

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

PRINTED: 10/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
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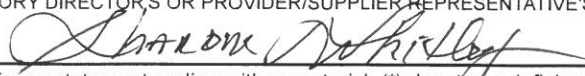
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 W. VERNON AVENUE KINSTON, NC 28501
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W 000	INITIAL COMMENTS A recertification and complaint survey was completed on 9/29/2020 for intakes #NC00169714, NC00169413, NC00169472, NC00163653, NC00163109, and NC00165374. There were no deficiencies cited in relation to the complaints. However, deficiencies were cited during the Recertification.	W 000		
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: Based on observations, record reviews and interview, the facility failed to ensure 2 of 10 audit clients (#1 and #2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation and medication administration. The findings are: 1. Clients (#1 and #2) were not afforded the opportunity to participate in aspects of meal preparation. During observations in Parrot 101 throughout the survey on 9/28 - 9/29/20, a cook and various staff	W 249	The meal/buddy program designed to actively involve residents during meal preparation will resume throughout the facility with heightened PPE usage. Monitoring for active participation during	11-1-20

DHSR - Mental Health
OCT 20 2020
Lic. & Cert. Section

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



TITLE
Acting Center Director

(X6) DATE
10-9-2020

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 249	<p>Continued From page 1</p> <p>preformed all meal preparation tasks including setting the table, cooking food items, placing food onto plates, taking the plates to the table and pouring drinks. No clients in the home were prompted or encouraged to participate in any aspects of meal preparation.</p> <p>Interview on 9/28/20 with the cook revealed since "COVID hit" they had to cut back on training in the kitchen. The cook indicated this had been a "big adjustment" for the clients since they do a "phenomenal" job in the kitchen. Additional interview noted the clients miss helping out in the kitchen.</p> <p>Review on 9/29/20 of client #1's Educational Assessment dated 7/23/20 revealed, "She is independent in opening containers for food or drink." The assessment also indicated she requires verbal to gestural cues when operating appliances and needs verbal cues to follow a recipe and prepare simple foods. Further review of the client's Occupational Therapy Evaluation dated 9/3/19 revealed she is able to set the table and pour beverages from a filled container into her cup.</p> <p>Review on 9/29/20 of client #2's Educational Assessment dated 9/16/20 noted the client can set the table, arrange serving bowls and beverages and operate a food processor and blender. Additional review of the assessment indicated she requires physical assistance to operate a can opener and the stove while demonstration to verbal cues are needed for the client to prepare vegetables, measure ingredients and make simple beverages. Further review of the client's Occupational Therapy Evaluation dated 12/3/19 revealed she can pour beverages</p>	W 249	<p>Continued from page 1</p> <p>meal preparation will occur daily through use of a checklist by the Home Manager, Developmental Supervisor and/or DT charge person.</p>		

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W 249	<p>Continued From page 2 from a filled container into her cup.</p> <p>Interview on 9/29/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed none of the clients in the home have been performing meal preparation tasks in the kitchen since the COVID pandemic. During the interview, the QIDP acknowledged all of the clients can assist in the kitchen and given implementation of sanitary precautions, clients could have assisted with meal preparation tasks.</p> <p>2. Client #1 was not prompted or assisted to participate with the administration of her medications.</p> <p>During observations of medication administration in the Parrot 101 on 9/29/20 at 7:40am, client #1 stood in the doorway of her bedroom as the Licensed Practical Nurse (LPN #2) poured her a cup of water and placed her pills into a pill cup. Client #2 consumed her medication independently with water. The client was not encouraged or prompted to participate in the administration of her medications.</p> <p>Interview on 9/29/20 with LPN #2 revealed since COVID, none of the clients have been participating with the administration of their medications "due to contamination". Additional interview indicated before COVID, the clients were participating "as much as possible".</p> <p>Review on 9/29/20 of client #1's Nursing Evaluation dated 8/2/20 under medication administration revealed the client can wipe her hands with Sani wipes, pour her beverage, open a child proof bottle, pour pills into a medicine cup and take her pills. The evaluation also noted the</p>	W 249	<p>All residents throughout the facility will adhere to their level of participation for medication administration as outlined in the annual nursing evaluation.</p> <p>RN Supervisors will complete weekly audits and Lead RN's will complete audits in their assigned homes.</p>	11-1-20	

