

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2019
NAME OF PROVIDER OR SUPPLIER DICKENS DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 113 DICKENS DRIVE RALEIGH, NC 27610	
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure the privacy of 1 of 3 audit clients (#3) was protected during dressing and toileting. The finding is:</p> <p>Staff failed to verbally cue client #3 to shut the door during dressing and toileting.</p> <p>During observations on 10/7/19 at 4:27pm client #3 was in the hallway bathroom. Staff B stood outside the bathroom while the door was wide open. Staff B indicated that client #3 was toileting. Staff B did not verbally prompt or cue client #3 to close the bathroom door to protect his privacy.</p> <p>During observations on 10/7/19 at 5:45pm, staff F took client #3 to his bedroom. Staff F verbally cued client #3 to take off his robe and underwear to get ready for his shower. The bedroom door was open. Staff F was in the bedroom with client #3 with the door open.</p> <p>Review on 10/7/19 of client #3's individual program plan (IPP) dated 4/9/19 revealed he has a strength that he can close the bathroom door for privacy.. He has a need listed that he needs to improve his dressing skills and learn to discard worn clothing.</p> <p>Interview on 10/7/19 with the qualified intellectual disabilities professional (QIDP) revealed client #3</p>	W 130	<p>W130</p> <p>To correct the deficiency, all staff at the Dickens Drive Group Home will be retrained on client rights and agency privacy policy. Initial retraining will occur on 11/2/2019 at the Dickens Drive Group Home house meeting. Routine training will occur during each house meeting following initial retraining. In addition, Program Manager and QP will monitor various shifts to assure this does not occur again.</p> <p>A privacy training goal will be added to client's IPP to reinforce training to the individual supported in the home.</p> <p>Items listed above will be completed within 30 days after the plan of correction is approved.</p> <p style="text-align: center;">RECEIVED OCT 24 2019 DHSR-MH Licensure Sect</p>	

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

TITLE

(X6) DATE

Laura M. Brown

QP

10/18/2019

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 130	Continued From page 1 needs verbal cues to remind him to close the door when he is toileting or dressing.	W 130		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure staff were sufficiently trained on behavior support programs (BSP) and privacy guidelines. This affected 2 of 3 audit clients (#3, #6). The findings are: 1. Staff were not trained on the BSP for client #6. Observations in the home on 10/7/19 from 4:58pm to 5:17pm showed client #6 engaging in skin picking behaviors by picking the skin on his right arm on multiple occasions. Additional observations in the home on 10/8/19 at 6:45am and 7:04am showed client #6 pulling at his hair on the back of his head, base of his neck. Review on 10/7/19 of client #6's individual program plan (IPP) dated 8/6/19 revealed that client #6 does engage in skin picking and hair pulling behaviors. Review on 10/8/19 of client #6's record revealed a BSP dated 9/11/18. The BSP identifies client #6's identified target behaviors are skin picking, attempted skin picking and hair pulling.	W 189	W189 To correct deficiency, all staff of the Dickens Drive Group Home will be retrained on Behavior Intervention Plans for all clients BIP's apply. Training will occur on 11/2/2019 at the house meeting. Training will occur at each house meeting following the initial retraining to ensure understanding of the BIP's to prevent this deficiency from occurring again. QP and Psychologist will monitor monthly to ensure BIP's are followed when target behaviors are displayed. Listed interventions will be completed within 30 days after plan of correction is approved.	

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W 189	<p>Continued From page 2</p> <p>Interview on 10/7/19 with Staff B revealed that client #6 does not have behaviors and is unsure if client #6 has a BSP.</p> <p>Interview on 10/8/19 with Staff D revealed that client #6 "really doesn't have behaviors and if he does, it's because he doesn't get enough water." Staff D revealed that when this happens, they isolate client #6 from his peers but "don't have to really do this because he is not the one to worry about."</p> <p>Interview on 10/8/19 with Staff E revealed that client #6 has Pica behaviors because he tries to drink all liquids he comes in contact with. Staff E stated that client #6 does have a BSP to monitor him for compliance with Pica, which is the only behavior he has.</p> <p>Interview on 10/8/19 with the Program Director and qualified intellectual disabilities professional (QIDP) revealed that staff are trained on BSP's upon their employment with the agency. The QIDP revealed it is expected that staff are to know the behaviors and the BSP for client #6. 2. Staff failed to implement privacy guidelines for audit client #3 during dressing and toileting.</p> <p>During observations on 10/7/19 at 4:27pm client #3 was in the hallway bathroom. Staff B stood outside the bathroom while the door was wide open. Staff B indicated that client #3 was toileting. Staff B did not verbally prompt or cue client #3 to close the bathroom door to protect his privacy.</p> <p>During observations on 10/7/19 at 5:45pm, staff F took client #3 to his bedroom. Staff F verbally cued client #3 to take off his robe and underwear to get ready for his shower. The bedroom door</p>	W 189			

