

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

PRINTED: 11/21/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G246</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/13/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>KENWOOD DRIVE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5004 KENWOOD DRIVE DURHAM, NC 27712</b>		
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W 111	<p><b>CLIENT RECORDS</b> CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the content of each individual's Restrictive Program/Behavioral Medication Review was accurate for 1 of 3 audit clients (#3). The finding is:</p> <p>Client #3's individual program plan (IPP), contained inaccurate information.</p> <p>Record review on 11/13/19 of client #3's IPP revealed it was complete on 5/22/18 then closed with a single line and hand written 5/22/19. Further review revealed annual physical was completed 2/2/18 and medication review was last complete on 4/9/18. Additional review of the record revealed the latest annual physical was completed on 2/6/19 and last medication review was completed 4/8/19.</p>	W 111			
W 248	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(7)</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p>	W 248			

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 248	Continued From page 1  This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to assure outside services meet the needs of each client. This affected 1 of 3 audit clients (#3). The finding is:  Clients #3 did not have current individual program plans (IPP) and current behavior intervention plan (BIP) available to at the day program.  During review on 11/12/19 at the day program of client #3's record revealed an individual program plan (IPP) dated 5/22/18 and BIP dated 4/1/17. This was the most current IPP and BIP on file at the day program.  Review on 11/13/19 of client #4's record at the office revealed an IPP dated 5/22/19 and BIP dated 4/1/19. This was the most current IPP, BIP on file at the office  During an interview on 11/13/19, the qualified intellectual disabilities professional (QIDP) confirmed they thought the day program had the client's current IPP's and BIP's available at the day program.	W 248			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.	W 288			

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W 288	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review and confirmed with interview, the facility failed to assure all techniques to manage behavior were incorporated into an active treatment program. This affected 1 of 3 audit clients (#4). The finding is:  Client #4's use of Psychotropic medication for behavior control was not incorporated into an active treatment plan.  Review on 11/13/19 of client #4's physician's orders dated 6/1/19 revealed he is the following; Klonopin, Naltrexone, Depakote, Seroquel, Propanolol and Ingrezza prescribed for behavior management.  Review on 11/13/19 of Client #4's active treatment plan revealed a behavior support plan (BSP) implemented 8/12/19. Further reviewed of the BSP revealed no medication prescribed for behavior management.  Interview on 11/13/19 with the qualified intellectual disabilities professional (QIDP) confirmed client #4 receives Klonopin, Naltrexone, Depakote, Seroquel, Propanolol and Ingrezza behavior management. She further acknowledge the medication should be included in the BSP	W 288			
W 313	DRUG USAGE CFR(s): 483.450(e)(3)  Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.	W 313			

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W 313	Continued From page 3  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a drug used for the control of client #3's inappropriate behavior was used only after the potentially harmful effect of the behaviors outweigh the harmful effect of the drug. This affected 1 of 4 audit clients. The finding is:  Client #3's behavior data did not support the use of psychotropic medication.  Review on 11/13/19 of client #3's record revealed a behavior support plan (BSP) the client to exhibit zero (0) challenging behavior per month for twelve (12) consecutive months.  Additional review of client #3's current physician's orders dated 8/14/19 indicated an order for Risperdal prescribed for behavior. Further review of monthly progress notes from January '18 - July'19 revealed the client had exhibited 0 targeted behaviors. Additional review of the record did not indicate the interdisciplinary team had discussed the continued use of the drug in relation to client #3's behavior data.  Interview on 11/13/19 with the program coordinator and qualified intellectual disabilities professional (QIDP) confirmed the team had not discussed client #3's continued use of psychotropic medication in relation to the lack of significant behaviors over 2 years.	W 313			
W 325	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii)  The facility must provide or obtain annual physical	W 325			

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W 325	<p>Continued From page 4</p> <p>examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure lab work was obtained as ordered by the physician for 2 of 3 audit clients (#2, #3). The findings are:</p> <p>a. Lab work for client #3 was not obtained as ordered.</p> <p>Review on 11/13/19 of client #3's current physician's order revealed the following: CBC w/Diff, CMP, A1C, Lipid Panel every 6 months. Additional review of client #3's current record revealed the most recent labs dated 2/9/19.</p> <p>During an interview on 11/13/19, the qualified intellectual disabilities professional (QIDP) confirmed client #3's record did not have any more recent labs.</p> <p>b. Review of client #2's record on 11/13/19 revealed a physician's order dated 6/2/19 for a six months period. The physician's order listed client #2's current medications and a statement that said "Labs every six months, CBC w/Diff, CMP, Alc, and lipid panels." Further review of client #2's record revealed the last labs were collected on 8/22/18.</p> <p>Interview on 11/13/19 with the QIDP and program coordinator revealed that labs have been collected since 8/22/18, but no paperwork could be provided to support this. The QIDP confirmed that it appears that the last labs were collected on</p>	W 325			

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W 325	Continued From page 5 8/22/18.	W 325			
W 351	<b>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</b> CFR(s): 483.460(f)(1)  Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to assure 1 of 3 audit clients (#4) was provided a dental examination no later than one month after admission to the facility. The finding is:  Client #4 did not receive a dental examination in a timely manner.  Review on 11/13/19 of client #4's record revealed he was admitted into the facility on 10/18/18. Further review revealed no dental examination performed as of 11/13/19. This assessment was not performed within 30 days of his admission.  During an interview on 11/13/19, the qualified intellectual disabilities professional (QIDP) confirmed client #4's dental examination have not been completed since his admission.	W 351			
W 460	<b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)	W 460			

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W 460	<p>Continued From page 6</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#2) received his specially-prescribed diet as indicated. The finding is:</p> <p>Client #2's diet was not followed.</p> <p>During observations at the day program on 11/12/19 at 11:58am, client #2 was eating his lunch. He had a diet soda, sandwich with meat and lettuce, bag of potato chips, pudding, apple sauce, and oatmeal creme pie.</p> <p>Review of client #2's individual program plan (IPP), dated 1/15/19, revealed that client #2 is on a heart healthy diet, low in fat, cholesterol and sodium and high in fiber.</p> <p>Interview on 11/12/19 with the day program manager revealed that client #2 is not on a special diet. The day program manager revealed that he brings a variety of lunches to eat, sometimes a sandwich, and always two snacks, usually chips and some type of sweets, for the designated break times. However, he usually eats both his snacks with his lunch.</p> <p>Interview on 11/13/19 with the program coordinator revealed that client #2's is on a heart healthy diet. The program coordinator stated that because he is on this special type of diet, he should not be consuming chips and sweets daily for his snacks but should be eating healthier</p>	W 460			

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W 460	Continued From page 7 options.	W 460			