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W 249	Continued From page 3 client can dispose of trash and sign/initial a calendar after taking her pills. Further review indicated a need to "continue her medication skill practice to maintain her current abilities with medication administration." Interview on 9/29/20 with the Registered Nurse (RN) indicated all of the clients have been assessed for their skills and abilities in medication administration. The RN agreed that clients could continue their participation in this area if proper sanitation and disinfection methods are implemented.	W 249			
W 367	DRUG ADMINISTRATION CFR(s): 483.460(k) The facility must have an organized system for drug administration that identifies each drug up to the point of administration. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure their drug administration system identified each drug up to the point of administration. The finding is: All drugs were not identified up to the point of administration. During observations of medication administration in Parrot 101 on 9/28/20 at 4:08pm, 4:12pm and 4:16pm and on 9/29/20 at 7:40am, the two Licensed Practical Nurses (LPN) pre-poured each client's individual medication packets prior to entering the unit. None of the medications were identifiable to the surveyor prior to being dispensed.	W 367	All nurses at the facility will receive training on the policy addressing medication administration. The training will be conducted by the Nurse Supervisor II and documented on an inservice form.	11-1-20	

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W 367	Continued From page 4 Interview on 9/29/20 with LPN #2 confirmed the medications are commonly dispensed prior to coming into the unit and it just "depends on the person" as to whether or not this practice is performed. Review on 9/29/20 of the facility's Nursing Services Manual (effective 2/11/20) under Medication Preparation, Administration and Documentation noted, "Do Not:... Strip medication packets until resident is in front of you." Interview on 9/29/20 with the Registered Nurse (RN) confirmed the nursing policy was current and should be followed as written.	W 367			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 10 audit clients (#1 and #2) were taught to use and make informed choices about the use of their eyeglasses. The findings are: 1. Client #1 was not taught to make informed choices about the use of her eyeglasses.	W 436			

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W 436	<p>Continued From page 5</p> <p>During observations in Parrot 101 throughout the survey on 9/28 - 9/29/20, client #1 did not wear eyeglasses. During the survey, client #1 was assisted to complete tasks such as watching television in her room, writing and decorating a paper pumpkin. The client was not observed to be prompted or encouraged to wear eyeglasses.</p> <p>During an interview on 9/29/20, when asked if she can see better with her eyeglasses on, client #1 shook her head, "Yes". When asked why she did not like to wear her eyeglasses, the client stated, "I don't know."</p> <p>Interview on 9/29/20 with Staff C revealed client #1 usually wears her eyeglasses when she is watching television or writing.</p> <p>Review on 9/29/20 of client #1's interim meeting dated 3/18/20 noted, "She also obtained her new eyeglasses and wears as prescribed." Additional review of the client's vision report dated 11/27/20 revealed, "...Has eyeglasses...can't see well out of them." Further review of client #1's Individual Program Plan (IPP) dated 8/17/20 did not include training to teach her to wear her eyeglasses and make informed choices about their use.</p> <p>Interview on 9/29/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 has eyeglasses which she should be wearing; however, she was not aware of any training to teach client #1 how to make informed choices about her eyeglasses and the importance of wearing them.</p> <p>2. Client #2 was not taught to make informed choices about the use of her eyeglasses.</p>	W 436	<p>Teams throughout the facility will assess all residents for training and document the findings regarding choice making and/or usage of personal support devices, such as glasses, hearing aids, etc.</p>	11-1-20

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W 436	Continued From page 6 During observations in Parrot 101 throughout the survey on 9/28 - 9/29/20, client #2 did not wear eyeglasses. The client was not observed to be prompted or encouraged to wear eyeglasses. Interview on 9/29/20 with client #2 revealed she does not like to wear her eyeglasses and would prefer contacts. The client acknowledged wearing her eyeglasses might help her see better. Interview on 9/29/20 with Staff A indicated client #2 is "supposed to" be wearing her eyeglasses but "chooses not to wear them". Review on 9/28/20 of client #2's IPP dated 12/1/19 revealed the client has eyeglasses. Additional review of the client's vision report dated 11/4/19 noted, "...Has eyeglasses, client voiced that she cannot see with them. She is not currently wearing them...New glasses Rx given today." Further review of the IPP did not include training to teach the client to wear her eyeglasses and make informed choices about their use. Interview on 9/29/20 with the QIDP indicated client #2 should be wearing her eyeglasses since she sometimes "has to squint" but she does not like wearing them. The QIDP revealed she was not aware of any training to teach client #2 to wear her eyeglasses and make informed choices about their use.	W 436	Staff in 101 Parrott will be inserviced on Administrative Policy Manual 2.2.2 "Rights of Individual's" by the Home Manager.	11-1-20	
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection	W 455			