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W 189	Continued From page 3 was open. Staff F was in the bedroom with client #3 with the door open. Review on 10/7/19 of client #3's individual program plan (IPP) dated 4/9/19 revealed he has a strength that he can close the bathroom door for privacy.. He has a need listed that he needs to improve his dressing skills and learn to discard worn clothing. Interview on 10/7/19 with the qualified intellectual disabilities professional (QIDP) revealed client #3 needs verbal cues to remind him to close the door when he is toileting or dressing. Additional interview revealed direct care staff F and staff B have been trained in ensuring privacy for audit client #3. Interview on 10/8/19 with the Program Director revealed all direct care staff are trained on clients individual program plans (IPP's) and guidelines for ensuring privacy for clients in the facility when they are initially hired.	W 189	W189 (continued) Privacy goal will be added to IPP on training with privacy for client identified. Item will be implemented within 30 days of the plan of correction approval.	
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by:	W 249		

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W 249	<p>Continued From page 4</p> <p>Based on observations, record review and interview, the facility failed to ensure 2 of 3 clients (#3, #6) received a continuous active treatment plan consisting of needed interventions and services as identified in their Individual Program Plan (IPP)'s in the area of implementing behavioral support programs (BSP)'s. The findings include:</p> <p>1. Direct care staff did not consistently implement client #3's 1:1 supervision as included in his BSP.</p> <p>During observations in the facility on 10/8/19 client #3 was sitting in the living room watching television after breakfast. From 7:33am- 7:55am client #3 sat with clients #2 and #6 without direct staff visual supervision from 7:40am-7:47am and then from 7:50am-8:00am. Staff D and Staff E traveled through the living room several times taking clients to other areas of the facility but client #3 was not in their visual supervision for those time periods. The front door of the facility is in the living room.</p> <p>Review on 10/7/19 of client #3's BSP dated 10/1/18 revealed he has target behaviors of aggression, property destruction, self-injurious behaviors and elopement. His BSP includes the use of Rexulti, Paxil, Depakote, Keppa and Neurontin as well as the use of an isolation time out room for physical aggression. Further review of this program revealed he has 1:1 supervision during the day until 11pm or until he falls asleep at night.</p> <p>Interview on 10/8/19 with the qualified intellectual disabilities professional (QIDP) revealed client #3 is assigned 1:1 staff during waking hours to address his physical aggression and clothes</p>	W 249	<p>W249</p> <p>To prevent deficiency from occurring again, QP will in-service identified 1:1 staff of expectations for 1:1 staff based on client specific needs. QP will identify expectations in a revised version of IPP.</p> <p>In addition, an hourly schedule will be implemented during the hours of 8am-11pm (or until sleeping hours) to assist staff and client with daily schedule. QP will monitor to ensure items listed above are followed. Retraining of BIP's will occur in the staff meeting scheduled on 11/2/2019 and each meeting following. Retraining on identifying target behaviors and data collection will occur during staff meeting on 11/2/2019 and will occur at each meeting following.</p> <p>On 10/9/2019 BIP's for client #3 and #6 were presented at quarterly Clients Right Committee meeting. In three months, BIP's for client #3 and #6 will be reviewed based on data provided to determine if ITO room should remain, and if BIP's should remain in place as written.</p>	

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W 249	<p>Continued From page 5</p> <p>tearing behaviors which historically have led him to attempt to leave the facility when he is in search of clothing that staff have discarded after he has ripped up his clothing. Further interview revealed he has engaged in major property destruction, assaulted staff and ripped his clothing and refused to redress in other articles of clothing. Additional interview with the QIDP revealed a staff person is assigned each shift as client #3's one to one staff given he sometimes unprovoked aggression and property destruction as well as documented elopements in the past. The QIDP stated her definition of 1:1 staffing was ensuring the staff assigned to client #3 always maintained visual supervision of him within the same room. Further review revealed client #3's 1:1 staff should have stayed with him in the living room during the above observations on 10/8/19.</p> <p>2. Client #6's behavior support program (BSP) was not implemented.</p> <p>Observations in the home on 10/7/19 from 4:58pm to 5:17pm showed client #6 engaging in skin picking behaviors by picking the skin on his right arm on multiple occasions. Additional observations in the home on 10/8/19 at 6:45am and 7:04am showed client #6 pulling at his hair on the back of his head, base of his neck. At no point during this time did staff intervene.</p> <p>Review on 10/7/19 of client #6's IPP dated 8/6/19 revealed that client #6 engages in skin picking and hair pulling behaviors.</p> <p>Review on 10/8/19 of client #6's record revealed a behavior support plan (BSP) dated 9/11/18. The BSP identifies client #6's identified target behaviors are skin picking (when injury occurs), attempted skin picking (when injury does not</p>	W 249	<p>(W249 Continued from page 5)</p> <p>Corrections will be implemented within 30 days of the approval of the plan of correction.</p>	

