

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/18/2020
NAME OF PROVIDER OR SUPPLIER MINERAL SPRINGS I AND II			STREET ADDRESS, CITY, STATE, ZIP CODE 410 & 414 MINERAL SPRINGS ROAD DURHAM, NC 27707		
(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	W 000			
W 263	<p>Complaint survey was completed on 11/18/20 for Intake #NC00169929 the complaint was Substantiated and standard deficiencies were cited .</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive Behavior Support Plan for 1 of 2 audit clients (#3) was only conducted with the written informed consent of the legal guardian. The findings are:</p> <p>Client #3's BSP did not include written informed consent from the guardian.</p> <p>Review on 11/9/20 of client #3's BSP dated 5/27/2020 revealed an objective to exhibit 0 episodes of self-injury, property destruction, and physical aggression per month for 12 consecutive months. The plan identified the use of Zyprexa, Seroquel, Klonopin, Amantadine and Depakene. Further review of the record did not include a current written informed consent for the BSP from his guardian.</p> <p>Interview on 11/9/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated a written informed consent had been sent to client #3's guardian; however, it had not been returned.</p>	W 263			

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 418	<p>CLIENT BEDROOMS CFR(s): 483.470(b)(4)(ii)</p> <p>The facility must provide each client with a clean, comfortable mattress.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure client #3 had a comfortable mattress. This affected 1 of 2 audit clients. The finding is:</p> <p>Client #3 was in need of a new mattress.</p> <p>During observations in the group home on 11/9/2020, client #3's mattress was noted to have a large indentation or dip in the middle of it. The head and foot of the mattress were noticeably higher than the middle of the mattress.</p> <p>During an interview on 11/9/2020, staff A acknowledged the mattress had a noticeably large dip or sink in the middle.</p> <p>Interview on 3/5/2020 with the qualified intellectual disabilities professional (QIDP) confirmed the mattress had a large dip in the middle and was also slanted to one side. Additional interview revealed she further the mattress order was placed on 10/28/2020 however the mattress had not been delivered as of 11/9/2020</p>	W 418			