DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/07/2021 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G332	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORWOOD AVENUE HOME	2510 NORWOOD AVENUE GOLDSBORO, NC 27530

(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
	INITIAL COMMENTS A complaint survey was conducted during the recertification survey for intake #NC00173749. No deficiencies were cited as a result of the complaint survey; however, a deficiency was cited during the recertification survey.	W 000		
	/ 263 PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#5). The finding is: Review on 4/6/21 of client #5's Mental Health Plan (MHP) dated 7/25/20 revealed the objective, "[Client #5] will have incident free days related to symptoms of his DSM-5 diagnosis of Schizoaffective Disorder Bipolar type, specifically self-injurious behavior for 160 of 165 days." The MHP incorporated the use of Depakote, Luvox, Seroquel, Haldol, and Benadryl. Additional review of a consent for the MHP revealed it was effective from 7/25/19 to 7/25/20. The consent noted, "I understand that this consent is voluntary and is valid for 1 year." No current consent was available for review. Interview on 4/6/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no	W 263	The facility will ensure that it has the written informed consent of client #5 legal guardian. The Quality Assurance Coordinator and Records Manager will be responsible for ensuring that client #5 written informed consent is signed by the legal guardian.	June 5, 2021

W 263	Continued From page 1 current consent had been obtained from client #5's guardian.	W 263		

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

Jacqueline Johnson , Program Director April 8, 2021

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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