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W 249	Continued From page 6 occur) and hair pulling. During these episodes of behaviors, staff are to use verbal redirection (e.g. "stop picking," "stop pulling," or "hands down") or by encouraging client #6 to engage in an activity requiring the use of his hands. Interview on 10/8/19 with the Program Director and QIDP confirmed that staff should have utilized the strategized as outlined in the BSP when client #6 was exhibiting the skin picking and hair pulling behaviors.	W 249	W252 To prevent deficiency from occurring, QP will retrain Dickens Drive staff on how to properly identify and document target behaviors. Retraining will occur on 11/2/2019 at scheduled house meeting. Training on documentation will occur at each house meeting following. QP will monitor various shifts to ensure documentation is recorded based on behaviors displayed. Corrections will take place within 30 days of the approval of the		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the team failed to ensure data relative to the behavior support plan (BSP) was taken as prescribed for 1 of 3 audit clients (#3). The finding is: Direct care staff failed to collect data for client #3's BSP. During observations in the facility on 10/7/19 at 10:15am client #3 was noted to be in the office of the facility with staff A. Client #3 was not wearing a shirt but wearing a pair of pants. Staff A indicated client #3 had a behavioral episode at his physician appointment and had torn two shirts that morning.	W 252			

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W 252	Continued From page 7	W 252	<p>W255 To prevent deficiency from occurring, a review of systems revealed a systemic issue in the data collection procedure at the Dickens Drive Group Home. QP will retrain staff on identifying target behaviors and data collection. Retraining will take place on 11/2/2019 at the staff meeting and each meeting following. QP will update IPP according to the goal set by the Psychologist. QP and Psychologist will monitor data collection to ensure deficiency does not continue to occur. Items listed above will occur within 30 days of approval of plan of correction.</p>	
W 255	<p>Review on 10/8/19 of the behavioral data for client #3 revealed several columns for behavioral data which included the target behaviors of physical aggression, self-injurious behavior, property damage, elopement and clothes tearing. Review of October 2019 data revealed no data taken for clothes tearing on 10/7/19.</p> <p>Interview on 10/8/19 with the qualified intellectual disabilities professional (QIDP) revealed the data for client #3's clothes tearing incident had not been recorded.</p> <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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #6's individual program plan (IPP) was reviewed and/or revised as needed after he had completed objectives identified in the behavior support program (BSP). This affected 1 of 3 audit clients (#6). The finding is:</p> <p>Client #6's IPP was not revised after he completed his BSP objective.</p> <p>Review on 10/7/19 of client #6's BSP dated 9/11/18 revealed an objective to display 0 target behaviors in his behavior intervention program for 12 consecutive months for the period beginning</p>	W 255		

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W 255	Continued From page 8 9/1/18 and ending 8/30/19. Additional review of monthly psychology summaries indicated the following: September 2018 - 0 target behaviors October 2018 - 0 target behaviors November 2018 - 0 target behaviors December 2018 - 0 target behaviors January 2019 - 0 target behaviors February 2019 - 0 target behaviors March 2019 - 0 target behaviors April 2019 - 0 target behaviors May 2019 - 0 target behaviors June 2019 - 0 target behaviors July 2019 - 0 target behaviors August 2019 - 0 target behaviors Interview on 10/8/19 with the qualified intellectual disabilities professional (QIDP) confirmed that client #6 had met criteria on his behavior support program objective in August. The QIDP stated that although the objective had been met, interventions from the BSP were ongoing and they were in the process of obtaining a new BSP from the psychologist but stated she did not know she had to revise the IPP to indicate the criteria being met and implementation for the new objective that will be implemented once human rights has consented.	W 255	<p>W257 To prevent deficiency from occurring, QP will revise and update goals to meet the need of the individuals supported. Goals that individuals are unable to meet will be discontinued upon agreement of the Interdisciplinary Team. Goals set by consultants will be reviewed, updated and revised as needed to meet the standard during the Interdisciplinary Team meeting within 30 days of the approval of the plan of correction. Program Manager and QP will monitor to ensure deficiency will not occur again.</p> <p>Above listed corrections will take place 30 days after the plan of correction is approved.</p>	
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) 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.	W 257		

