes:</p> <p>01/18 - 2 02/18 - 2 03/18 - 3 04/18 - 1 05/18 - 2 06/18 - 1 07/18 - 2 08/18 - 0 09/18 - 0 10/18 - 0 11/18 - 1 12/18 - 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 01/19 - 2 02/19 - 1 03/19 - 1 04/19 - 1 05/19 - 1 06/19 - 1 07/19 - 0 08/19 - 1	W 255			
W 257	<p>Interview on 10/16/19 with the Director confirmed client #3 has consistently had few behaviors and has remained well below the identified criteria for at least 20 months.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii)</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #4's Individual Program Plan (IPP) was revised after she failed to progress towards identified objectives. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #4's IPP was not revised after she failed to make progress towards 1 of 3 objectives.</p> <p>Review on 10/15/19 of client #4's IPP dated 4/29/19 revealed an objective to wash her clothes using gestures for 10 consecutive sessions (4 steps, implemented 11/9/18). Review of progress</p>	W 257			

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W 257	Continued From page 2 notes for the objective revealed the following: 12/18 - Step 1, "No progress" 01/19 - Step 1, "No progress" 02/19 - Step 1, "No progress" 03/19 - Step 1, "No progress" 04/19 - Step 1 05/19 - Step 1, "No progress" 06/19 - Step 1, "No progress" 07/19 - Step 1 08/19 - Step 1 During an interview on 10/16/19, the Director acknowledged the objective was in need of revisions.	W 257		