DEPART	FORM	APPROVED							
CENTERS FOR MEDICARE & MEDICAID SERVICES						<u>)MB NO.</u>	0938-0391		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G115	B. WING			12/	15/2020		
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
DARTMO	OUTH ROAD GROUP	HOME			10 DARTMOUTH ROAD RALEIGH, NC 27606				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE		
E 004	CFR(s): 483.475(a)		ΕC	04					
	Federal, State and preparedness requi develop establish a	irements. The [facility] must nd maintain a comprehensive edness program that meets the							
		paredness program must limited to, the following							
	and maintain an em that must be [review	n. The [facility] must develop nergency preparedness plan ved], and updated at least plan must do all of the							
	§485.625(a):] Emer CAH] must comply State, and local em requirements. The develop and mainta emergency prepare	482.15 and CAHs at gency Plan. The [hospital or with all applicable Federal, ergency preparedness [hospital or CAH] must ain a comprehensive edness program that meets the s section, utilizing an ch.							
	Plan. The LTC facil an emergency prep	at §483.73(a):] Emergency ity must develop and maintain aredness plan that must be ted at least annually.							
	Plan. The ESRD famaintain an emerge	es at §494.62(a):] Emergency cility must develop and ency preparedness plan that], and updated at least every 2							

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

TITLE

(X6) DATE

PRINTED: 12/16/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (M1) PROVIDERSUPPLENCIAN DEPTIFICATION NUMBER: 1011111 (M2) POINTER SUPPLENCIAN B WING (M2) POINTER 1011111 (M2) POINTER 10111111 (M2) POINTER 1011111 (M2) POINTER 10111111 (M2) POINTER 1011111 (M2) POINTER 1011111 (M2) POINTER 10111111 (M2) POINTER 10111111 (M2) POINTER 10111111 (M2) POINTER 101111111 (M2) POINTER 101111111 (M2) POINTER 101111111 (M2) POINTER 1011111111 (M2) POINTER 10111111111 (M2) POINTER 1011111111111111111111111111111111111			AND HUMAN SERVICES				FORM	12/16/2020 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DARTMOUTH ROAD GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE PAILEIGH, NC 27606 10 DARTMOUTH ROAD MILEIGH, NC 27606 PROVIDERS PLANCE PAILEIGH, NC 27606 PROVIDERS PLANCE PAILEIGH, NC 27606 PROVIDERS PLANCED BENCIFICIENCIES IPACH DERFORMENT BE PROPENDED BY FULL PROVIDERS PLANCE REGULATORY OR LSC DENTIFYING INFORMATION PREVIX TAIS STANDARD Is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Preparedmess (EP) plan was reviewed and updated as needed. The finding Is: Review on 12/14/20 of the facility'S EP plan noted, "This manual will be revised and updated as necessary." Interview on 12/15/20 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the hemergency plan should have been updated when the home had a client discharged and another one admitted. W 125 CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility and a informing the rights of all clients. Therefore, the facility must allow and encourage individual clients to the complaints, and the right to a legal guardian. This affected 1 of 4 audit clients. The finding is: Review on 12/14/20 of client #1's record revealed she had been admitted to find review, the facility failed to ensure client #1 had the right to a legal guardian. This affected 1 of 4 audit clients. The finding is:	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				E CONSTRUCTION	(X3) DATE SURVEY		
DARTMOUTH ROAD GROUP HOME 219 DARTMOUTH ROAD RALEIGH, NC 27606 CM100 PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC DENTIFYING INFORMATION) D TAG PREFX PREFX PREFX (EACH DEFICIENCY MUST BE PRECEDED BY FILL PREFX PREFX PREFX PROPRIATE DEFICIENCY COMPLETON DUTE E 004 Continued From page 1 This STANDARD Is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Preparedmess (EP) plan was reviewed and updated as needed. The finding is: E 004 E 004 Review on 12/14/20 of the facility's EP plan (dated 2/18/20) revealed the plan included information regarding one client who no longer resides at the tacility and no information for another client who had been admitted in September 2020. Additional review of the EP plan noted, This manual will be revised and updated as necessary.* W 125 W 125 PROTECTION OF CLIENTS RIGHTS cFR(s): 483:420(a)(3) W 125 The facility must ensure the rights of all clients. Therefore, the facility and as client scients of the facility, and as dizens of the United States, including the right to file complaints, and the right to due process. This STANDARD Is no the tas evidenced by: Based on record review and interview, the facility failed to ensure leint #1 had the right to a legal guardian. This affected 1 of 4 audit clients. The finding is: Review on 12/14/20 of client #1's record revealed she had been admitted to the facility on 930/20. W 125			34G115	B. WING			12/15/2020	