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W 257	Continued From page 9 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure clients individual program plan (IPP) was reviewed and revised after the client failed to make progress on objectives. This affected 1 of 3 audit clients (#6). The finding is: Client #6 failed to progress towards an identified objectives. Review on 10/7/19 of client #6's IPP dated 8/6/19 revealed an objective to brush his teeth with 75% independence for two consecutive review periods and complete a purchase in the community with 75% independence for two consecutive review periods. Both of these objectives were originally implemented on 12/16/17. Review of the last quarter data indicated the following for each objective: Brush his teeth with 75% independence for two consecutive review periods: June 2019 - 100% verbal prompts July 2019 - no data collected August 2019 - 100% gestural prompts September 2019 - 25% verbal; prompts Make a purchase in the community with 75% independence for two consecutive review periods: June 2019 - 100% verbal prompts July 2019 - no data collected August 2019 - 100% verbal prompts September 2019 - 100% verbal prompts Interview on 10/8/19 with the program director (PD) and qualified intellectual disabilities	W 257			

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W 257	Continued From page 10 professional (QIDP) revealed that the objectives have been ongoing since 12/16/17 with no revisions. The QIDP stated that they were initially implemented by a previous QIDP and confirmed that the progress on these objectives had been inconsistent since being implemented and needed to be revised.	W 257	<p>W290 To prevent the occurrence of deficiency, BIP presented to Client Rights Committee on 10/9/2019. A review of systems revealed a systemic issue with the Dickens Drive Group Home staff's data collection process, identifying target behaviors, and further training with staff on BIP's. Committee agreed to review BIP and data collection during the quarterly meeting to determine if BIP will need to include ITO. Dickens Drive staff will be retrained on data collection, BIP's, and identifying target behaviors. Training will occur at each meeting following. QP, Program Manager, Psychologist will monitor data and staff on various shifts to ensure deficiency does not occur again.</p>	
W 290	<p>Interview on 1/8/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objective needed to be revised.</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(5)</p> <p>Standing or as needed programs to control inappropriate behavior are not permitted.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to consider whether the continued use of isolation time out as a component of client #3's behavior support program (BSP) was needed. The finding is:</p> <p>The interdisciplinary team failed to consider whether the continued use of isolation time out as a component of client #3's behavior support program was needed.</p> <p>During observations in the facility on 10/7/19 and 10/8/19 there was noted to be a isolation time out room adjacent to the dining room in the facility. The door to the time out room was shut but had a window in the door. There was a light switch next to the door. Looking through the window of the door, all areas of the room were visible inside.</p>	W 290		

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: 34G240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/08/2019
NAME OF PROVIDER OR SUPPLIER DICKENS DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 113 DICKENS DRIVE RALEIGH, NC 27610		
(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 290	<p>Continued From page 11</p> <p>There were mats on the walls and floor of the time out room.</p> <p>Review on 10/7/19 of client #3's BSP dated 10/1/18 revealed he has target behaviors of aggression, property destruction, self-injurious behaviors and elopement. His BSP includes the use of Rexulti, Paxil, Depakote, Keppra and Neurontin as well as the use of an isolation time out room for physical aggression. Further review of this program revealed he has 1:1 supervision during the day until 11pm or until he falls asleep at night. Additional review of this program revealed that non-exclusionary time out (NETO) had been attempted to address aggression in the past but had been unsuccessful and therefore were eliminated from his BSP. Further review revealed the team had decided to make isolation time out (ITO) contingent on the first occurrence of physical aggression or property/clothes tearing in the BSP dated 10/1/18.</p> <p>Interview on 10/8/19 with the qualified intellectual disabilities professional (QIDP) revealed client #3 is assigned 1:1 staff during waking hours to address his physical aggression and clothes tearing behaviors which historically have led him to attempt to leave the facility when he is in search of clothing that staff have discarded after he has ripped up his clothing. Further interview revealed he has engaged in major property destruction, assaulted staff, ripped his clothing and refused to redress in other articles of clothing. Additional interview with the QIDP revealed a staff person is assigned each shift as client #3's one to one staff due to his sometimes unprovoked aggression, property destruction as well as documented elopements in the past. Additional interview with the QIDP confirmed that</p>	W 290			

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W 290	<p>Continued From page 12</p> <p>isolation time out (ITO) is still a component of client #3's BSP.</p> <p>Review on 10/8/19 of the behavioral data for client #3 revealed no incidences of aggression, property destruction or clothes tearing for October 2019. In addition, the qualified intellectual disabilities professional (QIDP) could not locate any behavioral data for the past 12 months to indicate the ITO room had been used for client #3.</p> <p>Interview on 10/8/19 with the QIDP, Program Director and staff #A confirmed that the isolation time out component of client #3's BSP had not been utilized in over a year. However, further interview revealed the team had not met to consider whether this restrictive component of the BSP was still needed.</p>	W 290			