STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G190	A. BUILDING _____ B. WING _____	09/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICES CREEK ROAD HOME	3000 BRICES CREEK ROAD NEW BERN, NC 28562

(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 000	INITIAL COMMENTS A complaint was conducted at the time of the recertification survey and there were no deficient practices surrounding the allegation. The complaint was not substantiated.	W 000		
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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the behavior programs for 2 audit clients were reviewed to assure there was not a failure to progress toward the identified criteria of the objectives. This affected 2 of 2 audit clients (#2 and #4) who had behavior programs. The findings are: 1. Client #2's program to reduce tantrum behaviors to 0 in 8 months was no longer reviewed to determine progress. Review on 9/1/2020 and 9/2/2020 of client #2's behavior intervention program (BIP) written on 09/29/2017 outlined program procedures to eliminate tantrum behaviors, identified as noncompliance and aggression, for 8 months. Staff were required to document client #2's tantrum behaviors on her behavior data form. Psychologist would review the "data on a	W 257		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 257	Continued From page 1	W 257		

minimum monthly basis and enter monthly progress notes in her habilitation record. Her total frequency of defined tantrum episodes per calendar month remains as the measure of her objective progress. Conditional changes in treatment, to include adjustment in psychotropic medications, will be included as part of each monthly progress note." The last psychology progress note, was a quarterly summary, dated 6/21/2019 which noted that client #2 had doubled in incidents of tantrums in the last quarter.

Review on 09/21/2020 of client #2's behavior data form revealed that in July 2020, she had 7 tantrum behaviors, in August 2020 she had 4 tantrum behaviors and on 9/2/2020 she had 2 tantrum behaviors.

Interview with the qualified intellectual disability professional (QIDP) on 9/2/2020 revealed that the psychologist had resigned the summer of 2019 and the agency had been unable to hire a new psychologist. The QIDP acknowledged that she had not tracked behavioral data on the residents but ensured that staff recorded new incidents. She was unable to determined if client #2 had made any progress toward the identified criteria of the behavioral intervention program.
2. Client #4's program to reduce defined behaviors to 6 or less a month for 8 out of 12 calendar months was not reviewed to determine progress.

Review on 9/1/2020 and 9/2/2020 of client #4's BIP revealed no notes to determine his progress or lack of progress toward the identified criteria since 3/31/2019. On 3/31/2019, the psychology note indicated client #4 had an increase over the last three months and there were no revisions

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W 257	Continued From page 2 noted. There was no other documentation of an analysis of his data in behavior management. Interview with the QIDP on 9/2/2020 revealed the psychologist had resigned and the facility had been unable to find anyone to replace the psychologist. She also confirmed that nobody had analyzed the behavior data since the psychologist left after 3/31/2019. She could not confirm or deny a lack of progress or progress toward the identified criteria on client #4's behavior program.	W 257		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure all medications and biologicals were kept locked up to the point of administration. This potentially affected all clients residing in the facility. The finding is: The medication room was not locked when staff left the area. During observations of medication administration on 9/2/2020 at 7:00am, staff A called client #3 to the medication room. As she prepared his medications, he walked out and she left the room with the door open to go and get him to come back. He was in the living room so she talked to him there trying to get him to return.	W 382		

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W 382	Continued From page 3	W 382		

Interview with staff A when she walked away at 7:00am, revealed that she usually closes the door.

After this interview, staff A walked to the door and closed it but did not lock it and returned to the living room to continue persuading client #3 to return.

During an interview with staff A immediately following her closure of the door, she was asked if this is always how she leaves a medication room. She said, "What do you mean?" In response,she was asked, "Do you always leave the medication room unlocked?" She then revealed, this is how she "always does the medications."

During another observation at 7:38pm, client #1 was taken to the bathroom from the medication room to wash his face and apply cream. The medication room door was left unlocked during this time.

Staff A was interviewed again and was asked, "Is this the way you were trained in regards to leaving the medication area?" Staff A indicated she was trained to lock the door. She stated, "I don't know why I said that I always did it that way." Further, she indicated she was just nervous and did not get much sleep the night before.

Interview with the qualified intellectual disabilities professional (QIDP) on 9/2/2020 confirmed the staff did not follow the procedure to keep doors locked when not with the medication (i.e.. administering it.).