DARMOUTH ROAD GROUP HOME RALEIGH, NC 27606 (%4) ID PREFIX TXG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE RECEDED BY FULL REGULATIONY OR LSC DENTIFYING INFORMATION) PBC PROVIDERY SULAN OF CORRECTION BUDGE (EACH DEFICIENCY WIGT BE RECEDED BY FULL REGULATIONY OR LSC DENTIFYING INFORMATION) PBC PROVIDERY SULAN OF CORRECTION BUDGE (EACH DEFICIENCY) COMBITION (CARESTANDARD) E 004 Continued From page 1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Preparedmess (EP) plan was reviewed and updated as needed. The finding is: Review on 12/14/20 of the facility's EP plan (dated 2/18/20) revealed the plan included information regarding one client who no longer reviews on 12/14/20 of the facility 4 EP plan (dated 2/18/20) revealed the plan included as necessary." E 004 Interview on 12/15/20 with the Qualified Interview on 12/15/20 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the emergency plan should have been updated when the nome had a client discharged and another one admitted. W 125 W 125 CFR(s): 483.420(a)(3) W 125 The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, nust allow and theroide talles, including the right of file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #11 had the right to a legal guardian. This affected 1 of 4 audit clients. The indring is:	NAME OF F	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETING DEFICIENCY E 004 Continued From page 1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Preparedmess (EP) plan was reviewed and updated as needed. The finding is: E 004 E 004 Review on 12/14/20 of the facility's EP plan (dated 2/18/20) revealed the plan included information regarding one client who no longer resides at the facility and no information for another client who had been admitted in September 2020. Additional review of the EP plan noted, This manual will be revised and updated as necessary.* W 125 W 125 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) W 125 The facility must ensure the rights of all clients. Therefore, the facility must ensure the rights as clients of the facility must ensure the rights as clients of the facility fuel to liencomage individual clients to exercise their rights as clients of the facility fuel to file comparise, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #11 had the right to a legal guardian. This affected 1 of 4 audit clients. The inding is:	DARTMO	UTH ROAD GROUP I	HOME					
This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Preparemess (EP) plan was reviewed and updated as needed. The finding is: Review on 12/14/20 of the facility's EP plan (dated 27/18/20) revealed the plan included information regarding one client who no longer resides at the facility and no information for another client who had been admitted in September 2020. Additional review of the EP plan noted, "This manual will be revised and updated as necessary." Interview on 12/15/20 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the emergency plan should have been updated when the home had a client discharged and another one admitted. W 125 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #1 had the right to a legal guardian. This affected 1 of 4 audit clients. The finding is: Review on 12/14/20 of client #1's record revealed she had been admitted to the facility on 9/30/20.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	х	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION
Additional review of the record indicated the		This STANDARD is Based on record refailed to ensure the (EP) plan was revie The finding is: Review on 12/14/20 (dated 2/18/20) reve information regardin resides at the facilit another client who h September 2020. A noted, "This manua as necessary." Interview on 12/15/2 Intellectual Disabilit revealed the emerg updated when the h and another one ad PROTECTION OF CFR(s): 483.420(a) The facility must en Therefore, the facili individual clients to of the facility, and a including the right to to due process. This STANDARD is Based on record refacility failed to ensu- legal guardian. This The finding is: Review on 12/14/20 she had been admi	s not met as evidenced by: eview and interview, the facility Emergency Preparedmess ewed and updated as needed. O of the facility's EP plan ealed the plan included ng one client who no longer ty and no information for had been admitted in additional review of the EP plan al will be revised and updated 20 with the Qualified ies Professional (QIDP) gency plan should have been nome had a client discharged imitted. CLIENTS RIGHTS 0(3) asure the rights of all clients. ity must allow and encourage exercise their rights as clients as citizens of the United States, o file complaints, and the right s not met as evidenced by: eview and interviews, the ure client #1 had the right to a s affected 1 of 4 audit clients.					

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DEPARTMENT OF HEALTH AND CENTERS FOR MEDICARE & ME					FORM	12/16/2020 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	34G115	B. WING	i		12/ ⁻	15/2020
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DARTMOUTH ROAD GROUP HOME	E			10 DARTMOUTH ROAD RALEIGH, NC 27606		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEI	BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
brother is currently in the become [Client #1's] gua of the record indicated cl on various documents in the spaces labeled "Lega documents/forms (signed Consent for Release of In Medications, Emergency Services, Consent for Ma Rights Acknowledgemen Further review of the Cor (signed 3/25/20) listed th	and she has a seizure re medications are ew of the client's (IPP) dated 3/25/20 her passed away and her process of applying to ardian." Continued review lient #1 had made a mark idicating her signature in al guardian". These d 3/25/20) included nformation, Consent for v Medical/Dental anagement of Funds and it. nsent for Medication form he following medications um D, Depakote, Claritin, ra, Topomax, Vitamin C, and Synthroid. The form e signature section, "I al information in writing edication listed. I d beneficial effects and each medication(s) th Staff A revealed client g her choices known; lave good verbal skills of words like "Mama". eated the client does not medications, what they its.	W 1	125			