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W 455	<p>Continued From page 7 and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure an active program for the prevention of infection was maintained. This potentially affected all clients residing in the home. The finding is:</p> <p>Techniques for the prevention of the potential spread of infection were not consistently implemented.</p> <p>It should be noted that at the time of this survey on 9/28 - 9/29/20, an active coronavirus (also known COVID-19) pandemic existed throughout the country and the state. The website for the Centers for Disease Control and Prevention (CDC) notes COVID-19 is a contagious respiratory illness transmitted through respiratory droplets. The CDC also notes wearing a mask, hand washing and cleaning/disinfecting frequently touched surfaces such as tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets faucets and sinks are best practice measures for the prevention of COVID-19.</p> <p>Throughout the observations in Parrot 101 during the survey on 9/28 - 9/29/20, various clients and staff gathered in two separate living areas while participating in table top games, an art activity, a ball toss activity, dancing and workbook training. Various staff entered/exited the unit touching different items and/or surfaces. During this time, staff were only noted to use a wet cloth to wipe off dining room tables after meals. No other areas of the home were observed to be cleaned and/or</p>	W 455	<p>All staff, including support staff that work within the 101 Parrott home, will be inserviced on proper cleaning procedures to address universal precautions necessary for preventing infections and cross contamination for active treatment activities by the Home Manager.</p> <p>Monitoring throughout the facility for Infection Control procedures during active treatment activities will occur daily through use of a checklist by the Home Manager, Developmental Supervisor and/or DT charge person.</p> <p>Daily monitoring through use of a checklist will also be conducted on all campus sites used by residents and staff by the area supervisor or designee.</p>	11-1-20	

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W 455	<p>Continued From page 8</p> <p>sanitized during the survey. In addition, no clients or staff were observed to wash and/or sanitize their hands except just before meals. No disinfecting items (i.e. disinfecting wipes, hand sanitizer, etc.) were visible in congregate living areas of the home.</p> <p>Additional observations in the home revealed various staff wearing latex gloves. The staff were not observed to consistently wash their hands before and after glove use.</p> <p>Interviews on 9/29/20 with Staff B revealed since COVID-19 they have been told to wear masks along with face shields when working with clients and to make sure they wash their hands and ensure client's hands are washed. Staff A noted they had been told to clean and spray dining room tables. The staff did not indicate they had been trained to frequently clean/disinfect various surfaces in the home since COVID-19 began.</p> <p>Review on 9/29/20 of various emails and other documents provided by the facility revealed the following:</p> <p>3/16/20 - "Staff should continue good hand-washing and sanitizing tables and materials."</p> <p>3/19/20 - "Effective immediately, the use of Sani-Wipes will stop due to short supply. Soap and water will be used for all hand washing including residents..."</p> <p>April 2020 (Memo) - "Disinfect surfaces 3x/shift"</p> <p>8/27/20 - "Remind staff to continue to practice good handwashing. Increased hard</p>	W 455			

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W 455	<p>Continued From page 9 surface/frequently touched surface cleaning/disinfecting, and wear PPE as appropriate. Please assist the residents with this as well as appropriate."</p> <p>9/24/20 - "If the employee opts to wear gloves, they need to wash their hands prior to putting on the gloves, they should only be worn for one resident, gloves removed & hand hygiene performed between residents."</p> <p>Interview on 9/29/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the home had recently been removed from quarantine after a staff had tested positive for COVID-19. The QIDP also noted a client in the home had also tested positive for the virus back in July and was retested weeks later with negative results. The QIDP acknowledged more disinfection/sanitizing should have been observed; however, there was a shortage of disinfecting wipes and only two bottles of hand sanitizer were available in the home.</p>	W 455			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
KODY KINSLEY • Deputy Secretary for Behavioral Health & IDD
HELEN WOLSTENHOLME • DSOHF Director
MARSHA MEADOWS • Center Director

October 9, 2020

Ms. Lesa Williams, Facility Compliance Consultant II
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Recertification Survey and Complaint Survey – Conducted September 28-29, 2020

Dear Ms. Williams:

On behalf of Caswell Developmental Center staff, I would like to thank your team for a thorough survey. Enclosed you will find the Statement of Deficiencies Form (CMS-2567) reflecting the Plan of Correction for each cited deficiency. We feel that this plan represents a comprehensive center-wide commitment to further increasing the quality of services for our individuals. I hope that you will find it to be acceptable. We look forward to your follow-up visit.

Please let me know if you have any questions regarding any of our responses.

Sincerely,

Sharon Whitley
Acting Center Director

SW/jh

Enclosure

DHSR - Mental Health

OCT 20 2020

Lic. & Cert. Section

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • CASWELL DEVELOPMENTAL CENTER

2415 West Vernon Avenue Kinston, NC 28504

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