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		AND HUMAN SERVICES			FORM	12/16/2020 APPROVED 0938-0391
		. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G115	B. WING	 	12/15/2020	
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
DARTMC	OUTH ROAD GROUP I	НОМЕ		10 DARTMOUTH ROAD ALEIGH, NC 27606		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 125 W 240	guardian and is cur guardian. The QID does not understan signature and has b guardian since her INDIVIDUAL PROG CFR(s): 483.440(c) The individual progu- relevant intervention toward independer This STANDARD is Based on observat interviews, the facili Individual Program information to supp processing her food consistency. This a The finding is: During observations survey on 12/14 - 1 operated a small fo a pureed consistency these times, client # was prompted to to slightly (which did n device). Client #5 v preparation of her for consistency.	does not have a legal rently acting as her own P acknowledged client #1 d the forms given to her for a been in need of a legal mother passed away. GRAM PLAN 0(6)(i) ram plan must describe ns to support the individual nce. s not met as evidenced by: tions, record review and ity failed to ensure client #5's Plan (IPP) included specific ort her independence with d to the appropriate affected 1 of 4 audit clients. s in the home throughout the 2/15/20, staff consistently od processing device to obtain cy for client #5's food. During #5 stood nearby watching or uch the top of the device not effect the operation of the was not involved with the cood to obtain its pureed 20 with Staff B revealed they erent device which was used to food; however, it was not	W 1			
	preparation of her fr consistency. Interview on 12/14/2 used to have a diffe process client #5's	ood to obtain its pureed 20 with Staff B revealed they erent device which was used to				

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		AND HUMAN SERVICES				FORM	12/16/2020 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
34G115			B. WING	i		12/15/2020	
NAME OF F	PROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE		
DARTMC	OUTH ROAD GROUP I	НОМЕ			210 DARTMOUTH ROAD RALEIGH, NC 27606		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 240 W 259	previous device but the current device. Review on 12/15/20 she consumes a put the record did not in support her indeper food to the appropria During interview on Intellectual Disabilit acknowledged client specific information with processing her PROGRAM MONIT CFR(s): 483.440(f)(At least annually, th assessment of each the interdisciplinary updated as needed This STANDARD is Based on record re failed to ensure clie Plan (IPP) was upda affected 1 of 4 audi Review on 12/15/20 an IPP dated 8/29/1 record did not indica Interview on 12/15/20 Intellectual Disabilit confirmed client #5" her annual meeting	with pressing a button on the t does not assist with operating D of client #5's record revealed ureed diet. Additional review of include specific information to indence with processing her iate consistency. 12/15/20, the Qualified ies Professional (QIDP) in #5's IPP does not include in regarding her ability to assist food. TORING & CHANGE (2) in ecomprehensive functional in client must be reviewed by team for relevancy and the client must be reviewed by team for relevancy and the second interview, the facility ent #5's Individual Program ated at least annually. This t clients. The finding is: D of client #5's record revealed 19. Additional review of the ate a current IPP. 20 with the Qualified ties Professional (QIDP) 's IPP was not current since had not been held.	W 2 W 2	259			
W 368	-		W 3	368	3		

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		COMPLETED		
		34G115	B. WING			12/15/2020		
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
DARTMO	OUTH ROAD GROUP I	HOME			RALEIGH, NC 27606			
(X4) ID			ID		PROVIDER'S PLAN OF CORRECTIO		(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETION DATE	
W 368	Continued From pa	ge 5	W 3	68				
	CFR(s): 483.460(k)	-		00				
		g administration must assure Iministered in compliance with						
	the physician's orde							
		s not met as evidenced by:						
		ion, record review and ity failed to ensure client #3						
		ation in accordance with						
		This affected 1 of 2 clients medications. The finding is:						
		s of medication administration						
		15/20 at 6:45am, client #3 3 50mcg (20001U). The client ication with water.						
	Review on 12/15/20) of client #3's physician's						
	orders signed 10/28	3/20 revealed an order for						
	mouth once daily "w	(2000IU), take one capsule by vith food".						
		20 with the medication						
		d client #3's Vitamin D3 h food and she usually eats						
	breakfast right after	the medication pass;						
	however, this morni eat.	ing the client had refused to						
	During an interview	on 12/15/20, the Qualified						
	Intellectual Disabilit	ies Professional (QIDP)						
	acknowledged the p been followed.	ohysician's orders should have						

Facility ID: 921735

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